
A BILL FOR AN ACT

RELATING TO HEALTH.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. The legislature finds that, while fetal alcohol
2 exposure is one of the leading known causes of mental
3 retardation in industrialized nations, the majority of those so
4 exposed are not mentally retarded. Individuals with diagnosed
5 or undiagnosed fetal alcohol exposure suffer substantially from
6 secondary disabilities, such as child abuse and neglect,
7 separation from families, multiple foster placements, school
8 failure, juvenile detention, job instability, depression,
9 aggression, and other serious mental disorders. These secondary
10 disabilities come at a high cost to the individuals, their
11 families, and society. The legislature finds that these
12 problems can be reduced substantially by early diagnosis and
13 receipt of appropriate, effective intervention.

14 Fetal alcohol spectrum disorder (FASD) is an umbrella term
15 describing the range of effects that can occur in an individual
16 whose mother consumed alcohol during pregnancy. These effects
17 may include physical, mental, behavioral, and learning
18 disabilities with possible lifelong implications.



1 Nationwide, the incidence of FASD is estimated to be ten
2 per one thousand live births. Nationally, more children are
3 born each year with FASD than those born with spina bifida,
4 multiple sclerosis, Down Syndrome, and HIV combined. There are
5 an estimated one hundred seventy-five children born each year in
6 Hawaii with FASD. Human costs of prenatal alcohol exposure are
7 great, as are the economic costs. Caring for someone with FASD
8 may cost as much as \$5,000,000. Nationally, as many as forty
9 thousand babies are born each year with FASD, costing the United
10 States about \$4,000,000,000.

11 FASD is the most underdiagnosed developmental disability,
12 both in Hawaii and across the United States. The effect of
13 prenatal alcohol exposure lasts a lifetime, yet FASD is totally
14 preventable. The effects of the known risk factors may be
15 ameliorated with early intervention and through effective
16 systems of care and services.

17 Most persons with FASD are undiagnosed or misdiagnosed and
18 frequently do not follow treatment plans, even when properly
19 diagnosed. Persons with FASD frequently fail in traditional
20 treatment and other service systems and are commonly identified
21 as being noncompliant, uncooperative, and unmotivated in all
22 systems of services and care.



1 There are currently few FASD-specific services in Hawaii,
2 and only eighty-nine cases of FASD have been documented and
3 reported to Hawaii's birth defects registry from 1966 to 2002.
4 Department of health data from 2002 indicated that forty per
5 cent of pregnant women surveyed consumed alcohol prior to
6 becoming pregnant, and almost four per cent indicated that they
7 consumed alcohol during pregnancy, which put their infants at
8 risk for FASD.

9 Information from a 2003 department of health behavioral
10 risk prevalence survey shows that almost eighty-two per cent of
11 the women surveyed consumed alcohol one month prior to the
12 survey, and almost four per cent indicated that they engage in
13 binge drinking. Because FASD can occur in any community where
14 women consume alcohol during pregnancy, it is a statewide public
15 health concern that has service, policy, and economic
16 implications for virtually all state departments.

17 Because FASD is underdiagnosed and families as well as
18 providers have significant problems in addressing the multiple,
19 challenging needs of persons with this disorder, fourteen states
20 already have state FASD coordinators. These FASD coordinators
21 serve as a key educational, informational, and coordination link
22 between departments and agencies dealing with persons with FASD.



1 Poor coordination hampers prevention, diagnosis, and
2 service delivery. A state FASD coordinator would organize all
3 fetal alcohol syndrome activities and would ensure that a
4 comprehensive state strategic plan to address FASD is drafted
5 and implemented.

6 The purpose of this Act is to coordinate and develop FASD
7 information, education, policies, and support services statewide
8 by establishing a state FASD coordinator position within the
9 department of health's family health services division.

10 SECTION 2. There is established within the family health
11 services division of the department of health one full-time
12 equivalent permanent professional fetal alcohol spectrum
13 disorder coordinator position. The fetal alcohol spectrum
14 disorder coordinator shall act as a public point of contact for
15 individuals and families affected by fetal alcohol spectrum
16 disorder and shall help to coordinate a statewide system of
17 services for persons with fetal alcohol spectrum disorder by:

- 18 (1) Increasing statewide awareness of fetal alcohol
19 spectrum disorder both in the general public and in
20 at-risk populations;
- 21 (2) Expanding statewide capacity to identify and intervene
22 with at-risk pregnant and parenting women;



1 (3) Advocating, mobilizing, and coordinating state and
2 community resources to assist persons and families
3 affected by fetal alcohol spectrum disorder to receive
4 the support they need;

5 (4) Improving statewide service delivery to individuals
6 and families affected by fetal alcohol spectrum
7 disorder;

8 (5) Coordinating a statewide strategic plan to address the
9 full range of cradle-to-grave fetal alcohol spectrum
10 disorder care, treatment, education, and prevention
11 issues;

12 (6) Facilitating and coordinating state fetal alcohol
13 spectrum disorder task force meetings; and

14 (7) Facilitating development and implementation of a
15 comprehensive, statewide system of care for the
16 prevention, identification, surveillance, and
17 treatment of fetal alcohol spectrum disorders.

18 SECTION 3. There is appropriated out of the general
19 revenues of the State of Hawaii the sum of \$100,000 or so much
20 thereof as may be necessary for fiscal year 2006-2007 for
21 operating expenses and to establish a full-time equivalent
22 permanent professional fetal alcohol spectrum disorder

1 coordinator position in the family health services division at
2 the department of health.

3 The sum appropriated shall be expended by the department of
4 health for the purposes of this Act.

5 SECTION 4. This Act shall take effect on July 1, 2006.



HB2109, SD1

Report Title:

Fetal Alcohol Spectrum Disorder; Coordinator

Description:

Establishes a fetal alcohol spectrum disorder coordinator position within the Department of Health. (SD1)

