

ALASKA LEGISLATURE COMMITTEE FILES, 1989-1990 8672

6274 SENATE HEALTH, EDUCATION AND SOCIAL SERVICES

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Alaska State Legislature

SENATE

Committee on Finance


cial Business

P.O. Box V
State Capitol
Juneau, Alaska 99811

MEMORANDUM

March 6, 1990

TO: Senator Paul Fischer, Chairman
Senate Health, Education and Social Services Committee

FROM: Senator John Binkley 

RE: SB 408 - Requiring health care providers to report cases of fetal alcohol syndrome

Sectional Analysis

Section 1. Adds a new section to Title 18, Chapter 5, relating to the Department of Health and Social Services. The new section would require that physicians, nurses, and other health care professionals who treat a child with fetal alcohol syndrome to report that condition to the State Office of Epidemiology.

This report would include the name, address, age, sex, and race of the child but would be kept confidential.

The commissioner would report to the legislature each year concerning the incidence of FAS in Alaska. No personal data would be disclosed, but geographic distribution would be indicated.

SB 408 would make fetal alcohol syndrome a reportable condition in the State of Alaska. Currently, physicians are required to report certain diseases, either by telephone or in writing to the Office of Epidemiology. Attached is a copy of the Disease Reporting and Rapid Telephonic Reporting System (RTR) manual which is currently being used by physicians.

The Indian Health Service in Alaska began surveying Alaska Native children for incidence of Fetal Alcohol Syndrome in 1985. Based on early reports which indicated alarmingly high rates, an area-wide FAS Prevention Program was established in cooperation with the Alaska Native Health Board.

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Currently IHS pediatricians are diagnosing children at either the Alaska Native Medical Center in Anchorage or at a regional pediatric clinic. Where the pediatrician feels a second opinion is needed the child is referred to a FAS Diagnostic Clinic which is held twice a year at ANMC. A pediatric dysmorphologist conducts these clinics. Physicians from the private sector refer non-native patients to one of the Alaska Genetics Clinics, held every other month in various locations which include Anchorage, Fairbanks, Juneau, Ketchikan, Sitka, or Bethel for diagnosis.

Dr. James Berner, an IHS physician who has been instrumental in the development of the FAS incidence studies, says that with a minimal amount of training it is easy to recognize the full blown syndrome at birth. Some may not be readily observable at birth, but diagnosis can be made as the child grows and demonstrates difficulties in performing and developing in relation to his or her peers. In Dr. Berner's opinion, it makes sense to have reporting at all stages, at birth and along the way.

No one in Alaska knows how large the problem may be among the non-Native population because, to date, the state has taken no action to begin to identify the problems. By requiring physicians and other health providers to report FAS, as they encounter children with the birth defect, we would be better equipped to plan for those children who will impact our educational and other social service systems.

**DISEASE REPORTING
AND
RAPID TELEPHONIC REPORTING
SYSTEM (RTR)**



RECEIVED 11 13 1988

**Section of Epidemiology
Division of Public Health
Department of Health and Social Services
State of Alaska
1988**

DISEASE REPORTING IN ALASKA RAPID TELEPHONIC REPORTING SYSTEM

Section of Epidemiology
Division of Public Health
Department of Health and Social Services
State of Alaska

September 1988

Disease reporting has resulted in identification of numerous outbreaks. Rapid investigations and institution of control measures have prevented morbidity and mortality. We count on your support to report diseases of public health importance in the future.

The Section of Epidemiology, Alaska Division of Public Health, uses a **Rapid Telephonic Reporting (RTR) System** in Alaska. With rapid and complete disease reporting, we can provide information and control measures necessary to prevent or control diseases of public health importance.

REPORTABLE DISEASES (7 AAC 27.005 - 27.017)

The list of diseases required to be reported was revised in January 1984. Reportable diseases are listed on page 5. The regulations are included on page 6. **All reports are confidential.**

Public health nurses, physicians, other health care providers, and laboratories are required by state law to phone their morbidity reports to a toll-free number in Anchorage, where an automatic recorder will tape the report. These reports are reviewed by the medical epidemiologists in the Section of Epidemiology.

Diseases may be reported by dialing 561-4234 (Anchorage area). A tape recorder, which operates 24 hours a day, will record your report. For those outside the Anchorage area, simply call the long distance operator and ask for 478-1700. The operator will connect you to the recording machine in the Anchorage office. This service is toll-free.

HOW TO USE THE RAPID TELEPHONIC REPORTING SYSTEM

1. We suggest that physicians designate one of their staff members (e.g., nurse or office manager) to coordinate and maintain disease reporting from their offices. In multi-physician clinics having one person do the reporting works well.
2. When a physician or other health care provider suspects or diagnoses a reportable disease, he/she routes the patient's medical record directly to the person designated for reporting.
3. The report coordinator then takes the baseline data from the patient's medical record and records it on the Rapid Telephonic Report Log (attached). As soon as possible, or **at least once a week**, the coordinator phones the information to the Section of Epidemiology.

ANCHORAGE AREA telephone 561-4234.

OUTSIDE ANCHORAGE AREA dial local operator and ask for 478-1700.

4. An automatic telephone recorder in the Section of Epidemiology answers each call with a recorded message. Your report is recorded on tape. If you pause longer than fifteen seconds at any one time, the call is automatically disconnected. To minimize the time required of the person reporting, make your telephonic report as brief as possible by following the Rapid Telephonic Report Log located at the back of this book.
5. The Section of Epidemiology clerk transcribes the disease reports, which are then reviewed by the medical epidemiologists in the Section of Epidemiology. Needed control measures will be initiated and contact with the referring physician will be undertaken as indicated. Reported information will be sent to you in the Epidemiology Bulletin.

If you have any questions, please call (collect) the Section of Epidemiology, Anchorage, Alaska (561-4406).

****POINTS TO REMEMBER****

When filling out the Rapid Telephonic Report Log from the patient's chart, please fill in all the columns completely. This will enable you to report complete information on the RTR.

When reporting, speak slowly and clearly. Be certain to **SPELL** the patient's full name, and report in the same sequence as indicated on the report log.

Please report by name. Do not report by hospital number only. **INFORMATION IS CONFIDENTIAL.** Names are required to be reported by law.

Report once a week whether or not you have a disease to report. If we do not hear from your reporting station for a period of two weeks, we will be contacting you to inquire about the reason you are failing to report.

Rapid telephonic reports should be called in once a week even if there is nothing positive to report. If this occurs, simply identify yourself and say, 'I have nothing to report for the preceding week.'

Questions will invariably arise as to how certain you should be of a diagnosis before reporting the case. We ask you to report a case even if the diagnosis is in doubt. In other words, if you **suspect** the presence of a certain disease, then report it. We can arrange with you for specific diagnostic tests or call you back for more information. Err on the side of **over-reporting**.

A medical epidemiologist is available at all times for consultation regarding public health problems. He/she can be reached by calling the Section of Epidemiology (collect) at 561-4406.

If you have trouble using the Rapid Telephonic Reporting System for any reason, please call the Section of Epidemiology at 561-4406 (Anchorage).

The RTR works 24 hours per day.

If a significant public health problem occurs, please call immediately (561-4406).

ALL REPORTS ARE CONFIDENTIAL.

INSTRUCTIONS FOR REPORTING SEXUALLY TRANSMITTED DISEASES

Disease: Indicate whether the patient was treated for gonorrhea or syphilis. If treated for syphilis, please indicate at what stage of the disease.

Laboratory Confirmed: Under this heading, check 'yes' only when the laboratory test confirms the diagnosis. Check 'no' when a laboratory test was not done or results are not yet known.

CONTACTS OF CASES OF SEXUALLY TRANSMITTED DISEASES SHOULD NOT BE REPORTED ON THE RAPID TELEPHONIC REPORTING SYSTEM.

SECTION OF EPIDEMIOLOGY--ASSISTANCE

EPIDEMIOLOGY BULLETIN

Periodic summaries of reported information and results of epidemiologic investigations will be sent to all physicians, public health nurses, local health officials, and other health care providers in the Epidemiology Bulletin. The Epidemiology Bulletin is available free-of-charge upon request. Please contact the Section of Epidemiology to be placed on the mailing list.

For most diseases, the basic information requested in the RTR Log is all that is necessary. For some diseases, the physician or designated staff member will be contacted to obtain necessary additional information.

Further assistance may be obtained by calling the Section of Epidemiology, Anchorage (561-4406). Assistance available includes:

- Epidemiologic investigations.
- Infectious disease consultation.
- Consultation on diseases related to occupation or to environmental exposure to toxic or hazardous material.
- Contact interviewing of patients with sexually transmitted diseases.
- Information on and assistance in obtaining diagnostic laboratory tests.

REPORTABLE DISEASES

● Diseases required to be reported when SUSPECTED or DIAGNOSED

Acquired Immune Deficiency Syndrome (AIDS)	Pertussis
Amebiasis	Plague
Anthrax	Poliomyelitis
Botulism	Psittacosis
Brucellosis	Rabies
Campylobacter	Reye's Syndrome
Cholera	Rheumatic Fever
Diphtheria	Rubella
Echinococcus	Rubeola
Encephalitis	Salmonella
Giardia	Shigella
Gonorrhea	Smallpox
Hepatitis (A or B)	Syphilis
Hepatitis (non-A - non-B)	Tetanus
Legionnaire's Disease	Trichinosis
Leprosy	Tuberculosis
Malaria	Tularemia
Meningitis (Viral and Bacterial)	Typhoid
Mumps	Yellow Fever
Paralytic Shellfish Poisoning	Yersinia

- Epidemics or outbreaks of unusual number of cases of any infectious disease and severe reactions to any vaccine.
- Diseases which are known or suspected to be related to environmental exposure to toxic-hazardous material.
- Diseases which may possibly arise as a result of a worker's occupation.

Suspected cases of the following are **PUBLIC HEALTH EMERGENCIES**. Please call 561-4406 (if outside the Anchorage area, call collect) immediately.

ANTHRAX
BOTULISM
DIPHThERIA
MENINGOCOCCAL MENINGITIS
PARALYTIC SHELLFISH POISONING
POLIO

RABIES
RUBELLA
RUBEOLA
SMALLPOX
TETANUS

ALASKA ADMINISTRATIVE CODE

CHAPTER 27. PREVENTIVE MEDICAL SERVICES

ARTICLE 1. CONTROL OF DISEASES OF PUBLIC HEALTH SIGNIFICANCE (7 AAC 27.005 - 7 AAC 27.080)

7 AAC 27.005. REPORTING BY HEALTH CARE PROVIDERS.

(a) The following common diseases of public health significance must be reported by the physician, nurse, or other health care professional who prescribes for or attends a person with these diseases or suspected diseases: amebiasis, botulism, brucellosis, campylobacter, diphtheria, giardia, gonorrhea, hepatitis (type A or B, or non-A - non-B), legionnaire's disease, meningitis, mumps, paralytic shellfish poisoning, pertussis, psittacosis, Reye's Syndrome, rheumatic fever, rubella, rubeola, salmonella, shigella, syphilis, trichinosis, tuberculosis, tularemia, typhoid, yersinia, severe reactions to any vaccination, and epidemic outbreaks or unusual incidences of communicable disease.

(b) The following rare diseases of public health significance must be reported by the physician, nurse, or other health care professional who prescribes for or attends a person with these diseases or suspected diseases: acquired immune deficiency syndrome (AIDS), cholera, echinococcus, encephalitis, leprosy, malaria, poliomyelitis, plague, rabies, smallpox, tetanus, and yellow fever.

(c) Reports must be submitted to the Department of Health and Social Services, division of public health, orally or on a form provided by the division of public health promptly after first discovering or suspecting the existence of the disease or disease outbreak. Each report must give the name, address, age, sex, and race of the person diagnosed as having the reported disease and the name and address of the health care provider reporting the disease.

(d) Outbreaks or unusual incidences of diseases which are known or suspected to be related to exposure to environmental toxic or hazardous material must be reported by the physician, nurse, or other health care professional who prescribes for or attends those affected. (Eff. 8/21/74, Reg. 51; am 9/20/75, reg. 55; am 3/28/84, Reg. 89)

Authority: AS 18.05.040(1)

7 AAC 27.007. REPORTING BY LABORATORIES.

(a) Public, private, military, hospital, or other laboratories performing serologic, immunologic, microscopic, biochemical, or cultural tests within the State of Alaska must report evidence of the following diseases of public health significance at the time of identification or suspected identification: amebiasis, anthrax, botulism, brucellosis, campylobacter, cholera, diphtheria, echinococcus, enteropathogenic Escherichia coli, giardia, gonorrhea, hepatitis (Type A or B), influenza, Legionella pneumophilia, leprosy, leptospirosis, malaria, meningitis, meningococcal disease, mumps, pertussis, plague, poliomyelitis, psittacosis, rabies (human or animal), rubella, rubeola, salmonella, shigella, smallpox, syphilis, tetanus, trichinosis, tuberculosis, tularemia, typhus, yellow fever, and Yersinia enterocolitica.

(b) Reports must be submitted to the Department of Health and Social Services, division of public health, orally or on a form provided by the division of public health, or on a legible copy of the original laboratory report form promptly after the examination or test is performed. Each notification must give the date and result of the test performed, the name or identification code sufficient to identify the patient to the health care provider, and, when available, the age of the person from whom the specimen was obtained, and the name and address of the health care provider for whom the examination or test was performed.

(c) When acting on the basis of information received from laboratory notification, the division of public health will not, except in instances of overriding public health considerations, contact the patient without first requesting and obtaining the permission of the physician or other health care provider.

(d) All laboratory notifications required by this section are confidential and are not open to public inspection. (Eff. 8/21/74, Reg. 51; am 9/20/75, Reg. 55; am 3/28/84, Reg. 89)

Authority: AS 18.05.040(1)

7 AAC 27.008. REPORTING BY HOSPITALS.

To maintain accurate incidence rates of cancer, and to assist planning and evaluation of cancer control programs, all hospitals licensed in the State of Alaska shall report newly diagnosed cancer cases, with the exception of noninvasive skin cancers, to the Division of Public Health. Reports shall be submitted at least once a year on forms provided by the department, and shall include as a minimum the name, age, sex, race, community of residence, date of diagnosis, and primary site. (Eff. 9/20/75, Reg. 55)

Authority: AS 18.05.040(1)

7 AAC 27.010. CONTROL OF COMMUNICABLE DISEASES IN MAN.

(a) The provision on methods of control of communicable diseases outlined in the Control of Communicable Diseases in Man, American Public Health Association, Thirteenth Edition, 1981, are adopted by reference as the regulations governing "Preventive Measures," "Control of Patients, contacts and the Immediate Environment," and "Epidemic Measures."

(b) The provisions of (a) of this section are not applicable to the control of rabies in animals or on the reporting of diseases of public health significance. (Eff. 6/10/62, Reg. 6; am 8/21/74, Reg. 51; am 3/28/84, Reg. 89)

Authority AS 18.05.040(1)

7 AAC 27.015. OCCUPATIONAL HEALTH DUTIES.

The division of public health may investigate places of employment and study conditions which might be responsible for ill health of industrial workers or their families. (Eff. 3/28/84, Reg. 89)

Authority AS 18.05.040

7 AAC 27.016. RIGHT OF INSPECTION.

The division of public health may have access to any establishment and records of any establishment in the discharge of its official duties in accordance with law. (Eff. 3/28/84, Reg. 89)

Authority AS 18.05.040

7 AAC 27.017. REPORTING OF DISEASE.

Diseases which are known or suspected to be a result of a worker's occupation must be reported to the division of public health by the physician, nurse, or other health care professional who prescribes for or attends the person with the disease. (Eff. 3/28/84, Reg. 89)

Authority AS 18.05.040

7 AAC 27.020. CONTROL OF ANIMAL DISEASES TRANSMISSIBLE TO HUMANS.

(a) Quarantine. The standards for quarantine are

(1) Whenever any case of rabies or other animal disease dangerous to the health of human beings is reported as existing in any area, the Department of Health and Social Services will make an investigation as to whether the disease exists and as to the probable area of the state in which man or animal is endangered by it. If the Department of Health and Social Services, in conjunction with the Department of Natural Resources, finds that any such disease exists, a quarantine will be declared against all of those animals which are designated in the quarantine order within the area specified in the order. If the quarantine is for the purpose of preventing the spread of rabies, the order will contain a warning to the owners of animals within the quarantined area to confine on the owner's premises or tie down all animals so as to prevent biting. After such an order is issued, any animal found running at large in the quarantined area or known to have been removed from or to have escaped from the area may be destroyed by a peace officer or by a person designated by the Department of Health and Social Services.

(2) Following the order of quarantine, the Department of Health and Social Services, in conjunction with the Department of Natural Resources, will make a thorough investigation as to the extent of the disease, the probable number of persons and animals exposed, and the area found to be involved.

(3) During the period for which any quarantine order is in force, all peace officers are empowered to kill, or, in their discretion to capture and hold for further action by the Department of Health and Social Services and the Department of Natural Resources all animals in a quarantined area not held in restraint on private premises.

(4) For the purposes of paragraphs (1), (2) and (3) of this subsection, "quarantine" is the strict confinement upon the private premises of the owners under restraint by leash, chain, closed cage, or paddock of all animals specified by the order.

(b) Rabies Vaccination. The standards for animal rabies vaccination are

(1) The "Compendium of Animal Rabies Vaccines," prepared by the National Association of State Public Health Veterinarians, Inc. (1983), is adopted by reference to govern the use of animal rabies vaccines.

(2) The Rabies Vaccination Certificate, developed by the National Association of State Public Health Veterinarians, Inc., is adopted as the only valid rabies vaccination certificate. These certificates will be supplied by the Department of Health and

Social Services.

(3) Rabies vaccination of dogs and cats is required in accordance with schedules in the "Compendium of Animal Rabies Vaccines" as adopted in (1) of this subsection. Evidence of such a vaccination is to be recorded on the Standard Vaccination Certificate specified in (2) of this subsection. At the time of vaccination, the owner or keeper of a dog vaccinated must be given a metal tag bearing the Standard Vaccination Certificate number and the expiration date of the period of immunity. The tag must be affixed by the owner or keeper to a collar or harness and must be worn by the dog for which the certificate is issued except that the dog need not wear the tag while harnessed in a dog team or while participating in organized training or competition.

(4) A rabies vaccination is valid only when performed by or under the direct supervision of a licensed veterinarian, or by an individual approved by the Department of Health and Social Services as qualified to administer the vaccine and for whom the approval is in the best interests of the state in carrying out the purposes of this section and sec. 30 of this chapter. The availability of a licensed veterinarian will not of itself preclude this approval.

(5) Sale of rabies vaccine to any person or entity other than a licensed veterinarian, veterinary biologic supply firm, or public agency is prohibited.

(6) Any dog or cat not vaccinated in compliance with this subsection may be confiscated and either vaccinated or destroyed. Owners of confiscated animals are subject to payment of costs of confiscation, boarding, and vaccination, as well as any other penalties established by a municipality under AS 29.48.035.

(c) Impoundment or Destruction of Animals. The standards for impounding or destroying animals which may be rabid are

(1) A dog or cat vaccinated in accordance with (b)(3) of this section which bites a person must be placed under observation for 10 days, except that a clinically ill or stray animal which does so may be destroyed immediately and submitted to the Department of Health and Social Services or to a laboratory designated by the department for rabies testing.

(2) A dog or cat not vaccinated in accordance with (b)(3) of this section which bites a person may be destroyed immediately and submitted to the Department of Health and Social Services or to a laboratory designated by the department for rabies testing.

(3) A free-ranging wild animal which bites a person must be destroyed immediately and submitted to the Department of Health and Social Services or to a labo-

ratory designated by the department for rabies testing.

(4) An unvaccinated dog or cat bitten by a known rabid animal may be destroyed immediately. If the bitten animal has a current rabies vaccination, as defined in the "Compendium of Animal Rabies Vaccines" under (b)(1) of this section, the animal must be immediately revaccinated and confined a minimum of 30 days. (Eff. 6/10/62, Reg. 6; am 8/21/74, Reg. 51; am 6/21/78, Reg. 66; am 3/28/84, Reg. 89)

Authority AS 18.05.040

7 AAC 27.030. EXPORT AND INTRASTATE TRANSPORTATION OF ANIMALS.

(a) Areas of Infection. Whenever the commissioner of health and social services finds that animals of any kind in a specific area are afflicted with a disease contagious to man and are liable to spread that disease from the area so as to endanger the public health he will, in his discretion, declare it an area of infection. No person may, after the date of that declaration, transport or offer for transportation into or within the State of Alaska any such animal from the area described in the declaration, except with the permission of and in accordance with precautions against the spread of the disease specified by the Department of Health and Social Services.

(b) Rabies Vaccination for Intrastate Travel. No dog or cat may be transported by public intrastate transportation unless the owner or custodian of the animal shows that the animal has an unexpired rabies vaccination. Proof of an unexpired rabies vaccination is the date on the metal tag worn by the animal bearing the Standard Vaccination Certificate number, as required by sec. 20(b)(3) of this chapter, or the date on the Standard Vaccination Certificate required by sec. 20(b)(2) of this chapter, or an affidavit from a person authorized to administer the vaccine stating that the animal has a current rabies vaccination. (Eff. 6/10/62, Reg. 6; am 8/21/74, Reg. 51; am 6/21/78, Reg. 66)

Authority AS 18.05.040(1)

7 AAC 27.040. IMPORTATION OF DOGS.

(a) Every dog imported into the state shall be accompanied by a health certificate issued within 30 days of importation by a licensed veterinarian in the state of origin, and a copy of the certificate shall be forwarded immediately to the state veterinarian of Alaska. The certificate must show that the dog is free from rabies or any communicable disease and has not recently been exposed to any such disease; also, it must give the breed, sex and age, point of origin and destination, and the names and post office addresses of consignee and consignor. If the dog has been vaccinated, the health certificate must include the date of vaccination.

(b) Dogs shall have been properly vaccinated with rabies vaccine within six months prior to the date of importation into the state and may, at the discretion of the commissioner of natural resources, be subject to quarantine at destination for a period of not less than 60 days following arrival within the state.

(c) This section does not apply to any dog passing through the state nor to any dog within the state for temporary stay for exhibition or breeding purposes when the dog is kept properly under control of the owner or custodian. (Eff. 6/10/62, Reg. 6; am 8/21/74, Reg. 51)

Authority AS 18.05.040(1)

Rapid Telephonic Reporting System Report Log

Week Ending

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Name of Patient <input style="width: 100%; height: 20px;" type="text"/>			Date of Birth <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>			Sex <input type="checkbox"/> M <input type="checkbox"/> F	Race <input type="checkbox"/> Unknown <input type="checkbox"/> White <input type="checkbox"/> Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic	Marital Status <input type="checkbox"/> Unknown <input type="checkbox"/> Never Mar <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Reporting Agency <input type="checkbox"/> Unknown <input type="checkbox"/> Private <input type="checkbox"/> City State <input type="checkbox"/> Military <input type="checkbox"/> LSPHS IHS <input type="checkbox"/> CHA
Disease <input style="width: 100%; height: 20px;" type="text"/>	Onset/Diagnosis <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>			Lab Confirmed <input type="checkbox"/> Y <input type="checkbox"/> N	Patient Interview <input type="checkbox"/> Y <input type="checkbox"/> N	# Contacts <input style="width: 30px; height: 20px;" type="text"/>	Report Date <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>		
Residence <input style="width: 100%; height: 20px;" type="text"/>			Mon Day Year			Y N Y N # Mon Day Year			

Name of Patient <input style="width: 100%; height: 20px;" type="text"/>			Date of Birth <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>			Sex <input type="checkbox"/> M <input type="checkbox"/> F	Race <input type="checkbox"/> Unknown <input type="checkbox"/> White <input type="checkbox"/> Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic	Marital Status <input type="checkbox"/> Unknown <input type="checkbox"/> Never Mar <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Reporting Agency <input type="checkbox"/> Unknown <input type="checkbox"/> Private <input type="checkbox"/> City State <input type="checkbox"/> Military <input type="checkbox"/> LSPHS IHS <input type="checkbox"/> CHA
Disease <input style="width: 100%; height: 20px;" type="text"/>	Onset/Diagnosis <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>			Lab Confirmed <input type="checkbox"/> Y <input type="checkbox"/> N	Patient Interview <input type="checkbox"/> Y <input type="checkbox"/> N	# Contacts <input style="width: 30px; height: 20px;" type="text"/>	Report Date <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>		
Residence <input style="width: 100%; height: 20px;" type="text"/>			Mon Day Year			Y N Y N # Mon Day Year			

Name of Patient <input style="width: 100%; height: 20px;" type="text"/>			Date of Birth <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>			Sex <input type="checkbox"/> M <input type="checkbox"/> F	Race <input type="checkbox"/> Unknown <input type="checkbox"/> White <input type="checkbox"/> Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic	Marital Status <input type="checkbox"/> Unknown <input type="checkbox"/> Never Mar <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Reporting Agency <input type="checkbox"/> Unknown <input type="checkbox"/> Private <input type="checkbox"/> City State <input type="checkbox"/> Military <input type="checkbox"/> LSPHS IHS <input type="checkbox"/> CHA
Disease <input style="width: 100%; height: 20px;" type="text"/>	Onset/Diagnosis <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>			Lab Confirmed <input type="checkbox"/> Y <input type="checkbox"/> N	Patient Interview <input type="checkbox"/> Y <input type="checkbox"/> N	# Contacts <input style="width: 30px; height: 20px;" type="text"/>	Report Date <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>		
Residence <input style="width: 100%; height: 20px;" type="text"/>			Mon Day Year			Y N Y N # Mon Day Year			

Rapid Telephonic Reporting System Report Log

Week Ending

Mon	Day	Year	

Name of Patient <input style="width: 100%; height: 15px;" type="text"/>			Date of Birth <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>			Sex <input type="checkbox"/> M <input type="checkbox"/> F	Race <input type="checkbox"/> Unknown <input type="checkbox"/> White <input type="checkbox"/> Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic		Marital Status <input type="checkbox"/> Unknown <input type="checkbox"/> Never Mar <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Reporting Agency <input type="checkbox"/> Unknown <input type="checkbox"/> Private <input type="checkbox"/> City State <input type="checkbox"/> Military <input type="checkbox"/> USPHS IHS <input type="checkbox"/> CHA		
Disease <input style="width: 100%; height: 15px;" type="text"/>			Onset/Diagnosis <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>			Lab Confirmed <input type="checkbox"/> Y <input type="checkbox"/> N		Patient Interview <input type="checkbox"/> Y <input type="checkbox"/> N		# Contacts <input style="width: 20px; height: 15px;" type="text"/>	Report Date <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>		
Residence <input style="width: 100%; height: 15px;" type="text"/>			Mon Day Year <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>										

Name of Patient <input style="width: 100%; height: 15px;" type="text"/>			Date of Birth <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>			Sex <input type="checkbox"/> M <input type="checkbox"/> F	Race <input type="checkbox"/> Unknown <input type="checkbox"/> White <input type="checkbox"/> Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic		Marital Status <input type="checkbox"/> Unknown <input type="checkbox"/> Never Mar <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Reporting Agency <input type="checkbox"/> Unknown <input type="checkbox"/> Private <input type="checkbox"/> City State <input type="checkbox"/> Military <input type="checkbox"/> USPHS IHS <input type="checkbox"/> CHA		
Disease <input style="width: 100%; height: 15px;" type="text"/>			Onset/Diagnosis <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>			Lab Confirmed <input type="checkbox"/> Y <input type="checkbox"/> N		Patient Interview <input type="checkbox"/> Y <input type="checkbox"/> N		# Contacts <input style="width: 20px; height: 15px;" type="text"/>	Report Date <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>		
Residence <input style="width: 100%; height: 15px;" type="text"/>			Mon Day Year <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>										

Name of Patient <input style="width: 100%; height: 15px;" type="text"/>			Date of Birth <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>			Sex <input type="checkbox"/> M <input type="checkbox"/> F	Race <input type="checkbox"/> Unknown <input type="checkbox"/> White <input type="checkbox"/> Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic		Marital Status <input type="checkbox"/> Unknown <input type="checkbox"/> Never Mar <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Reporting Agency <input type="checkbox"/> Unknown <input type="checkbox"/> Private <input type="checkbox"/> City State <input type="checkbox"/> Military <input type="checkbox"/> USPHS IHS <input type="checkbox"/> CHA		
Disease <input style="width: 100%; height: 15px;" type="text"/>			Onset/Diagnosis <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>			Lab Confirmed <input type="checkbox"/> Y <input type="checkbox"/> N		Patient Interview <input type="checkbox"/> Y <input type="checkbox"/> N		# Contacts <input style="width: 20px; height: 15px;" type="text"/>	Report Date <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>		
Residence <input style="width: 100%; height: 15px;" type="text"/>			Mon Day Year <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>										

Name of Patient <input style="width: 100%; height: 15px;" type="text"/>			Date of Birth <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>			Sex <input type="checkbox"/> M <input type="checkbox"/> F	Race <input type="checkbox"/> Unknown <input type="checkbox"/> White <input type="checkbox"/> Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic		Marital Status <input type="checkbox"/> Unknown <input type="checkbox"/> Never Mar <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Reporting Agency <input type="checkbox"/> Unknown <input type="checkbox"/> Private <input type="checkbox"/> City State <input type="checkbox"/> Military <input type="checkbox"/> USPHS IHS <input type="checkbox"/> CHA		
Disease <input style="width: 100%; height: 15px;" type="text"/>			Onset/Diagnosis <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>			Lab Confirmed <input type="checkbox"/> Y <input type="checkbox"/> N		Patient Interview <input type="checkbox"/> Y <input type="checkbox"/> N		# Contacts <input style="width: 20px; height: 15px;" type="text"/>	Report Date <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>		
Residence <input style="width: 100%; height: 15px;" type="text"/>			Mon Day Year <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>										

Name of Patient <input style="width: 100%; height: 15px;" type="text"/>			Date of Birth <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>			Sex <input type="checkbox"/> M <input type="checkbox"/> F	Race <input type="checkbox"/> Unknown <input type="checkbox"/> White <input type="checkbox"/> Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic		Marital Status <input type="checkbox"/> Unknown <input type="checkbox"/> Never Mar <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Reporting Agency <input type="checkbox"/> Unknown <input type="checkbox"/> Private <input type="checkbox"/> City State <input type="checkbox"/> Military <input type="checkbox"/> USPHS IHS <input type="checkbox"/> CHA		
Disease <input style="width: 100%; height: 15px;" type="text"/>			Onset/Diagnosis <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>			Lab Confirmed <input type="checkbox"/> Y <input type="checkbox"/> N		Patient Interview <input type="checkbox"/> Y <input type="checkbox"/> N		# Contacts <input style="width: 20px; height: 15px;" type="text"/>	Report Date <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>		
Residence <input style="width: 100%; height: 15px;" type="text"/>			Mon Day Year <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>										

Name of Patient <input style="width: 100%; height: 15px;" type="text"/>			Date of Birth <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>			Sex <input type="checkbox"/> M <input type="checkbox"/> F	Race <input type="checkbox"/> Unknown <input type="checkbox"/> White <input type="checkbox"/> Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic		Marital Status <input type="checkbox"/> Unknown <input type="checkbox"/> Never Mar <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Reporting Agency <input type="checkbox"/> Unknown <input type="checkbox"/> Private <input type="checkbox"/> City State <input type="checkbox"/> Military <input type="checkbox"/> USPHS IHS <input type="checkbox"/> CHA		
Disease <input style="width: 100%; height: 15px;" type="text"/>			Onset/Diagnosis <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>			Lab Confirmed <input type="checkbox"/> Y <input type="checkbox"/> N		Patient Interview <input type="checkbox"/> Y <input type="checkbox"/> N		# Contacts <input style="width: 20px; height: 15px;" type="text"/>	Report Date <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>		
Residence <input style="width: 100%; height: 15px;" type="text"/>			Mon Day Year <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>										

Name of Patient <input style="width: 100%; height: 15px;" type="text"/>			Date of Birth <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>			Sex <input type="checkbox"/> M <input type="checkbox"/> F	Race <input type="checkbox"/> Unknown <input type="checkbox"/> White <input type="checkbox"/> Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic		Marital Status <input type="checkbox"/> Unknown <input type="checkbox"/> Never Mar <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Reporting Agency <input type="checkbox"/> Unknown <input type="checkbox"/> Private <input type="checkbox"/> City State <input type="checkbox"/> Military <input type="checkbox"/> USPHS IHS <input type="checkbox"/> CHA		
Disease <input style="width: 100%; height: 15px;" type="text"/>			Onset/Diagnosis <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>			Lab Confirmed <input type="checkbox"/> Y <input type="checkbox"/> N		Patient Interview <input type="checkbox"/> Y <input type="checkbox"/> N		# Contacts <input style="width: 20px; height: 15px;" type="text"/>	Report Date <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>		
Residence <input style="width: 100%; height: 15px;" type="text"/>			Mon Day Year <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>										

Rapid Telephonic Reporting System Report Log

Week Ending

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Mon Day Year

Name of Patient (Last) First Middle			Date of Birth Mon Day Year			Sex <input type="checkbox"/> M <input type="checkbox"/> F	Race <input type="checkbox"/> Unknown <input type="checkbox"/> White <input type="checkbox"/> Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic	Marital Status <input type="checkbox"/> Unknown <input type="checkbox"/> Never Mar <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Reporting Agency <input type="checkbox"/> Unknown <input type="checkbox"/> Private <input type="checkbox"/> City State <input type="checkbox"/> Military <input type="checkbox"/> LSPHS IHS <input type="checkbox"/> CHA					
Disease			Onset/Diagnosis Mon Day Year			Lab Confirmed <input type="checkbox"/> Y <input type="checkbox"/> N		Patient Interview <input type="checkbox"/> Y <input type="checkbox"/> N		# Contacts #		Report Date Mon Day Year		
Residence			Mon Day Year			Y N		Y N		#		Mon Day Year		

Name of Patient (Last) First Middle			Date of Birth Mon Day Year			Sex <input type="checkbox"/> M <input type="checkbox"/> F	Race <input type="checkbox"/> Unknown <input type="checkbox"/> White <input type="checkbox"/> Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic	Marital Status <input type="checkbox"/> Unknown <input type="checkbox"/> Never Mar <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Reporting Agency <input type="checkbox"/> Unknown <input type="checkbox"/> Private <input type="checkbox"/> City State <input type="checkbox"/> Military <input type="checkbox"/> LSPHS IHS <input type="checkbox"/> CHA					
Disease			Onset/Diagnosis Mon Day Year			Lab Confirmed <input type="checkbox"/> Y <input type="checkbox"/> N		Patient Interview <input type="checkbox"/> Y <input type="checkbox"/> N		# Contacts #		Report Date Mon Day Year		
Residence			Mon Day Year			Y N		Y N		#		Mon Day Year		

Name of Patient (Last) First Middle			Date of Birth Mon Day Year			Sex <input type="checkbox"/> M <input type="checkbox"/> F	Race <input type="checkbox"/> Unknown <input type="checkbox"/> White <input type="checkbox"/> Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic	Marital Status <input type="checkbox"/> Unknown <input type="checkbox"/> Never Mar <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Reporting Agency <input type="checkbox"/> Unknown <input type="checkbox"/> Private <input type="checkbox"/> City State <input type="checkbox"/> Military <input type="checkbox"/> LSPHS IHS <input type="checkbox"/> CHA					
Disease			Onset/Diagnosis Mon Day Year			Lab Confirmed <input type="checkbox"/> Y <input type="checkbox"/> N		Patient Interview <input type="checkbox"/> Y <input type="checkbox"/> N		# Contacts #		Report Date Mon Day Year		
Residence			Mon Day Year			Y N		Y N		#		Mon Day Year		

Name of Patient (Last) First Middle			Date of Birth Mon Day Year			Sex <input type="checkbox"/> M <input type="checkbox"/> F	Race <input type="checkbox"/> Unknown <input type="checkbox"/> White <input type="checkbox"/> Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic	Marital Status <input type="checkbox"/> Unknown <input type="checkbox"/> Never Mar <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Reporting Agency <input type="checkbox"/> Unknown <input type="checkbox"/> Private <input type="checkbox"/> City State <input type="checkbox"/> Military <input type="checkbox"/> LSPHS IHS <input type="checkbox"/> CHA					
Disease			Onset/Diagnosis Mon Day Year			Lab Confirmed <input type="checkbox"/> Y <input type="checkbox"/> N		Patient Interview <input type="checkbox"/> Y <input type="checkbox"/> N		# Contacts #		Report Date Mon Day Year		
Residence			Mon Day Year			Y N		Y N		#		Mon Day Year		

Name of Patient (Last) First Middle			Date of Birth Mon Day Year			Sex <input type="checkbox"/> M <input type="checkbox"/> F	Race <input type="checkbox"/> Unknown <input type="checkbox"/> White <input type="checkbox"/> Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic	Marital Status <input type="checkbox"/> Unknown <input type="checkbox"/> Never Mar <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Reporting Agency <input type="checkbox"/> Unknown <input type="checkbox"/> Private <input type="checkbox"/> City State <input type="checkbox"/> Military <input type="checkbox"/> LSPHS IHS <input type="checkbox"/> CHA					
Disease			Onset/Diagnosis Mon Day Year			Lab Confirmed <input type="checkbox"/> Y <input type="checkbox"/> N		Patient Interview <input type="checkbox"/> Y <input type="checkbox"/> N		# Contacts #		Report Date Mon Day Year		
Residence			Mon Day Year			Y N		Y N		#		Mon Day Year		

Name of Patient (Last) First Middle			Date of Birth Mon Day Year			Sex <input type="checkbox"/> M <input type="checkbox"/> F	Race <input type="checkbox"/> Unknown <input type="checkbox"/> White <input type="checkbox"/> Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic	Marital Status <input type="checkbox"/> Unknown <input type="checkbox"/> Never Mar <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Reporting Agency <input type="checkbox"/> Unknown <input type="checkbox"/> Private <input type="checkbox"/> City State <input type="checkbox"/> Military <input type="checkbox"/> LSPHS IHS <input type="checkbox"/> CHA					
Disease			Onset/Diagnosis Mon Day Year			Lab Confirmed <input type="checkbox"/> Y <input type="checkbox"/> N		Patient Interview <input type="checkbox"/> Y <input type="checkbox"/> N		# Contacts #		Report Date Mon Day Year		
Residence			Mon Day Year			Y N		Y N		#		Mon Day Year		

Name of Patient (Last) First Middle			Date of Birth Mon Day Year			Sex <input type="checkbox"/> M <input type="checkbox"/> F	Race <input type="checkbox"/> Unknown <input type="checkbox"/> White <input type="checkbox"/> Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic	Marital Status <input type="checkbox"/> Unknown <input type="checkbox"/> Never Mar <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Reporting Agency <input type="checkbox"/> Unknown <input type="checkbox"/> Private <input type="checkbox"/> City State <input type="checkbox"/> Military <input type="checkbox"/> LSPHS IHS <input type="checkbox"/> CHA					
Disease			Onset/Diagnosis Mon Day Year			Lab Confirmed <input type="checkbox"/> Y <input type="checkbox"/> N		Patient Interview <input type="checkbox"/> Y <input type="checkbox"/> N		# Contacts #		Report Date Mon Day Year		
Residence			Mon Day Year			Y N		Y N		#		Mon Day Year		

Rapid Telephonic Reporting System Report Log

Week Ending

Mon	Day	Year	

Name of Patient			Date of Birth			Sex	Race	Marital Status	Reporting Agency
<input type="text"/> Last <input type="text"/> First <input type="text"/> Middle			<input type="text"/> Mon <input type="text"/> Day <input type="text"/> Year			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Unknown <input type="checkbox"/> White <input type="checkbox"/> Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic	<input type="checkbox"/> Unknown <input type="checkbox"/> Never Mar <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Unknown <input type="checkbox"/> Private <input type="checkbox"/> City/State <input type="checkbox"/> Military <input type="checkbox"/> USPHS/IHS <input type="checkbox"/> CHA
Disease	Onset/Diagnosis	Lab Confirmed	Patient Interview	# Contacts	Report Date				
<input type="text"/>	<input type="text"/> Mon <input type="text"/> Day <input type="text"/> Year	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="text"/> #	<input type="text"/> Mon <input type="text"/> Day <input type="text"/> Year				
Name of Patient			Date of Birth			Sex	Race	Marital Status	Reporting Agency
<input type="text"/> Last <input type="text"/> First <input type="text"/> Middle			<input type="text"/> Mon <input type="text"/> Day <input type="text"/> Year			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Unknown <input type="checkbox"/> White <input type="checkbox"/> Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic	<input type="checkbox"/> Unknown <input type="checkbox"/> Never Mar <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Unknown <input type="checkbox"/> Private <input type="checkbox"/> City/State <input type="checkbox"/> Military <input type="checkbox"/> USPHS/IHS <input type="checkbox"/> CHA
Disease	Onset/Diagnosis	Lab Confirmed	Patient Interview	# Contacts	Report Date				
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409

STATE OF ALASKA
1990 LEGISLATIVE SESSION

BILL VERSION: SB 409 (a)
PUBLISH DATE: 2/23/90

FISCAL NOTE

REQUEST:

Revision Date: _____
Title: Training for Teachers and
certain State Officials
Sponsor: Binkley
Requestor: Senate CERA

Agency Affected: Education
BRU: Educational Program Support
Components: Office of the Director

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
PERSONAL SERVICES						
TRAVEL	15.0	2.0	2.0	2.0	2.0	2.0
CONTRACTUAL	25.5	13.0	13.0	13.0	13.0	13.0
SUPPLIES	3.0					
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS	30.0	30.0	30.0	30.0	30.0	30.0
MISCELLANEOUS						
TOTAL OPERATING	83.5	45.0	45.0	45.0	45.0	45.0
CAPITAL						
REVENUE						

FUNDING: (Thousands of Dollars)

GENERAL FUND	83.5	45.0	45.0	45.0	45.0	45.0
FEDERAL FUNDS						
OTHER						
TOTAL						

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

ANALYSIS : (Attach a separate page if necessary)

See attached analysis.

Prepared by: Toni Kahklen-Jones Phone: 465-2830
Division: Educational Program Support Date: 2/21/90
Approved by Commissioner: William G. Demmert Date: 2/21/90
Agency: Education

Distribution (by preparer):
Legislative Finance
Legislative Sponsor

FISCAL NOTE

REQUEST:

Revision Date: _____
 Title: An Act relating to Training for Teachers and Certain School Officials
 Sponsor: Binkley
 Requestor: _____

Agency Affected: Health & Social Services
 BRU: _____
 Components: _____

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	-0-	-0-	-0-	-0-	-0-	-0-
CAPITAL	-0-	-0-	-0-	-0-	-0-	-0-
REVENUE	-0-	-0-	-0-	-0-	-0-	-0-

FUNDING: (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER						
TOTAL	-0-	-0-	-0-	-0-	-0-	-0-

POSITIONS:

FULL-TIME	-0-	-0-	-0-	-0-	-0-	-0-
PART-TIME	-0-	-0-	-0-	-0-	-0-	-0-
TEMPORARY	-0-	-0-	-0-	-0-	-0-	-0-

ANALYSIS : (Attach a separate page if necessary)

FY 90 fiscal impact is "0."

Prepared by: Sally Mead Phone: 561-4211
 Division: Office of Prevention Date: _____
 Approved by Commissioner: *Nicole M. Munson* Date: 2/2/90
 Agency: Department of Health & Social Services

Distribution (by preparer):

Legislative Finance
 Legislative Sponsor
 Requestor
 Office of Management and Budget
 Impacted Agency(ies)



FAS/FAE

Newsletter

Spring 1990

A newsletter for Alaskan parents of children affected by prenatal exposure to alcohol or other drugs.

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FAS/FAE Newsletter is produced quarterly by the FAS/FAE Parent Support Group. We are a support group for parents and others who care for children with prenatal exposure to alcohol.

We meet the last Tuesday of every month, at the Mary Siah Recreation Center in Fairbanks. Our March 27 meeting will feature John Revels of Tanana Chiefs Conference, he will speak on teaching everyday living skills to the developmentally disabled. For further information please call Chris Jackson, 452-1101. To address a letter to our MAILBAG write: Mailbag, FAS/FAE Newsletter, P.O.Box 74612, Fairbanks, AK. 99707.

Editorial — Why we are here

In order to tell you what this newsletter is about I think it is important to relate to you the experience of a friend of mine.

Five years ago on the eve of the adoption of their little girl, this letter was forwarded to him and his wife from the agency they adopted through. It is a psychological consultation. It is a sobering exposure to the effects of fetal alcohol syndrome.

"While it is too early to predict eventual intellectual and functioning ability with precision, the probable range for this child seems to be from low to mid Mild Mental Deficiency (about I.Q. 50 at worst and I.Q. 60 to 65 at best)... she is going to need special education throughout her school career...especially important will be parents who will follow

Our effort with this publication is hopeful. We are hopeful in our child's future and hopeful we, as parents, are doing our informed best.

through on all the inevitable medical and therapeutic procedures ... she will need (parents) who will be strong advocates for her.

This psychologist was telling them their new daughter was brain damaged.

Most of you reading this newsletter have suffered this same revelation. It may have come from a grade school teacher struggling with your child's inability to "get with it". It may be from a high school counselor

The co-contributors to this newsletter are:
Christine Jackson, Betty Taaffe, and
Stephen Saiz.

Letters to the newsletter should be addressed to:

Mailbag, FAS/FAE Newsletter
P.O. Box 74612, Fairbanks, AK 99707

wondering what to do with a 17-year old reading on a fifth grade level. It may come from a frustrated employer phoning to say he just had to let your son go because he couldn't perform his job.

All of the scenarios are different. This syndrome touches different people, different settings, and different classes with varying intensity. The one constant is that if you parent or foster parent a child adversely affected by prenatal exposure to alcohol, you will find yourself part of one of these scenarios. It will be saddening. It will be frustrating. It will not go away.

In a perverse way, along with our children, we are victims of this preventable syndrome. Louise Erdrich in the foreword to her husband, Michael Dorris' book The Broken Cord observes that in loving our children we...

"bow to fate. Few of his (their FAS affected son) problems can be solved or ultimately changed. So instead, Michael and I concentrate on only what we can control—our own reactions. If we can muster grace, joy, happiness in helping him confront and conquer the difficulties life presents...then we have received gifts. Adam (their son) has been deprived of giving so much else.

When I read Louise Erdrich's foreword and participate in my own child's speech and physical therapy, I understand the importance of focusing on what I can control. As parents and contributors to this newsletter, we struggle to move beyond the guilt, anger or blame in ourselves to focus on the opportunities of our children. Our effort with this publication is hopeful. We are hopeful in our child's future and hopeful we, as parents, are doing our informed best.

As parents to FAS/FAE children we face some unusual challenges. Challenges that call for parents, who are nurturers, advocates, innovators and lobbyists. This news-

Continued on next page...

Mailbag—Your questions answered
As an educator what can I do for children with FAS/FAE? -- Michele, Fairbanks

Dear Michele,

In order to become more knowledgeable about what you're dealing with, we suggest the book The Broken Cord by Michael Dorris which offers a clear overview on the scientific literature on FAS, a father's personal insights, and a look at some of the traps teachers commonly fall into.

FAS/FAE children often have low motivation, bad judgement and poor learning ability. Sometimes they are stubborn and don't learn from their mistakes. Some feel an early diagnosis would save parents and teachers the expense and grief of trying everything without knowing the child's limitations or what works. Early diagnosis may save the child considerable frustration. Others feel a diagnosis may label and limit a child. Behaviors, they believe, should be evaluated and dealt with as they arise.

There is currently no curricula for working with FAS/FAE children, but researchers at the University of Washington are now developing appropriate educational methods and curricula to be published later this year.

Some suggestions we have gleaned from sources are:

From Dr. Ann Streissguth, a psychologist at the University of Washington, who has

worked with FAS children for 14 years. What works best is a simple direct approach using the shortest possible sentences, "Do this", avoid arguing behavior.

Linda Robertson, Project TEACH (ACCA, Fairbanks) has these suggestions for parents:

a) Have goals and break them down into steps.

b) Decide on ten things that are "The Rules." Recite and review these several times a day. Drop ingrained rules and add new ones.

c) The more structure you provide, the better, but leave room for mistakes.

d) Praise for good behavior, build success into the program.

e) Teach daily learning skills.

f) Seek professional help to set goals, structure the child's life, teach logical consequences, and plan their educational future.

We hope this information is useful in your classroom Michele. You may want to join us at our next FAS/FAE Parent Support Group on March 27, at Mary Siah Rec. Center, 1025 14th Ave., Fairbanks, AK. Meetings begin at 7:00. Thanks for your interest.

Christine Jackson
FAS/HIV Coordinator, Resource Center
for Alcohol and Other Addictions

"The best thing about the future is that it comes only one day at a time."

— Abraham Lincoln

Editorial continued...

letter is meant to assist you in being just that: a parent to an FAS/FAE child. We will feature legislative initiatives regarding FAS/FAE issues. We will synopsise the latest scientific findings in the field. We will advertise the resources and media available through the State of Alaska. We

will try to keep you abreast of educational strategies that work for FAS/FAE kids. We will try to put you in touch with others in your area who share your concerns. Finally in our Mailbag section we will give you an opportunity to either share your thoughts and suggestions or ask questions of professionals we consult.

Pathways-A Gathering of Parents and Professionals

Mark your calendars and set aside April, 19-21, for the Second Annual Pathways Conference. This year's conference has much to offer the parents of FAS/FAE children. Some scheduled workshops are:

- managing parental stress
- ADD: information on learning disorders associated with hyperactivity
- caring for the medically fragile child
- making your child's IEP work
- Great Expectations: coping with the myth of the perfect baby
- computer usage for the disabled child
- teaching problem solving strategies
- What is it like to be learning disabled?
- Hope Cottages: living outside the home
- building power in the family

Aside from the workshops, parent/professional panels will discuss preschool programs, parent advocacy, family resources and sibling relations. There will be conference receptions and informal luncheons with presenters, legislators and gubernatorial candidates.

Last year the conference attracted over 500 persons from across the state. Again, this year's conference will give the parents of children with special needs an opportunity to meet with professionals and share common concerns, discuss new ideas and build partnerships for the future.

If childcare is a concern, Pathways is encouraging the use of your local community's respite service. If it is necessary to bring your child to Anchorage, on site care will be provided,

for a nominal fee. More information will be provided with registration applications.

Pathways-A Parent's Perspective

My husband and I attended Pathways Conference last year. If we had enough time to think over the logistics of leaving the children and the house, we wouldn't have gone. I'm glad we had a friend giving us a gentle but firm push to send us off. All arrangements went smoothly.

It had been eight years since I had been away from my child. Pathways allowed me to take a deep breath, so to speak, and regenerate myself. I realized I wasn't alone. I listened to other parents, heard what worked for them, and allowed myself to reach out to others with suggestions of what worked with our family. After Pathways I came home full of ideas, full of energy, and most importantly full of hope.

Announcements

The Alaska Women's Commission will hold a conference on substance abuse issues for women from Alaska's rural communities. The conference features Phyllis Chelsea from Alkali Lake, and will focus on women taking a leadership role in the prevention of substance abuse in their communities. Scholarships are available. Contact: Evelyn Tucker, Alaska Women's Commission, 561-4227.

Dr. Ira Chasnoff, President of the National Assoc. of Perinatal Addiction Research and Education, will offer a training May 3 and 4, on developmental issues of cocaine babies. The workshop is geared towards: social workers, health care providers, legal professionals, teachers, parents, and foster parents. For information contact: Robin Kornfield at 276-2087.

Continued on page 7

PATHWAYS

Parents and Professionals Working Together

Alaska's Second Statewide Conference for parents and others concerned about people with special needs

Dear Noel,

I am interested in attending the Pathways Conference in Anchorage, April 19-21.

Please send the information packet which includes a registration form and information on workshops, child care, lodging, college credit, parent stipends, key note speakers and social get-togethers.

I am: _____ a parent, foster parent
_____ a health care provider
_____ a concerned person

Name: _____
Address: _____
City/State: _____
Zip code: _____

To mail this request please

- 1) tear on the perforation
- 2) fold on dotted line so the postal service can read Noel's address
- 3) staple or tape the bottom edge together
- 4) affix stamp and mail

THANK YOU!!! See you at Pathways

Stamp
Here

**Pathways Conference
Noel Murry
805 Airport Way
Fairbanks, AK 99701**

FAS Legislation in the 1990 Alaskan Legislature

Senate Bill 407 (Binkley, Zharoff, Goghll, Pourchot, Adams, Kelly)

Setting a priority relating to treatment of persons for alcoholism, drug abuse, inhalant abuse and intoxication. Priority established among state funded programs for persons whose actions could harm others, including fetuses, over those who could only affect themselves.

Senate Bill 408 (Binkley, Zharoff, Goghll, Pourchot, Ellason, Falks, Jones, Pearce, Adams, Kelly) Requiring health care providers to report cases of fetal alcohol syndrome. Physicians, nurses or other health care professionals must submit a confidential report to the State Epidemiologist, as is done with measles and rabies. An annual report of the number of cases will assist health care planners.

Senate Bill 409 (Binkley, Zharoff, Goghll, Ellason, Pearce, Adams)

Relating to training teachers and certain school officials. This bill will require school districts and REAA's to provide inservice training to teachers and other school personnel on ways to work with FAS/FAE children.

Senate Bill 410 (Binkley, Zharoff, Ellason, Jones, Pearce, Adams, Pourchot, Kelly) Relating to warning signs about effects of alcohol consumed during pregnancy. Mandates the lettering on posted warning signs to be at least 1/2 inches high.

Senate Bill 411 (Binkley, Zharoff, Pourchot, Ellason, Adams, Pearce)

Relating to sales of alcoholic beverages by a package liquor store. This requires mail order shipments of liquor to contain a brochure warning about FAS/FAE.

Senate Bill 412 (Binkley, Zharoff, Pourchot, Adams, Ellason)

Relating to the distribution of information on the health effects of alcohol consumption. Marriage license applications to be accompanied by a brochure warning about dangers during pregnancy.

Senate Bill 413 (Binkley, Zharoff, Ellason, Jones, Adams)

Relating to eligibility for receiving a career education loan. Vocational training in the alcohol field must include FAS/FAE training if student loans are used to pay for costs.

Senate Bill 414 (Binkley, Zharoff, Goghll, Pourchot, Ellason, Falks, Adams, Kelly) Relating to commitment to treatment programs for pregnant women who are alcoholics. Spouse, guardian, relative, physician, or administrator of treatment facility may petition for commitment to custody of treatment facility if individual "is pregnant and unless committed is likely to harm the fetus by continued use of alcohol."

We are thankful to Sen. Binkley's office for this legislative information. We are pleased to see the heightened interest in FAS/FAE in our legislature and welcome progress on all initiatives that justly seek to eradicate this preventable birth defect and maximize the potential of those already stricken. If you feel strongly about any of these bills, and would like to voice your opinion we ask you to call your own legislator (their number can be found in your phone book under State of Alaska--Legislative Affairs Agency). For a small fee, bush communities can use the Alascom telegraph service 1-800-478-9500 to contact your legislator. Your action can make a difference!!

Announcements — Continued from page 4

To reduce the high incidence of infant mortality in Alaska the State Healthy Baby Project is offering two programs. The Pregnant Women Program will provide prenatal, delivery and postpartum care for women needing financial assistance. The Healthy Child Program will provide medical coverage for children ages 1-5, born since Jan. 1988. For information contact the Public Assistance Office at 675 7th Ave., Station E, Fairbanks or call 451-2850.



Alaska State Legislature

SENATE

Committee on Finance

Official Business

P.O. Box V
State Capitol
Juneau, Alaska 99811

MEMORANDUM

April 9, 1990

TO: Senator Paul Fischer, Chairman
Senate Health, Educational and Social Services Committee

FROM: Senator John Binkley *John Binkley*

RE: Senate Bill 409 - Relating to training for teachers
and certain school officials

SB 409 would require school districts and REAA's to train teachers and other school personnel on alcohol-related birth defects. This would include special educational needs.

Children with alcohol-related birth defects, both Fetal Alcohol Syndrome and Fetal Alcohol Effects, show symptoms of hyperactivity, poor coordination, and noncompliance. In school they require constant supervision, have difficulty with change, require additional classroom structure, and have extremely low attention spans.

Not all of these children are referred to special education. Not all of these children are developmentally disabled. Yet all of these children present special challenges to parents, teachers, and other care providers.

The Department of Education has responded to SB 409 with a plan to develop training materials for inservice instruction, to be implemented during the 1991-1992 school year.

The bill is supported by NEA, Alaska Association of School Boards, the Department of Education, the Office of Prevention, Tanana Chiefs Conference, RurAL CAP, AFN, Village Participation Conference, the FAS/FAE Support Network in Alaska.



NEA-ALASKA

AFFILIATED WITH THE NATIONAL EDUCATION ASSOCIATION

Don Oberg, President

Mary Lou Brent
Vice-President
Box 810174
Fairbanks, Alaska 99708

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March 26, 1990

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Wasilla, Alaska 99687

Hank Harrison
Region R Director
Box 110325 S Station
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TO: Senator Rick Uehling and Senator John Binkley, Co-Chairs, and members of the Senate Finance Committee

FROM: Don Oberg, NEA-Alaska

RE: SB 409, "An Act relating to training of teachers and certain school officials"

NEA-Alaska supports passage of Senate Bill 409.

The appalling rate of alcohol abuse in Alaska makes it imperative that something be done to deal with secondary results of that abuse as it manifests itself in classrooms throughout the state.

Educational Employees are concerned about those children who suffer from Fetal Alcohol Syndrome, or exhibit aberrant behavior associated with living in households with alcoholics, and symptoms of alcoholism in the children themselves.

NEA-Alaska believes that an appropriate route for providing this needed training would be the use of existing inservice training days, so that teachers would not have to bear the burden of additional financial cost or impairment of job security.

In addition, NEA-Alaska believes the proposed legislation should include significant penalties for districts not complying with this requirement.

The problems of alcohol abuse in Alaska are tremendous. The reality of raising future generations of people whose formative years are already endangered by the alcoholism of their families brings to mind the specter of a calamity too frightening to be ignored.

NEA-Alaska supports speedy passage of SB 409.

LE03/SB409/dl

Senate Bill 409

Relating to training for teachers and certain school officials

Sectional Analysis

Section 1. Amends AS 14.20 under Required Training in the Education Statutes to add a new section.

AS 14.20.680 (a) School districts and REAA's would be required to train teachers, administrators, counselors, and other school specialists on medical and psychological effects of alcohol-related disabilities and on the specific educational needs of these children.

AS 14.20.680 (b) Newly hired employees would be required to be trained within 45 days.

Section 2. Applicability.

Current employees, including those employed at the time of enactment, and those hired after enactment but before July 1, 1992, shall be trained before July 1, 1992.

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Tanana Chiefs Conference, Inc.

122 First Avenue
Fairbanks, Alaska 99701-4897
(907) 452-8251
Fax (907) 451-8936

April 9, 1990

Senator Paul A. Fischer
Chairman, HESS Committee
Alaska State Legislature
P.O. Box V (MS 3100)
Juneau AK 99811

RE: Senate Bill 409

Dear Chairman Fischer:

The Tanana Chiefs Conference, Inc. (TCC) favors passage of Senate Bill 409, an act relating to training for teachers and other school officials.

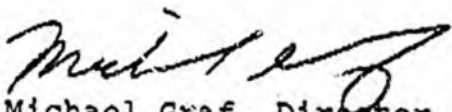
There is a definite need for specific educational needs of students with alcohol-related disabilities. The average IQ of fetal alcohol syndrome (FAS) children generally ranges from 20 to 90. For children with fetal alcohol effects (FAE), the range is 39 to 105. The average for both groups is 68. Average normal IQ generally range from 95 to 105. Intellectual and behavioral problems associated with FAS and FAE are often not recognized until they enter school. These children may have problems in areas of verbal comprehension, attention and memory. Academic performances often peaks at ages 12 to 15 (grades 6 to 8) and shows little improvement after this time.

Educators and administrators in our school systems must be made aware of the medical and psychological characteristics of FAS and FAE. They must learn how to create and implement an instruction program specifically geared to students with alcohol-related disabilities. The more knowledge you disseminate about FAS and FAE, the better equipped society becomes at addressing the problems that are associated with this illness.

TCC passed Board Resolution 90-120 at its annual meeting held in March. The 43 villages who gave unanimous approval to this resolution continue to feel FAS/FAE education and treatment is one of our top priorities. By way of this letter, I will share the Resolution with your Committee members. We would appreciate your scheduling this bill and passage out of your Committee as soon as possible. Thank you.

Sincerely,

TANANA CHIEFS CONFERENCE, INC.


Michael Graf, Director
Community Health Services

LAC/de

Attachment: TCC Board Resolution 90-120

cc: Senate HESS Committee

TANANA CHIEFS CONFERENCE, INC.
Board of Directors
Resolution No. 90-120

FAS SPECIAL EDUCATION NEEDS

WHEREAS, Fetal Alcohol Syndrome (FAS) affects children and adults throughout the State of Alaska; and

WHEREAS, children affected by FAS require special attention, including special educational services; and

WHEREAS, the Bureau of Indian Affairs (BIA) Indian Health service, and all Native organizations in Alaska should be concerned with FAS and its implications, specifically in regards to the present and emerging needs for special education for FAS children; and


WHEREAS, the Tanana Chiefs Conference, the Fairbanks Native Association, Inc., Doyon, Limited, and the Denakanaaga Elders recognize that the present and anticipated educational problems of FAS children are of great concern to these organizations.

NOW THEREFORE BE IT RESOLVED that the Tanana Chiefs Conference request the State of Alaska and BIA, Indian Health Service to fund a study and develop a plan concerning the special education needs of FAS children and informational program of awareness of FAS for high school student in school systems throughout Alaska; and

BE IT FURTHER RESOLVED that we request the State of Alaska, the BIA, Indian Health Service, and all Social Service Organizations develop a plan to meet the special educational needs of this population, and provide the special education services that are needed by FAS children.

CERTIFICATION

I hereby certify that this resolution was duly passed by the Tanana Chiefs Conference, Inc. Board of Directors on March 15, 1990 at Fairbanks, Alaska and a quorum was duly established.



Mitch Demientieff
Secretary-Treasurer
Tanana Chiefs Conference, Inc.

Submitted by: FNA

Second Chance

As Drug Babies Grow Older, Schools Strive To Meet Their Needs

A Los Angeles Program Deals With Behavior Extremes, Short Attention Spans
Lots of Old-Fashioned Love

By CATHY TROST

Staff Reporter of THE WALL STREET JOURNAL

LOS ANGELES—The children look like a casting call for Sesame Street, but they carry unseen burdens.

One slim, six-year-old boy sits on the floor with his classmates happily singing an alphabet song. Two years ago, he used to throw hour-long tantrums. He would build a tower of blocks, then shout that it was on fire and knock it down. Last year, while classmates watched the space shuttle blast off on television, he banged on his desk and cried.

What little his teachers know of his background helps explain some of his problems. While pregnant with him, his mother used alcohol, cocaine and PCP. After he was born, she would abandon him from time to time in deserted buildings. Once, a building exploded in flames when he was inside. "He had an area in the schoolroom where he could just go and cry," says a social worker at his school.

The troubled boy is part of a pilot project here for children exposed to drugs in their mothers' wombs. These 30 or so preschoolers and kindergarteners represent the advance guard of a generation of drug babies who are growing up and starting school. The project's goal is to provide early help to children who are of normal intelligence but considered at high risk for developmental, behavioral and learning problems.

A Growing Issue

Researchers are just now beginning to uncover a web of problems related to prenatal exposure to crack and other drugs, though much still is not known of the long-term effects. A child's ability to learn may be impaired. Fine motor skills may be hampered. A child may have difficulty developing strong attachments for others. Extremes of behavior are common, from apathy to aggression, passivity to hyperactivity, indiscriminate trust to extreme suspicion.

"These are vulnerable kids who won't make it in a classroom where at four you're supposed to know how to print your name and all the ABCs," says Carol Cole, one of the teachers in the program. "Their preschool and kindergarten environments need to be more protective."

The numbers of afflicted children are multiplying, especially in drug-laden urban areas. Within a few years, 40% to 60% of the children in some inner-city schools will have been prenatally exposed to drugs, predicts Judy Howard, clinical professor of pediatrics at the University of California, Los Angeles, School of Medicine, whose research helped spark the project.

Even the suburbs and the urban enclaves of the well-to-do are likely to see the effects of the drug epidemic in their classrooms soon. A 1988 survey of 38 urban and suburban hospitals found that 11% of the newborns had been exposed to drugs in the womb.

A Family Destroyed by Drugs

Most schools are ill-prepared to handle, much less nourish, such children. Drug-exposed children may look normal, but their disabilities often frustrate teachers who may not be familiar with their backgrounds. To help spread the lessons it is learning, the program's administrators opened their classrooms to a reporter, requesting only that children's names not be used.

On a recent day, the classroom at the Salvin Special Education School crackles with the combustible energy of three- and four-year-olds pushing dolls in strollers and hurtling down slides. A girl crawls on a visitor's lap. She says playing outside and coloring are her favorite things to do.

.... NEXT PAGE

Second Chance: Schools Strive To Meet Needs of Drug Babies

She is being raised by her 50-year-old father, who teachers say started using heroin at age 13. Her 26-year-old mother has to go to meetings because she uses drugs, the child says. Her grandmother died of AIDS, contracted from her husband, a drug addict.

Teachers say the little girl is doing well in school, but her actions sometimes betray a wellspring of frustration. Once, a teacher recalls, the child was playing in a sandbox when she got upset. She reached into her sock and pretended to pull out a knife to jab at a boy's face.

Blank Stares and Tantrums

Drugs and violence are familiar to these children. Circle-time talks sometimes include the news of a mother's jailing or a parents' fight. "To pretend that it's not a reality is to deny them," says Ms. Cole, the teacher. She recalls the time two preschoolers argued over a wagon and one angrily threw the other the sign of the Crips, a notorious drug gang.

Another time, she asked her class for the name of the "special house that caterpillars make before they become beautiful butterflies."

"It starts ca-ca-ca," she hinted.

"Cocaine!" one of the boys proudly replied.

Teachers also see more subtle signs of the children's drug exposure and fragmented lives. A girl demands to be left alone, bumps into walls, or stares blankly into space. A boy screams and throws him-

Continued From First Page

self on the floor because he wants to be picked up but can't express himself.

This is the first day of school for a chunky three-year-old in pink and white barrettes and a pink corduroy jumper. Though she is very bright, the girl's language skills lag those of others her age by about six months. Her coordination is poor, too. Simply building a tower of blocks is a struggle.

These children also carry the scars of their unstable home lives. Many have been abandoned or taken away from their biological parents, then bumped from home to home. Exposed in the womb to heroin, cocaine and PCP, one boy was taken from his mother by the state after his sister was born addicted. By age three, he has been in six different homes and now lives in a group home staffed by nine care-givers.

On the average, the children in the pilot project have been placed in three different homes; some have been shuffled through as many as seven or eight. Not one of the eight children in Vicky Ferrara's kindergarten class lives with his or her biological mother, though some of the mothers drift in and out of their children's lives. Most of the children are being reared by foster parents or grandparents.

"That kind of 'who's going to take care of me' gets translated into difficulty making transitional changes, even from art class to the playground," says Ms. Cole. She believes such insecurity could mean difficulties later in making commitments, from jobs to relationships.

Motherless Boys

In the classroom, two three-year-old boys dressed identically in shorts and suspenders play quietly. The boys share a foster mother who cares for four preschoolers and six infants in two group homes. All of the children, Elouise Dangerfield, the foster mother, says, have been "touched by drugs."

One of the boys was born prematurely to a drug addict who hasn't seen her son since he was a few months old. As a baby, he was plagued with respiratory problems and other ailments that kept him hospitalized for six weeks.

The other boy's mother gave him up at birth. His father has been in jail for most of his life. At birth, the boy suffered seizures that doctors thought were linked to his mother's drug use; he spent time on breathing monitors and sedatives. "He was the kind of child who had nightmares in his sleep," says Mrs. Dangerfield.

Mrs. Dangerfield says the boys have thrived in the program. In an ordinary classroom, teachers wouldn't have been able to handle the boys' temper tantrums or short attention spans, she says.

Costly Care

Children are referred to the program by hospitals, social service agencies and foster parents. But the program is not

teachers and five aides. All the children are seen regularly by a social worker, a psychologist, a pediatrician, a speech and language therapist, and a physical education teacher. Parents and care-givers are invited to attend a support program.

Caring for drug-damaged children demands an extraordinary commitment from the staff—in and out of the classroom. Some ferry children to after-school parties they normally would have missed for lack of transportation. Others spend long hours with children's families or caseworkers.

But such care is costly. The Los Angeles Unified School District pays up to \$18,000 a year to educate each of these children. In contrast, it pays an average \$4,000 a year per child in its regular classrooms.

A Dose of Love

"It's worth it in line with what we are learning," says Phillip Callison, the district's assistant superintendent for special education. Among the lessons gleaned from the two-year-old project: Routine is crucial. Abrupt transitions from one activity to another can be unsettling. Lots of old-fashioned love helps immeasurably.

Educators across the nation are hoping to apply some of these lessons in their own school districts. Representatives of several school districts have sought information from the project's teachers and administrators.

The results here are hopeful. The boy who was terrified of fires and explosions turned out to be a gifted child; his talents are emerging as he becomes more secure at school and with a loving foster family. He is the first in the program to be adapted into a regular first grade. Two others have graduated into a regular kindergarten.

Ms. Ferrara, the kindergarten teacher, says the biggest change is that the children "are now able to discuss their feelings, needs and wants" rather than misbehave in frustration. When one girl first came to the class, "she went to 20 different toys in 20 minutes," flinging them around, says Ms. Ferrara. "Now, she has whole themes in her play." It also helps that her sixth foster home has been a success.

It's story time for the preschoolers, and a teacher is reading a fairy tale to a four-year-old girl in a red dress, red socks and patent-leather shoes. "They lived happily ever after," the teacher concludes. Then she pauses, and adds, "I hope that happens to you."

WALL STREET JOURNAL
DEC. 27, 1989

S B

410

FIRST COMMITTEE OF REFERRAL

DATE: 1/29/90

FURTHER:

Date of 5-Day Notice: 3/1/90
(in accordance with Uniform Rule 2B)

DATE TURNED INTO OFFICE: 3/8/90

H E S S

Committee considered

SB 410

"An Act relating to warning signs about the effects of alcohol consumed during pregnancy."

and recommended:

- replace with _____ CS _____ same title new title
- attached amendment(s)
- _____ letter of intent adopted

do pass

do not pass

no recommendation

individual recommendations

further referral to _____

ATTACHES NEW FISCAL NOTE(S):

Department(s)/Date:

Department(s)/Date:

fiscal note(s) _____

zero fiscal note(s) _____
Dept. of Revenue
Dept. of Health & Social Services

appropriation-no fiscal note

Governor's bill w/fiscal note

SIGNING DO PASS:

Lloyd Jones
Tom Kelly

OTHER RECOMMENDATIONS:

Paul Fisch (Do Pass)

Chair: Signature and Recommendation

FISCAL NOTE

REQUEST:

Revision Date: _____
 Title: Relating to Warning Signs about
 the Effects of Alcohol . . .
 Sponsor: Binkley
 Requestor: _____

Agency Affected: Health & Social Services
 BRU: _____
 Components: _____

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	-0-	-0-	-0-	-0-	-0-	-0-

CAPITAL	-0-	-0-	-0-	-0-	-0-	-0-
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REVENUE	-0-	-0-	-0-	-0-	-0-	-0-
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FUNDING: (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER						
TOTAL	-0-	-0-	-0-	-0-	-0-	-0-

POSITIONS:

FULL-TIME	-0-	-0-	-0-	-0-	-0-	-0-
PART-TIME	-0-	-0-	-0-	-0-	-0-	-0-
TEMPORARY	-0-	-0-	-0-	-0-	-0-	-0-

ANALYSIS : (Attach a separate page if necessary)

FY 90 fiscal impact is "0."

Prepared by: Sally Mead
 Division: Office of Prevention

Phone: 561-4211
 Date: _____

Approved by Commissioner: *Myra M. Munson*
 Agency: Department of Health and Social Services

Date: 2/12/90

Distribution (by preparer):

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)

FISCAL NOTE

REQUEST:

Revision Date: _____
 Title: Warning signs about the effects of alcohol consumed during pregnancy of Agency Affected: Department of Revenue
BRU: Alcoholic Beverage Control Board
 Sponsor: Sen. Binklev, et al
 Requestor: Sen. Hess Committee Components: _____

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
PERSONAL SERVICES	-0-	-0-	-0-	-0-	-0-	-0-
TRAVEL	-0-	-0-	-0-	-0-	-0-	-0-
CONTRACTUAL	-0-	-0-	-0-	-0-	-0-	-0-
SUPPLIES	-0-	-0-	-0-	-0-	-0-	-0-
EQUIPMENT	-0-	-0-	-0-	-0-	-0-	-0-
LAND & STRUCTURES	-0-	-0-	-0-	-0-	-0-	-0-
GRANTS, CLAIMS	-0-	-0-	-0-	-0-	-0-	-0-
MISCELLANEOUS	-0-	-0-	-0-	-0-	-0-	-0-
TOTAL OPERATING	-0-	-0-	-0-	-0-	-0-	-0-
CAPITAL	-0-	-0-	-0-	-0-	-0-	-0-
REVENUE	-0-	-0-	-0-	-0-	-0-	-0-

FUNDING: (Thousands of Dollars)

GENERAL FUND	-0-	-0-	-0-	-0-	-0-	-0-
FEDERAL FUNDS	-0-	-0-	-0-	-0-	-0-	-0-
OTHER	-0-	-0-	-0-	-0-	-0-	-0-
TOTAL	-0-	-0-	-0-	-0-	-0-	-0-

POSITIONS:

FULL-TIME	-0-	-0-	-0-	-0-	-0-	-0-
PART-TIME	-0-	-0-	-0-	-0-	-0-	-0-
TEMPORARY	-0-	-0-	-0-	-0-	-0-	-0-

ANALYSIS : (Attach a separate page if necessary)

This legislation does not impact the ABC Board's FY 90 budget.

Prepared by: Patrick L. Sharrock, Director Phone: 277-8638
 Division: Alcoholic Beverage Control Board Date: 2/8/90
 Approved by Commissioner: [Signature] Date: 2/9/90
 Agency: Department of Revenue

- Distribution (by preparer):
- Legislative Finance
 - Legislative Sponsor
 - Requestor
 - Office of Management and Budget
 - Impacted Agency(ies)



Alaska State Legislature

SENATE

Committee on Finance


Official Business

P.O. Box V
State Capitol
Juneau, Alaska 99811

MEMORANDUM

March 6, 1990

TO: Senator Paul Fischer, Chairman
Senate Health, Education and Social Services Committee

FROM: Senator Johnie Binkley 

RE: SB 410 - Related to warning signs about
the effects of alcohol consumption

Sectional Analysis

Section 1. Amends that portion of the Alcoholic Beverages statutes that requires licensees of alcoholic beverages to post signs warning of the dangers of drinking during pregnancy. The amendment specifies that lettering on the sign must be at least one-half inch high.

Legislation requiring alcohol beverage licensees to post warning signs passed last session has largely been quite successful.

Certain licensees, however, are apparently trying to circumvent the intent of the law by printing their signs with lettering that is approximately 1/4 inch high. The result has been to make the sign inconspicuous and difficult, if not impossible, for some patrons to read.

The bill has -0- fiscal notes and is supported by both the Alcoholic Beverage Control Board and the Department of Health and Social Services.

STATE OF ALASKA

STEVE COWPER, GOVERNOR

DEPARTMENT OF REVENUE

550 W. 7TH AVE
ANCHORAGE, ALASKA 99501-6698

ALCOHOLIC BEVERAGE CONTROL BOARD

February 28, 1990

The Honorable John Binkley
Alaska State Senate
Pouch V
Juneau, Alaska 99811

RECEIVED MAR 2 1990

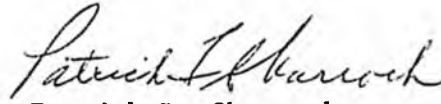
RE: SB 410 and SB 411
Attention: Pat Jackson

Dear Senator Binkley:

The Alcoholic Beverage Control Board has had an opportunity to review SB 410 and SB 411. The board does not have concerns or objections to the legislation and lends its encouragement for adoption.

If you have any questions, please do not hesitate to call.

Sincerely,



Patrick L. Sharrock
Director, ABC Board

PS/cl

90-41

SB 410

"An Act relating to warning signs about the effects of alcohol consumed during pregnancy."

BACKGROUND

SB 410 specifies the size of lettering of the warning signs that are currently required at every point of purchase by AS 04.21.065.

PURPOSE

Overall, the purpose of the warning signs is to reduce birth defects through education. Those most needing to know the connection of alcohol and birth defects, that is, those persons purchasing and consuming alcohol need to see the signs. Unfortunately, in some places, specifically certain airlines, the size of lettering on the signs has been reduced, making the signs unnoticeable and the message almost unreadable.

Specifying the size of the lettering on the signs will assure that the signs can be seen from a reasonable distance, and will be noticed.

The Department of Health and Social Services supports this legislation.

Recommended by: Jay Levy for
Sally Mead, Coordinator
Office of Prevention

Date: _____

Approved by: Myra M. Munson
Myra M. Munson, Commissioner
Department of Health and
Social Services

Date: Feb 15, 1990

S B

411

SENATE COMMITTEE REPORT
FIRST COMMITTEE OF REFERRAL

DATE: 1/29/90

FURTHER: L & C

Date of 5-Day Notice: 3/1/90
(in accordance with Uniform Rule 23)

DATE TURNED INTO OFFICE: 3/8/90

H E S S Committee considered

SB 411

"An Act relating to sale of alcoholic beverages by a package store licensee."

and recommended:

- replace with _____ CS _____ same title
- attached amendment(s) new title
- _____ letter of intent adopted

do pass

do not pass

no recommendation

individual recommendations

further referral to _____

ATTACHES NEW FISCAL NOTE(S):

Department(s)/Date:

Department(s)/Date:

fiscal note(s) _____

zero fiscal note(s) _____
Revenue

appropriation-no fiscal note

Governor's bill w/fiscal note

SIGNING DO PASS:

OTHER RECOMMENDATIONS:

Tim Kelly
[Signature]

Paul Frank (Do Pass)
Chair: Signature and Recommendation

FISCAL NOTE

REQUEST:

Revision Date: _____
 Title: Sale of alcoholic beverages by
a package store licensee
 Sponsor: Sen. Binklev, et al
 Requestor: Sen. Hess Committee

Agency Affected: Department of Revenue
 BRU: Alcoholic Beverage Control
Board
 Components: _____

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
PERSONAL SERVICES	-0-	-0-	-0-	-0-	-0-	-0-
TRAVEL	-0-	-0-	-0-	-0-	-0-	-0-
CONTRACTUAL	-0-	-0-	-0-	-0-	-0-	-0-
SUPPLIES	-0-	-0-	-0-	-0-	-0-	-0-
EQUIPMENT	-0-	-0-	-0-	-0-	-0-	-0-
LAND & STRUCTURES	-0-	-0-	-0-	-0-	-0-	-0-
GRANTS, CLAIMS	-0-	-0-	-0-	-0-	-0-	-0-
MISCELLANEOUS	-0-	-0-	-0-	-0-	-0-	-0-
TOTAL OPERATING	-0-	-0-	-0-	-0-	-0-	-0-

CAPITAL	-0-	-0-	-0-	-0-	-0-	-0-
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REVENUE	-0-	-0-	-0-	-0-	-0-	-0-
----------------	------------	------------	------------	------------	------------	------------

FUNDING: (Thousands of Dollars)

GENERAL FUND	-0-	-0-	-0-	-0-	-0-	-0-
FEDERAL FUNDS	-0-	-0-	-0-	-0-	-0-	-0-
OTHER	-0-	-0-	-0-	-0-	-0-	-0-
TOTAL	-0-	-0-	-0-	-0-	-0-	-0-

POSITIONS:

FULL-TIME	-0-	-0-	-0-	-0-	-0-	-0-
PART-TIME	-0-	-0-	-0-	-0-	-0-	-0-
TEMPORARY	-0-	-0-	-0-	-0-	-0-	-0-

ANALYSIS : (Attach a separate page if necessary)

This legislation does not impact the ABC Board's FY 90 budget.

Prepared by: Patrick L. Sharrock, Director
 Division: Alcoholic Beverage Control Board

Phone: 277-8638
 Date: 2/8/90

Approved by Commissioner: [Signature]
 Agency: Department of Revenue

Date: 2/9/90

Distribution (by preparer):

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)



Alaska State Legislature

SENATE

Committee on Finance


Official Business

P.O. Box V
State Capitol
Juneau, Alaska 99811

MEMORANDUM

March 6, 1990

TO: Senator Paul Fischer, Chairman
Senate Health, Education and Social Services Committee

FROM: Senator Johne Binkley 

RE: SB 411 - relating to sale of alcoholic beverages
by a package store licensee

Sectional Analysis

Section 1. Amends licensing section of Alcoholic Beverage statutes to require that package store licensees include a brochure or other written material warning of the dangers of drinking alcohol during pregnancy.

The posting of the signs warning of the dangers of drinking alcoholic beverages during pregnancy has been a positive step. Alaskans who purchase their alcohol by mail, however, don't have the benefit of seeing this important message.

Several organizations, including the March of Dimes, produce inexpensive brochures which are designed to pass on the message. Attached is a sample which can be purchased for the small sum of \$2.50 for 100 brochures. That's just 2.5 cents each.\

This bill has a -0- fiscal note and is supported by the Alcoholic Beverage Control Board.

CORRECTION

**THIS DOCUMENT
HAS BEEN REPHOTOGRAPHED
TO ASSURE LEGIBILITY**



Alaska State Legislature

SENATE

Committee on Finance


Official Business

P.O. Box V
State Capitol
Juneau, Alaska 99811

MEMORANDUM

March 6, 1990

TO: Senator Paul Fischer, Chairman
Senate Health, Education and Social Services Committee

FROM: Senator John Binkley 

RE: SB 411 - relating to sale of alcoholic beverages
by a package store licensee

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SIEVE COWPER, GOVERNOR

DEPARTMENT OF REVENUE

550 W. 7TH AVE
ANCHORAGE, ALASKA 99501-6698

ALCOHOLIC BEVERAGE CONTROL BOARD

February 28, 1990

The Honorable John Binkley
Alaska State Senate
Pouch V
Juneau, Alaska 99811

RECEIVED MAR 2 1990

RE: SB 410 and SB 411
Attention: Pat Jackson

Dear Senator Binkley:

The Alcoholic Beverage Control Board has had an opportunity to review SB 410 and SB 411. The board does not have concerns or objections to the legislation and lends its encouragement for adoption.

If you have any questions, please do not hesitate to call.

Sincerely,



Patrick L. Sharrock
Director, ABC Board

PS/cl

90-41

S B

412

Will My Drinking Hurt My Baby?



**March of Dimes
Birth Defects Foundation**
1275 Mamaroneck Avenue
White Plains NY 10505

For more information on
drinking and pregnancy,
ask your doctor or your
local March of Dimes chapter.

This pamphlet is made
possible through contributions
to the March of Dimes.

For additional copies
contact your local
March of Dimes chapter.

March of Dimes Birth Defects Foundation



Would You Give Your Newborn Baby A Drink of Liquor or Wine or Beer?

Of course you wouldn't. You know that a baby doesn't need or want alcohol in any form. You wouldn't think of putting an alcoholic drink in your baby's bottle because you know it's not good for him or her.

Well, exactly the same is true *before* your baby is born. When you are pregnant, every time you take a drink, your baby takes one too. The drink he gets is just as strong as the one you get, and because he is so much smaller than you are, it hits him a lot harder.

What's worse, his hangover could last a lifetime.

What Is Fetal Alcohol Syndrome?

Fetal alcohol syndrome (FAS) is a pattern of physical and mental birth defects that are the direct result of the mother's drinking alcohol while pregnant.

FAS babies are abnormally small at birth, especially in head size. Unlike many newborns who are too small, few of these children catch up to normal growth. Most of them have small brains and show some amount of mental retardation. Many are jittery and poorly coordinated. They have short attention spans and behavioral problems. Their mental problems may not improve with age.

FAS babies usually have narrow eyes and short upturned noses. Some have heart defects, which may require surgery.

I Don't Drink That Much. Could It Happen To My Baby?

We don't know how much alcohol is "safe." The best decision is not to have any while you are pregnant—or when you might be.

About *one out of every 750 babies born has FAS!** That's a lot of damaged babies. We don't realize how common FAS is because we don't hear about it as much as other birth defects. We haven't known about FAS for very long.

What Can I Do About It?

Everything. Unlike many other birth defects, FAS is *completely preventable*. By you. Nobody else can do it for you—not your doctor or your mother or the baby's father.

FAS is forever. There is no cure. But it doesn't have to happen at all. All you have to do is say "no" to the next drink, and keep on saying it until after your baby is born.

Other Than The Tragedy Of FAS, Are There Any Other Reasons Not To Drink While I'm Pregnant?

Alcohol is a drug that adds calories, but no food value, to the diet—your diet and your developing baby's. Having an alcoholic drink instead of milk or fruit juice deprives your baby of the nourishment it needs to grow and develop normally.

Women who drink heavily during pregnancy have more miscarriages and more stillbirths (babies born dead) than other women. Even moderate drinking is suspected of causing those problems. It is also suspected of causing learning disabilities and minor physical problems. There is much we still have to learn, but pregnancy is no time for guessing how much is too much.

When Should I Stop?

It's never too soon.

From the moment of conception, your baby's organs start forming. Alcohol can damage them. For example, brain, heart and blood vessels start to develop in the third week of pregnancy. The heart begins to beat by the fourth week, even though the embryo is less than ¼ of an inch long.

Since most women do not know that they are pregnant until a month or more has passed, they may have been drinking all along. So the best time to stop drinking is *before* you become pregnant. If you are pregnant and are still drinking, the time to stop is *now*. If you need help, ask your doctor.

**THE ONLY SAFE ADVICE IS:
IF YOU DRINK HEAVILY,
DON'T GET PREGNANT;
IF YOU'RE PREGNANT,
DON'T DRINK.
YOUR BABY CAN'T SAY NO.
SAY IT FOR YOUR BABY.**

* Centers for Disease Control, U.S. Dept. of Health and Human Services/Public Health Service: *Morbidity and Mortality Weekly Report*, January 13, 1984.

SENATE COMMITTEE REPORT
FIRST COMMITTEE OF REFERRAL

DATE: 1/29/90

FURTHER: Judiciary

Date of 5-Day Notice: 3/1/90
(in accordance with Uniform Rule 23)

DATE TURNED INTO OFFICE: 3/8/90

H E S S Committee considered SB 412

"An Act relating to the distribution of information on the health effects of alcohol consumption."

and recommended:

- replace with _____ CS _____ same title
- attached amendment(s) new title
- _____ letter of intent adopted

do pass

do not pass

no recommendation

individual recommendations

further referral to _____

ATTACHES NEW FISCAL NOTE(S):

Department(s)/Date:

Department(s)/Date:

fiscal note(s) _____
Dept. Health & Social Services

zero fiscal note(s) _____

appropriation-no fiscal note

Governor's bill w/fiscal note

SIGNING DO PASS:

[Signature]
Tom Kelly

OTHER RECOMMENDATIONS:

Paul Frank (Do Pass)
Chair: Signature and Recommendation

FISCAL NOTE

REQUEST:

Revision Date: _____ Agency Affected: Health & Social Services
 Title: An Act relating to requiring BRU: Administrative Services
Marriage Licensing Officers to distribute . . .
 Sponsor: Senator Binkley Components: Office of Prevention
 Requestor: _____

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL	6.0					
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	6.0-	-0-	-0-	-0-	-0-	-0-
CAPITAL	-0-	-0-	-0-	-0-	-0-	-0-
REVENUE	-0-	-0-	-0-	-0-	-0-	-0-

FUNDING: (Thousands of Dollars)

GENERAL FUND	6.0					
FEDERAL FUNDS						
OTHER						
TOTAL	6.0-	-0-	-0-	-0-	-0-	-0-

POSITIONS:

FULL-TIME	-0-	-0-	-0-	-0-	-0-	-0-
PART-TIME	-0-	-0-	-0-	-0-	-0-	-0-
TEMPORARY	-0-	-0-	-0-	-0-	-0-	-0-

ANALYSIS : (Attach a separate page if necessary) FY90 Fiscal Impact is "0". Based on the cost of a similar project, the Office of Prevention estimates that \$6,000 would be needed to prepare and print an Alaska specific brochure for distribution. Ongoing distribution costs will be absorbed within the Department of Health and Social Services current budget.

Prepared by: Sally Mead, Coordinator Phone: 561-4211
 Division: Office of Prevention Date: _____

Approved by Commissioner: Myra M. Munson Date: 2/20/90
 Agency: Department of Health & Social Services

Distribution (by preparer):

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)

POSITION PAPER

Senate Bill No. 412

"An Act requiring marriage licensing officers to distribute information related to the health effects of alcohol consumption."

BACKGROUND

SB 412 requires the distribution of information regarding the dangers of the use of alcohol during pregnancy.

Fetal Alcohol Syndrome (FAS) is the term given to those infants who have been severely affected by the alcohol consumed by the mother during pregnancy. It is estimated that FAS may be the most common birth defect in the nation, although it has only been recently recognized. People must be given the information that drinking while pregnant is dangerous to the unborn child. SB 412 is an efficient and cost effective way to distribute information on this topic.

FAS information is currently being distributed by the court system using a brochure produced by the March of Dimes. Central supply at the court estimates that a maximum of 10,000 brochures are required for distribution each year. This allows one brochure to be given at the time of application for a marriage license and is sufficient for rural communities to include in a public information pamphlet rack.

POSITION

The Department of Health and Social Services supports this legislation as a way to assure that information regarding the dangers of substance abuse during pregnancy are distributed throughout the State. Educating Alaskans is a critical first step in protecting babies from the harmful effects of FAS.

Recommended by: Sally Mead
Sally Mead, Coordinator
Office of Prevention

Date: _____

Approved by: Myra M. Munson
Myra M. Munson, Commissioner
Department of Health and
Social Services

Date: 2-15-90



Alaska State Legislature

SENATE

Committee on Finance

Official Business

P.O. Box V
State Capitol
Juneau, Alaska 99811

MEMORANDUM

March 6, 1990

TO: Senator Paul Fischer, Chairman
Senate Health, Education and Social Services Committee

FROM: Senator John Binkley *John Binkley*

RE: SB 412 - requiring marriage licensing officers to distribute information related to the health effects of alcohol consumption

Sectional Analysis

Section 1. Adds a new section to the Alaska Marriage Code that requires every marriage license to include a brochure or other written material on the subject of alcohol-related birth defects.

The court system is responsible for providing these materials to each licensing officer.

Preliminary data indicates that approximately 5,000 marriages have been performed over each of the the past several years. Because the best medical advice includes "woman who are planning to become pregnant abstain from alcohol" newlywed couples are an ideal target audience for the message.

Intent language was included in the budget last year that the Court System distribute information on alcohol-related birth defects with each marriage license application. When the Governor vetoed this, along with other intent language, my office worked with Art Snowden's office, and brochures are currently being distributed. Statutory language, however, will assure that the policy continues in future years.

This bill is supported by the Alaska Court System and the Department of Health and Social Services. The Department of Health and Social Services has submitted a 6.0 fiscal note for preparation of an Alaska specific brochure.

S B

413

FISCAL NOTE

REQUEST:

Revision Date: _____
 Title: Eligibility for Receiving a
Career Education Student Loan
 Sponsor: Senator Binkley
 Requestor: Senate Hess

Agency Affected: Education
 BRU: Postsecondary Education
 Components: Program Administration/
Student Loan Operations

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	-0-	-0-	-0-	-0-	-0-	-0-

CAPITAL						
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REVENUE						
---------	--	--	--	--	--	--

FUNDING: (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER						
TOTAL	-0-	-0-	-0-	-0-	-0-	-0-

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

ANALYSIS : (Attach a separate page if necessary)

Prepared by: Jane Byers Maynard/Executive Director Phone: 465-2854
 Division: Alaska Commission on Postsecondary Education Date: February 14, 1990

Approved by Commissioner: _____ Date: _____
 Agency: _____

Distribution (by preparer):
 Legislative Finance
 Legislative Sponsor
 Requestor
 Office of Management and Budget
 Impacted Agency(ies)

STATE OF ALASKA


STEVE COWPER, GOVERNOR

ALASKA COMMISSION ON POSTSECONDARY EDUCATION

P.O. BOX FP
JUNEAU, ALASKA 99811-0599
PHONE: (907) 465-2854

M E M O R A N D U M

TO: The Honorable Johne Binkley
Alaska State Senate

FROM: Jane Byers Maynard, Executive Director 
Alaska Commission on Postsecondary Education

SUBJECT: SB 413

DATE: February 16, 1990

Enclosed at your request is a Fiscal Note for SB 413. Please note that the Commission anticipates no costs associated with the bill.

We have contacted the one school of bartending authorized by our agency to operate in Alaska, the Brown Jug Beverage Dispensary School, and have been assured that the curriculum requirement of SB 413 can be met. This school was authorized to operate in January 1978, with the most recent renewal authorization occurring January 1990 (effective through December 31, 1992).

As of January 31, 1990, we have awarded \$137,200 in Alaska Student Loans to 39 students attending this school during 1989-90. In 1988-89, 122 students received a total of \$393,655 in State loans to attend Brown Jug.

If you need additional information, please contact me.

Enclosure

cc: Linda Low
Assistant Director for Institutional Relations

S B

414

SENATE COMMITTEE REPORT
FIRST COMMITTEE OF REFERRAL

DATE: 1/29/90

FURTHER: Judiciary
Finance

Date of 5-Day Notice: 2/22/90
(in accordance with Uniform Rule 23)

DATE TURNED INTO OFFICE: 2/27/90

H E S S Committee considered SB 414

"An Act relating to commitment to treatment programs for pregnant women who are alcoholics."

and recommended:

- replace with _____ CS _____ same title
- attached amendment(s) new title
- _____ letter of intent adopted

do pass

do not pass

no recommendation

individual recommendations

further referral to _____

ATTACHES NEW FISCAL NOTE(S):

Department(s)/Date:

Department(s)/Date:

- fiscal note(s) Forth coming:
_____ With likely Fiscal
_____ Impact.
_____ 1. Dept. Admin.
(Public Defender)
- appropriation- 2. Dept. Law

zero fiscal note(s)
Health & Social Services
Alaska Court System.

Governor's bill w/fiscal note

SIGNING DO PASS:

Lee Adams
[Signature]

OTHER RECOMMENDATIONS:

Sam Duncan - No Rec.
Ray Jones - No Rec.

Paul Fitch (Do Pass)
Chair: Signature and Recommendation

STATE OF ALASKA
1990 LEGISLATIVE SESSION

Bill Version: SB 414
 Publish Date: 1/21/90

FISCAL NOTE

REQUEST:

Revision Date: _____ Agency Affected: Alaska Court System
 Title: An Act relating to commitment to treatment programs for pregnant women... BRU: Trial Courts
 Sponsor: Binkley, Zharoff, Coghill, Pourchot... Components: _____
 Requestor: HESS

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 90	FY 91	FY 92	FY 93	FY 94	FY 95
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL						
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REVENUE						
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FUNDING: (Thousands of Dollars)

General Funds	0.0	0.0	0.0	0.0	0.0	0.0
Federal Funds						
Other						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

POSITIONS:

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

No fiscal impact.

Prepared by: Jan Strandberg, General Counsel
 Division: Alaska Court System
 Approved by: Arthur H. Snowden, II, Administrative Director
 Agency: Alaska Court System

Phone: 284-8228
 Date: 02/21/90
 Date: 02/21/90

Distribution (by preparer):
 Legislative Finance
 Legislative Sponsor
 Requestor
 Office of Management & Budget
 Impacted Agency(ies)

FISCAL NOTE

REQUEST:

Revision Date: _____ Agency Affected: Department of Law
 Title: "An Act relating to commitment to
treatment for pregnant women who are alcoholics..." BRU: Legal Services
 Sponsor: Senator Binkley Components: Operations
 Requestor: Senate HESS

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL	25.0	50.0				
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	25.0	50.0	-0-	-0-	-0-	-0-

CAPITAL						
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REVENUE						
---------	--	--	--	--	--	--

FUNDING: (Thousands of Dollars)

GENERAL FUND	25.0	50.0	-0-	-0-	-0-	-0-
FEDERAL FUNDS						
OTHER						
TOTAL						

POSITIONS:

FULL-TIME	-0-	-0-	-0-	-0-	-0-	-0-
PART-TIME						
TEMPORARY						

ANALYSIS : (Attach a separate page if necessary)

Please see the attached analysis.

Prepared by: Richard I. Pegues, Director Phone: 465-3672
 Division: Administrative Services Date: February 27, 1990
 Approved by Commissioner: Richard I. Pegues /FOR/ Date: February 27, 1990
Douglas B. Baily, Attorney General
 Agency: Department of Law

Distribution (by preparer):

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)

CONTINUATION of FISCAL NOTE ANALYSIS

For Bill/Resolution No. SB 414

This bill amends AS 47.37, the state's Uniform Alcoholism and Intoxication Treatment Act, to provide for the involuntary commitment of women who are pregnant, and unless committed, are likely to harm a fetus by the continued use of alcohol.

The Act currently provides for an initial commitment period of 30 days, but also provides for up to two 90 day recommitment periods if an alcoholic is still likely to inflict physical harm on another person. The bill extends the recommitment period to a pregnant woman if the likelihood of physical harm to another or continued harm to the fetus still exists. The bill goes even further; however, by providing that the Department of Health and Social Services shall seek a court order for commitment to continue until the woman is no longer pregnant if after examination it is determined that the likelihood still exists that, without further commitment, the woman will continue using alcohol in a way that is likely to inflict harm on the fetus.

There has been and there is a growing awareness throughout the state of the terrible injuries to fetuses known as Fetal Alcohol Syndrome. This bill seeks to prevent or reduce FAS injuries. In doing so, it appears the bill would have the effect of establishing certain rights for unborn children as a matter of government policy, which have not, heretofore, been recognized under state law.

A major policy change of this magnitude will unquestionably be challenged in the courts, as an unlawful infringement on women's rights. And the issue will likely be joined by pro choice and anti-abortion groups. It is expected that the bill, if enacted, will be attacked on equal protection grounds because only women could be committed under the bill's provisions. The Department of Law therefore expects that it would have to prepare for a constitutional challenge, which would require the services of outside counsel legal scholars in order to defend against such a challenge. The department estimates that about 500 hours of outside assistance would be required, at an approximate cost of \$150 dollars per hour. The cost has been spread between FY91 and FY92, although the timing of a challenge is in the hands of a challenger and not the state.

The department also has three areas of concern, which are discussed briefly below. One, involuntary commitment, except for protective custody for incapacitation, requires a court order. Due to budget restrictions, the Department of Law is not able to handle any substantial number of new commitments that might result if the bill is approved. In some areas, municipal attorneys already handle these proceedings due to the department's existing caseload and its limited staff. Because data is not available that would indicate expected caseloads, fiscal impact costs for commitment proceedings cannot be estimated at this time. To the extent that the bill causes a measurable workload increase, the increase could not be handled unless additional resources are made available to the department. In view of the equal protection issue, proceedings could be extensive.

Two, because commitment would be authorized under the bill on the basis of the harm likely to be caused to the fetus by the continued use of alcohol, some increase in expert medical examinations and testimony will be required. Currently, this cost is primarily borne by the Department of Health and Social Services or the local grantee agencies that operate treatment facilities. Although the cost of such an increase cannot now be measured, it could here again be substantial because of the equal protection issue and a resulting requirement for convincing medical evidence.

Three, most of the facilities to which alcoholic and committed for treatment are already filled to capacity. The bill would not only establish a whole new class of persons who would be subject to commitment, but it could also substantially increase the period of commitment and effectively reduce the space available in treatment facilities. As a practical matter, commitment cannot take place without such facilities.

FISCAL NOTE

REQUEST:

Revision Date: _____ Agency Affected: Health & Social Services
 Title: Relating to commitment to BRU: _____
treatment programs for pregnant women . . .
 Sponsor: Binkley Components: _____
 Requestor: _____

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	-0-	-0-	-0-	-0-	-0-	-0-
CAPITAL	-0-	-0-	-0-	-0-	-0-	-0-
REVENUE	-0-	-0-	-0-	-0-	-0-	-0-

FUNDING: (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER						
TOTAL	-0-	-0-	-0-	-0-	-0-	-0-

POSITIONS:

FULL-TIME	-0-	-0-	-0-	-0-	-0-	-0-
PART-TIME	-0-	-0-	-0-	-0-	-0-	-0-
TEMPORARY	-0-	-0-	-0-	-0-	-0-	-0-

ANALYSIS : (Attach a separate page if necessary)

Fiscal impact for FY90 is "0".

Prepared by: Katherine Kelly, Director Phone: 465-3090
 Division: Division of Public Health Date: _____
 Approved by Commissioner: Myra M. Munson Date: 2/21/90
 Agency: Department of Health & Social Services

Distribution (by preparer):
 Legislative Finance
 Legislative Sponsor
 Requestor
 Office of Management and Budget
 Impacted Agency(ies)

Although the Department has submitted a "0" fiscal note on this legislation, we believe that this fiscal note deserves additional explanation.

Few individuals are involuntarily committed to alcohol programs under the current commitment law. This occurs for two reasons. First, there are few available beds in treatment programs into which the individual can be committed. In the absence of a bed, the commitment does not take place. Secondly, the commitment law has been criticized by some as very difficult to use. These individuals claim that, regardless of the availability of space in treatment programs, few individuals are able to be committed.

The Department's "0" fiscal note assumes that if a pregnant woman is committed, she will either fill a bed that is already being paid for through State funds or bump an individual off an existing waiting list for the treatment slot. If no bed is available, we assume that the commitment will either not be sought or will not be granted. To the extent that the existing commitment law is changed or that sufficient additional treatment capacity becomes available, additional state funds to pay for this treatment may be necessary.

The Department wishes to emphasize that our "0" fiscal note does not imply that additional resources are not needed to provide appropriate programs for pregnant women who abuse alcohol. The peculiarities of the commitment law, rather than our assessment of available resources, have dictated the submission of this fiscal note. The Department recognizes that additional resources are needed to develop appropriate alcohol treatment services for pregnant women and we have included an increment in the FY 91 budget to expand these services.

Senator John Binkley

Senate Finance Committee
P.O. Box V • Juneau, Alaska 99811 • (907) 465-4985

Finance Committee
Co-Chairman

MEMORANDUM

February 21, 1990

TO: Senator Paul Fischer, Chairman
Senate Health, Education and Social Services Committee

FROM: Senator John Binkley

RE: Senate Bill 414 - Relating to commitment to treating
programs for pregnant women who are alcoholics

Sectional Analysis

Section 1. Amends AS 47.37.190(a).

Adds a new under commitment statutes for alcoholism to allow for the petition for commitment to the custody of a private or public facility of a person who is alcoholic and is pregnant, and unless committed, is likely to harm the fetus by continued use of alcohol.

All protections under the current system remain in place. A physician who has examined the person within two days before submission must certify to the advisability of commitment.

Section 2. Amends AS 47.37.200(c).

Adds language to recommitment statute "an alcoholic pregnant woman whose continued use is likely to harm her fetus" and requires a finding of the likelihood of physical harm on another or continued harm on the fetus still exists.

Section 3. Amends 47.37.200(d).

Includes "an alcoholic pregnant woman whose continued alcohol use is likely to harm her fetus" in second recommitment. Provides for an exception to existing prohibition against more than two recommitments in the case of a person who is pregnant.

January 21, 1990
Page 2

Section 4. Amends AS 47.37.200(g).

Adds a new paragraph (1) to provide for discharge of a person committed "on the grounds of likelihood of infliction of harm to the fetus" is no longer considered an alcoholic or is no longer pregnant.

Following sections have been renumbered accordingly.

Section 5. Amends AS 47.37.220(a).

Provides that a pregnant patient committed under this chapter shall be granted reasonable access to a doctor or other health care provider of the patient's choice, either inside or outside the treatment facility.

POSITION PAPER

SENATE BILL NO. 414

For an Act entitled: "An Act relating to commitment to treatment programs for pregnant women who are alcoholics."

SB 414 would amend the Uniform Alcoholism and Intoxication Treatment Act by permitting the involuntary commitment to a public or private treatment facility of pregnant alcoholics whose continued use of alcohol is likely to harm the fetus. Under this Bill, pregnant alcoholics could be committed, if necessary to prevent potential damage to the fetus, for the term of the pregnancy subject to requirements for periodic court hearings to determine the need for continued treatment.

Background: The recognition that excessive maternal alcohol use during pregnancy can damage the fetus has occurred only in the last twenty years or so and knowledge of the prevalence of such injury is still being developed. Fetal alcohol syndrome (FAS), the best known form of injury, has a worldwide incidence of about 1.9 cases per 1000 live births. The United States rate is about 1.3 per 1000 and, according to estimates made by the Alaska Native Health Service and the Alaska Native Health Board, the rate in Alaska Natives is approximately 4.3 per 1000 live births. Rates for the non-Native Alaska population are not known.

Fetal Alcohol syndrome, in its fully developed form, is characterized by: (1) prenatal onset and persistence of growth deficiency for length, weight, and head circumference; (2) facial abnormalities; (3) cardiac defects; (4) minor joint and limb abnormalities; and (5) delayed development and mental deficiency varying from borderline to severe. Because FAS is not curable and because of its lifelong effects on physical health and mental development and because of high levels of alcohol use in the population, FAS is of special concern in Alaska.

Analysis: THE intent of the Bill is to interrupt the deleterious effects on the fetus of alcohol use by pregnant women by providing treatment and, where necessary, prolonged and involuntary confinement. In common with many other types of drugs with the potential for causing fetal injury, it is not known with certainty when alcohol use exerts its greatest effect on the fetus. In many types of fetal injury caused by drug use, the greatest sensitivity on the part of the fetus appears to be in the first trimester and that may be the case at least for those malformations which are characteristic of FAS. However, growth retardation may be affected by alcohol use later in pregnancy. FAS may result from continued use throughout pregnancy or from high dose binge drinking. It should also be pointed out that heavy alcohol use by pregnant

women does not invariably result in FAS. The 1987 edition of the Nelson Textbook of Pediatrics estimates the likelihood of harmful effect from chronic severe maternal alcoholism at 30 to 50 percent.

In order to be effective in preventing fetal injury, heavy maternal alcohol use, including binge drinking, would have to be prevented from the early stages through the remainder of the pregnancy. Since women who abuse alcohol are probably less likely than other women to seek prenatal care during the first trimester, much of the damage resulting from alcohol use would probably already have been done by the time the pregnancy is diagnosed and before commitment procedures could be instituted. It also seems likely that the possibility of involuntary commitment would serve to discourage alcohol-using pregnant women from seeking and receiving prenatal care, thus compounding the problem even further.

Position: The Department of Health and Social Services is in agreement with the intent of this Bill, but believes that involuntary commitment would probably not provide timely intervention, will likely discourage women from seeking needed prenatal care and would therefore be relatively ineffective in achieving the desired result. Consequently, the Department cannot support SB 414. The Department has not explored the legal questions which are inherent in the use of involuntary commitment.

Recommended by: *Katherine A. Kelly*
Katherine A. Kelly, Dr.P.H.
Director, Division of
Public Health

Date: _____

Approved: *Myra M. Munson*
Myra M. Munson
Commissioner
Department of Health
and Social Services

Date: Feb 21, 1990

MEMORANDUM

State of Alaska

TO: Frank Baxter, Commissioner
Department of Administration

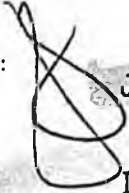
DATE: February 14, 1990

FILE NO:

TELEPHONE NO:

THRU: Sioux Plummer, Special Assistant
Office of the Commissioner

SUBJECT: SB 414

FROM:  John Salemi, Public Defender

It appears the intent of SB 414 is to protect the unborn fetus in situations where the pregnant woman is abusing alcohol. While this is a laudable objective, I believe implementation of such legislation would raise serious constitutional questions regarding the rights of individuals. While facially a noncriminal piece of legislation, the effect is to criminalize the use of alcohol among pregnant women. There is a significant restriction of liberty based on the individual's status as an abuser of alcohol. "Status offenses" have previously been deemed unconstitutional by the United States Supreme Court. For example, one cannot be punished for the mere fact that he or she is a narcotics addict. Additionally, the hotly debated issue of rights of a fetus, when life begins, etc. will play itself out in the courts if this legislation is enacted. Once implemented, the Public Defender Agency will undoubtedly carry the burden of constitutional litigation/argument in these types of cases. Incidences of fetal alcohol syndrome are on the rise. These cases present themselves disproportionately in the lower socio economic strata. As such the vast majority of individuals who might be committed under this law would be entitled to Public Defender representation.

Based on the fact that a strong constitutional attack will have to be mounted involving both extensive evidentiary hearings at the trial court level and appellate court briefing and argument, there will be noticeable fiscal impact on the Public Defender Agency. Even assuming no constitutional infirmity, the procedural mechanism which permits this type of commitment will involve considerable time and expense on the part of the attorney charged with representing the woman who is the subject of the potential commitment. Over the period of the pregnancy, the statute allows the state to request three separate 90-day periods of commitment. There will be hearings on each of these three occasions to determine the appropriateness of continued commitment. Prior to the hearings the defense will undoubtedly request that an independent medical expert evaluate the client to determine the potential for alcohol abuse, efforts at rehabilitation, indicators of any damage to the fetus and so on. Medical evaluations of this nature along with expert testimony are very expensive. Hearings involving medical experts are often lengthy. Because the individual client is not being charged with a criminal offense, but is subject to the equivalent of incarceration, these matters will not be dealt

with perfunctorily. The litigation will be adversarial rather than conciliatory.

If this legislation is enacted, the Public Defender Agency will need additional personnel to advance the constitutional concerns at the trial court and appellate levels. Assuming the statute passes constitutional muster, it is unclear as to how many cases of this nature will be "prosecuted" by the state on a yearly basis. As previously mentioned, incidences of fetal alcohol syndrome are on the rise in Alaska. This very well could be a commonly used vehicle for committing pregnant women who have alcohol problems. As the Department of Law has not yet submitted a fiscal note on this bill, the Public Defender Agency is unsure as to the precise fiscal impact. It appears that at least one attorney and support person would be required to handle the additional load created by such legislation. This is especially true in light of the fact that these cases would fall into the laps of attorneys who now do mental health commitment hearings. As the number of those cases have risen rather dramatically in recent years, this additional burden could not be absorbed without further resources within the agency.



Senate Health, Education and
Social Services Committee

Senator Paul Fischer, Chairman

Spec note.

Senator:

There are a number of serious questions that need to be answered in this bill.

1. If we have a pregnant woman with kids, who will take care of her kids when she is committed.

Will this place extra burdens on the Foster Care System?

2. Sometimes, it is ^{Early on} very difficult to determine when a woman is pregnant. Is there a liability factor .

3. The State of Alaska has a privacy clause in the Constitution. Since the state refuses to make any definition of the fetus, or determine the rights of a fetus, it will be difficult to justify mandatory commitment to protect a fetus.

2 x 6
Voluntary Sterilization

Alaska State Legislature

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February 2, 1990

MEMORANDUM

TO: Representative Eileen MacLean

FROM: Maureen Weeks^{MW}
Legislative Analyst

RE: Nonvoluntary Treatment for Pregnant Women Who Habitually Use Alcohol;
School Curricula
Research Request 90.137

You asked this agency what legal or policy issues are raised by two proposals: (1) to mandate treatment for women who habitually use alcohol during and after pregnancy; and (2) to implement a school curriculum on Fetal Alcohol Syndrome. This memorandum addresses these questions at some length. The summary below provides an overview of the major points of discussion. A table of contents can be found on page 4. The bibliography and list of personal communications are at the end.

SUMMARY

Number and Cost of Drug and Alcohol-Affected Newborns

A state study shows that in six months of 1989, in Anchorage and Fairbanks alone, physicians reported 111 newborns whose mothers had used alcohol during pregnancy or used drugs a few days or hours before delivery. At this rate, physicians in these two cities *this year alone* will report 222 children damaged by drugs or alcohol. At least two Anchorage cocaine babies are HIV positive.

Experts say this is only a fraction of babies exposed to drugs or alcohol during pregnancy. Many of these infants are not reported to the state. There are several reasons for this. First, toxicology tests on Alaska newborns are not routine. Second, some Alaska physicians are reluctant to report. Third, blood tests at birth do not show the larger number of babies whose mothers used drugs or alcohol at any other time earlier in their pregnancy.

Even before severely affected babies leave the hospital, the costs of care are enormous. The bill for a 16-month-old FAS baby boy who lives in the intensive

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care unit at Providence Hospital is \$1.4 million, so far. One study says the lifetime cost of Fetal Alcohol Syndrome babies born in one year is \$39.8 million.

Legal Questions

Policy makers considering mandated treatment for pregnant women who abuse drugs or alcohol must juggle two basic rights: the pregnant woman's right to control her own body and the child's right to be born healthy. In most cases, the rights are compatible because most pregnant women want to provide the fetus with a safe place to grow. But some cannot or will not. Often, these women are addicted. When they abuse drugs or alcohol, does society -- a judge, a lawmaker, a physician, a relative -- have an obligation or a right to protect the fetus from harm? Ethicists and philosophers debate this question vainly, while lawyers write persuasive articles on both sides. Meanwhile, judges and legislators are left to seek a reasonable answer.

Policy Questions

Most state statutes do not address the problem of babies damaged by drugs and alcohol. Alaska, for example, does not require drug or alcohol tests for newborns. It does not require physicians to report newborns who test positive. Alaska child abuse and neglect laws do not include the fetus. No law tells Alaska physicians to test pregnant women if they believe she might be using drugs or alcohol. And officials say that if all substance-abusing pregnant women were identified and ordered into treatment, there would not be enough beds for them.

Some states are attempting to find a solution that respects the pregnant woman's privacy and protects the fetus. Minnesota has taken the lead with a two-month-old law that requires physicians to test and report substance-abusing pregnant women. When they get a report, state officials are required to offer the woman treatment and prenatal care. If she refuses or fails the treatment, the state must put the woman in nonvoluntary treatment. A state official says the law has already been used in several Minnesota counties.

If a baby is born drugged in Oklahoma, state officials may take custody of the baby and require the mother (and the father) to complete treatment before they return the baby to the home. Some states require physicians to test newborns if they suspect the infant has been affected by drugs or alcohol and then require physicians to report positive test results. Some states allow authorities to take custody of children who are born with drugs in their blood. One means to do so is to redefine certain parts of child abuse or neglect statutes to include the fetus.

Policy Options

Some Alaska experts recommend requiring pregnant women to get treatment if they will not do it on their own. When an Alaska woman has committed a jailable offense, a judge may opt to use the threat of jail to convince the woman to enter a treatment program. State officials want to require physicians to report addicted newborns, but some physicians object on the grounds that the state should first make its position clear by passing a law to include the fetus in child abuse or neglect statutes. The National Conference of State Legislatures recommends identifying children born with drug or alcohol problems so they can be placed in the proper protective, health or rehabilitative channels. Dr. Ira Chasnoff, a nationally recognized expert on substance-abusing pregnant women, recommends treatment and parenting education. Finally, some say it is wrong to force women into treatment unless all-out efforts have been made to educate the public about the damage drugs and alcohol can do to the fetus. These advocates say policy makers should first make available effective treatment for pregnant women and change the conditions which breed abuse of drugs and alcohol.

Implementing a Fetal Alcohol Syndrome Curriculum

The question of legal and policy issues concerning implementing a curriculum to teach about Fetal Alcohol Syndrome in the schools is treated very briefly. In general, state experts on law and education see no difficulty in encouraging local school districts to teach this subject. Education officials, however, are traditionally hesitant to mandate curricula. For the first time in its history, the State Board of Education on January 30 passed a resolution to support mandating comprehensive health education in the school curriculum, including a segment on Fetal Alcohol Syndrome.

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BACKGROUND

Incidence of Babies Born with Alcohol and Drugs in their System

State officials say that in one six-month period, Anchorage physicians reported 65 newborns testing positive for cocaine and one positive for another drug. In the same six month period, Anchorage physicians identified and reported 33 babies or toddlers with symptoms of Fetal Alcohol Syndrome or Fetal Alcohol Effects. Two Anchorage cocaine babies are HIV positive but the number may be higher because it can take up to a year and a half after birth for a baby to test positive (Staciokas). In the six month period, Fairbanks physicians reported eight newborns positive for cocaine, two for marijuana and one for amphetamines. One baby was identified as affected by alcohol (Caskey, pers. com.). At this rate, physicians in Anchorage and Fairbanks could be expected to report 222 drug or alcohol damaged children a year.

Experts say this is only a fraction of infants who ingested drugs or alcohol before they were born.¹ The majority are not reported for several reasons:

- State law does not require toxicology tests on newborns who show signs of distress caused by drugs or alcohol;
- Once an infant is tested, state law does not require physicians to report positive tests and the state claims many do not. A state report says, "Many in the medical community are reluctant to report such births to DFYS (Division of Family and Youth Services)," adding that, "[I]t is not common to report (alcohol) births even when they are recognized" (Staciokas, p. 1); and

¹ Alaska Department of Health and Social Service officials say the department is preparing to test all Alaska newborns for cocaine in a six-month "blind" study (Livey, pers. com.).

- Positive toxicology tests at birth cover only infants whose mothers used cocaine or other drugs within days or hours of delivery.² In addition, Fetal Alcohol Syndrome is sometimes difficult to identify at birth. Thus, tests and observations at birth do not include the larger number of infants whose mothers used drugs or alcohol at any other time during their pregnancy. Studies show that moderate doses of alcohol, as early as the first months of pregnancy, can impair a child intellectually, while even one hit of cocaine can do permanent damage to a fetus.

No one has counted the total number of babies born with Fetal Alcohol Syndrome (FAS) or Fetal Alcohol Effects (FAE) in Alaska. One survey shows that between 1981 and 1988 the incidence of FAS among Alaska Natives was 4.2 per 1,000 births -- twice the national average (Berner, p. 2 and Hild, pers. com.). No similar data exists for non-Native births. In the absence of a definitive count, a study by the Alaska Senate Advisory Council estimates that at least 29 Alaska babies are born annually with FAS (Research Request No. 89-100015, p. 1). Alaska experts believe about ten times more babies are born annually with FAE than with FAS (Hild, pers. com.).

Effects of Alcohol on the Fetus

When a pregnant woman drinks alcohol, her fetus, which also ingests the alcohol, may be damaged. If the damage is severe, it can include mental retardation and physical abnormalities such as cleft palate, curvature of the spine and heart and kidney defects. Less severe effects include hyperactivity, learning disabilities and short attention span.

² Cocaine takes 48 hours to clear the pregnant woman's system but up to five days to clear the fetal system (Hild, pers. com.).

It is unclear how much alcohol can cause this damage. Fetal Alcohol Syndrome children always have chronically alcoholic mothers. But recent research by Ann Streissguth, a member of the team which originally identified Fetal Alcohol Syndrome, indicates that pregnant women who are "social drinkers" also risk harming their babies. Research published in 1989 shows that a woman who consumes more than one-and-a-half ounces of alcohol a day (approximately three drinks) has a three times greater chance of producing a child with a subnormal IQ (Streissguth et al, 1989, p. 7). An earlier study found that children of mothers who were "moderate drinkers" (averaging one drink a day during mid-pregnancy) had significantly shorter attention spans and more periods of inattention than children of infrequent or nondrinkers (S. Landesman-Dwyer et al, 1988, p. 187-193). Finally, in two other studies, researchers at the National Institute of Health and at the University of Washington found that one drink a day may substantially increase the risk of producing a low birthweight child (Mills, et al, 1984; Little, 1977). Dr. Streissguth and her associates caution that "safe" drinking levels for pregnant women have not been established.

The symptoms of alcohol damage to a fetus are divided into two sets. The more severe set is Fetal Alcohol Syndrome, a leading cause of mental retardation in the U.S. FAS children are characterized by premature birth, low birthweight, a characteristic facial appearance, central nervous system problems and malfunction of major organs such as their heart and kidneys. At birth, they may appear tremulous, jittery and irritable and they may have difficulty sucking and show abnormal sleep patterns.⁴ Less severe, but more prevalent, is Fetal Alcohol Effects (FAE), which can also affect the intellect and cause hyperactivity as well as speech and hearing problems. Symptoms may not be

⁴ These are similar to the effects on newborns of prenatal exposure of cocaine: tremors, irritability, poor feeding, abnormal sleep patterns, prematurity and low birthweight (MacGregor, et al, p. 690; Doberczak et al, p. 356). Boston University School of Medicine pediatricians report the effects of marijuana on newborns include low birthweight, an abnormal startle reflex, tremors and an inability to shut out stimuli (Brody, p. 1).

- Among the policy questions: Would pregnant women abort or go "underground" to avoid mandated treatment? Is appropriate alcohol treatment available? Who is to report alcohol use and who is to mandate that the woman be treated?

The conflict between a woman's right to drink alcohol and the fetus's right to be free from damaging substances is a recent one. United States researchers did not identify alcohol as a hazard to the fetus until 1973 when Seattle physicians reported in the medical journal *Lancet* that children of chronically alcoholic mothers were abnormally small, had facial deformities, suffered from heart defects and were slower to develop (Jones et al, 1973).⁵

In the last 20 years, medical research has turned up a growing number of other hazards to a developing fetus, including environmental toxins, prescription drugs, illegal drugs and even nicotine. Research demonstrates that these may cause permanent handicaps and dangerously premature birth.

Although the perceived danger of prenatal exposure to drugs and alcohol is recent, two studies show that the effects of this exposure may be extensive.

A 1989 study in Pinellas County, Florida found that, among women making their first visit for prenatal care, more than one in six tested positive for alcohol, marijuana, cocaine and/or opiates. The women were patients in public health clinics and the offices of private physicians. Dr. Ira Chasnoff, director of the National Association of Perinatal Addiction Research and Education (NAPARE),

⁵ Child abuse is another example of a recently perceived phenomenon. Although child abuse was identified in the late 19th Century, it wasn't until 1962 that Dr. C. Henry Kempe published an article in the Journal of the American Medical Association identifying the battered child syndrome (Kempe, et al, JAMA, Vol. 181, p. 17, 1962). Since that time, all states have written laws prohibiting child abuse and neglect.

evident until a child reaches school age. Both FAS and FAE may be difficult to identify at birth.

Data indicate that the drinking habits of fathers can also affect the fetus. A University of Michigan study shows that babies born to fathers who drank regularly during the month before conception were an average of 137 grams (4.83 ounces) lighter than those who were born to fathers who were occasional drinkers. Regular drinkers were defined as men who consumed about two standard-sized mixed drinks a day or had at least one binge before conception (Little and Sing, p. 1). Experiments with animals at Boston University School of Medicine show that alcohol consumption by male mice before mating can adversely and permanently affect the normal development of their offspring (Friedler, p. 129).

MANDATING TREATMENT FOR WOMEN WHO HABITUALLY USE ALCOHOL DURING PREGNANCY

Introduction

Most pregnant women make conscientious efforts to give the fetus a safe, healthy place to prepare for birth. Some do not or cannot. Among these are women whose consumption of alcohol threatens to injure the fetus.

Policy makers confronting the issue of alcoholic pregnant women find themselves juggling three notions fundamental to the structure of our political and social system: the right to life, the right to privacy and the expectation that society protects those who cannot protect themselves. This raises important legal and policy questions which are described, but not answered, in this memorandum.

- Among the legal issues: Does the child have the right to a healthy start in life? Does the mother have the right to be free of intrusion into her private life? Can a pregnant woman be compelled to live according to the dictates of a physician, a judge or society?

says the county's demographics may qualify the study as a microcosm of prenatal substance abuse in other U.S. communities (Sherman 1989, p. 28).⁶

A 1988 survey of 36 hospitals nationwide showed that in one of every nine births, babies were born with an illegal drug in their system or their mothers admitted some type of illegal drug use during pregnancy, most commonly cocaine. The study did not include alcohol (P. Shaw, pers. com.).

Meanwhile, physicians have developed the technology to save damaged or premature infants who a generation ago would have died. In the 1950s, only two percent of babies born in the sixth to seventh month of pregnancy survived delivery and almost all were physically handicapped. In the 1970s, only one in five survived. Today, 40 to 50 percent survive and of these about one-third suffer major physical handicaps such as blindness, deafness, cerebral palsy and mental retardation (Orentlicher, p. 23).

Rapidly evolving medical technology and increased exposure to toxic substances create a conundrum for public policy makers, physicians and state officials. Does society have a responsibility to protect a fetus, which by its nature, is incapable of protecting itself? Is it ever possible to protect the fetus without riding roughshod over the pregnant woman's constitutional right to privacy, to control her own person and to freedom from all restraint or interference of others? The legal and policy issues raised by these questions are briefly discussed below.

⁶ Dr. Chasnoff will be in Anchorage May 3 and 4 to speak on cocaine and poly-drug use during pregnancy. His visit is sponsored by the Municipality of Anchorage, the Child Advocacy Network, Providence Hospital, the Indian Health Service and the Governor's Office.