



STATE OF HAWAII
DEPARTMENT OF HEALTH
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In reply, please refer to:
File:

Senate Committee of Health

**SCR 123 ENCOURAGING THE DEPARTMENT OF HEALTH TO ESTABLISH
A FETAL ALCOHOL SPECTRUM DISORDER INTERAGENCY
COORDINATING COUNCIL TO COORDINATE AND DEVELOP FETAL
ALCOHOL SPECTRUM DISORDER INFORMATION, EDUCATION,
POLICIES, AND SUPPORT SERVICES**

**Testimony of Linda Rosen, M.D., M.P.H.
Director of Health**

March 21, 2014

1 **Department's Position:** The Department of Health supports the intent of this concurrent resolution
2 to establish an interagency coordinating council to coordinate and develop Fetal Alcohol Spectrum
3 Disorder (FASD) information, education, policies, and support services; however, staffing and funding
4 will be needed to support the requirements of this measure.

5 **Fiscal Implications:** Funding will be needed for the Department of Health to support the requirements
6 of this measure. The Department did not have adequate funding to fill the FASD Coordinator position
7 when it became vacant in 2013. Thus, there is currently inadequate infrastructure to support full
8 implementation.

9 **Purpose and Justification:** Fetal Alcohol Syndrome Disorder is the umbrella term used to describe a
10 range of disorders caused by prenatal alcohol exposure. These disorders include fetal alcohol syndrome,
11 alcohol-related neuron-developmental disorder, and fetal alcohol effects or alcohol-related birth defects
12 disorder. Alcohol exposure during pregnancy produces, by far, the most serious neurobehavioral effects
13 in the fetus (Institute of Medicine Report to Congress, 1995). There is no known safe amount of alcohol

1 or safe time to drink alcohol during pregnancy. Because FASD affects all aspects of a child's life
2 throughout his/her lifetime (cognitive, social/emotional, physical/mental health, school/work activities,
3 independent living, justice system, etc.) and requires support in all areas, the costs can be staggering.
4 According to the Substance Abuse and Mental Health Services Administration (SAMHSA), it costs the
5 nation nearly \$60 billion a year to cover FASD care. The care for one FASD child over his/her lifetime
6 can rise to as much as \$2 million. These costs of care are only in dollar amounts and do not consider
7 other personal and emotional challenges parents face when raising a child with an FASD. Yet, FASD is
8 completely preventable. Prevention starts with awareness that links drinking alcohol during pregnancy
9 with increasing risks of having a child with life-long disabilities.

10 In 2013, the FASD Coordinator retired leaving the position vacant. Without adequate funding,
11 the Department is not able to fill the FASD Coordinator position. Because of the importance of this
12 public health issue, the Department continues to provide logistical support for the State FASD Task
13 Force bi-monthly meetings and a FASD Clinical Committee which meets monthly. To make
14 meaningful progress and impact for individuals and families affected by FASD requires building a
15 system of prevention and treatment services in partnership with interagency level representatives.
16 Building a statewide system of care can only be accomplished through a dedicated fulltime position to
17 convene and coordinate an interagency group to increase awareness about FASD, expand the capacity of
18 the state to identify and intervene with at-risk women, improve the statewide service delivery, facilitate
19 the development and implementation of a comprehensive system of care and a statewide strategic plan
20 addressing FASD.

21 Thank you for the opportunity to testify on this resolution.

22

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SCR123

Submitted on: 3/23/2014

Testimony for HTH on Mar 24, 2014 13:40PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Ellen Awai	Individual	Support	No

Comments: I strongly support SCR123 for establishing an advisory council for Fetal Alcohol Spectrum or FAS. As a mental health advocate for two decades, back in 2004, I attended a workshop on Fetal Alcohol and the affects to unborn children. I had never heard of FAS before another woman had asked me to attend the workshop with her. We had no idea how much taking a few drinks a day could affect a child in their facial features and their behavior. Unlike children whose mothers were on drugs during pregnancy, this behavior does not change for fetal alcohol babies. I had assumed that this education would continue. Women need to be educated on the effects of drinking just one beer a day and how it can affect an unborn child. Please support SCR123! Thank you!

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