

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES.

The meeting was called to order by Chairperson Garry Boston at 1:30 p.m. on March 20, 2001 in Room 210 Memorial Hall

All members were present except: Representative Geraldine Flaharty, Excused
Representative Nancy Kirk, Excused

Committee staff present: Dr. Bill Wolff, Kansas Legislative Research Department
Renae Jefferies, Revisor of Statute's Office
June Evans, Secretary

Conferees appearing before the committee: Senator James A. Barnett
Charles Wheelen, Kansas Association of Osteopathic
Medicine

Others attending: See Attached Sheet

The Chairperson opened the hearing on **SB 118 - Pilot Program for Fetal Alcohol Syndrome.**

Senator Barnett testified in support of **SB 118**, stating fetal alcohol syndrome is the leading cause of mental retardation in America today. There are about 40,000 live births per year in our state and conservatively there are about 80 live births with the full syndrome per year. About one in 100 live births are born brain-damaged, they don't have the facial damage but have brain damage. Probably, about 400 children are born in our state with brain damage from fetal alcohol syndrome. The key is this: it is all preventative. Each child with fetal alcohol syndrome costs about a million and a half over a lifetime, so 400 times a million and a half is \$600M. Alcohol is the number one drug used today. When a woman is pregnant and uses alcohol the alcohol damages cells and the cells most damaged are the brain. Alcohol goes directly to the fetus. A characteristic face is an important differentiating feature of fetal alcohol syndrome with a narrow forehead, short palpebral fissures, small nose, small midface and long upper lip with deficient philtrum. Children have learning problems, behavior problems and in trouble with the law. Fetal alcohol syndrome is permanent.

The bill creates a new statute under which the Secretary of Health and Environment, within the limits of appropriations, is authorized to establish not more than five fetal alcohol syndrome diagnostic and prevention network pilot programs. Senator Barnett stated if all five pilots could not be done due to money, would be happy with one program. The pilot programs would sunset July 1, 2004 (Attachment 1).

Linda Kenney, Director, Bureau for Children, Youth & Families, KDHE, testified in support of **SB 118**, stating it creates a Fetal Alcohol Syndrome Diagnostic and Prevention Network (FAS DPN) in Kansas which is based on a successful model utilized in Washington State. KDHE supports interventions to eliminate substance use during pregnancy and assure, if necessary, early identification of childhood disability due to alcohol and other drugs; however, the Department is unable to recommend funding at this time (Attachment 2).

Charles L. Wheelen, Kansas Association of Osteopathic Medicine, testified as a proponent to **SB 118**, because disease prevention is one of the principal tenets of osteopathic medical practice. Fetal alcohol syndrome is a serious problem that needs to be addressed and the pilot programs envisioned in the bill would likely demonstrate effective methods of preventing FAS. It is a daily challenge to try and educate pregnant patients regarding the harmful effects of tobacco products and alcohol. Any programs that would help educate women more effectively during their childbearing years are welcomed. This is a comparative new diagnosis and the older physicians need to be educated on this. The amendments to **SB 118** by the Senate Public Health and Welfare Committee were adopted at our request. The amendments were asked for principally because we wanted to give all Kansas communities equal opportunity to compete for the state grants that may become available for these fetal alcohol syndrome pilot projects.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES, Room 210, Memorial Hall at 1:30 p.m. on March 20, 2001.

(Attachment 3).

Written testimony supporting **SB 118** received from Trudy Racine, Director, Office of Planning and Policy Coordination, SRS (Attachment 4); Chris Collins, Director of Government Affairs, Kansas Medical Society (Attachment 5); and Leigh Anne Henson, March of Dimes (Attachment 6).

The Chairperson closed the hearing on **SB 118** and stated this was the last day to hold hearings. Normally a bill is not worked the day it is heard but since this is the last day, asked if the committee had any objections to working the bill? The committee was in agreement that the bill should be worked.

Representative Morrison moved and Representative Lightner seconded to move **SB 118** out of committee favorably. The motion carried.

The meeting adjourned at 2:30 p.m. and there are no more meetings scheduled at this time.