

Testimony for House Bill No. 715

February 18, 2005
Deborah Henderson, RN
Supervisor, Child Adolescent and Community Health
DPHHS

Fetal Alcohol Spectrum Disorder (FASD) is a term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects may include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications. The term FASD refers to conditions such as fetal alcohol syndrome (FAS), fetal alcohol effects (FAE), alcohol-related neurodevelopmental disorder (ARND), and alcohol-related birth defects (ARBD).

Fetal Alcohol Spectrum Disorder, unlike many other birth defects, is 100% preventable through changes in maternal behavior.

The true prevalence of FAS is unknown but estimated to range from .5 to 2 cases per 1000 births in the U.S. (May, P., Gossage, J.P., Estimating the Prevalence and Fetal Alcohol Spectrum Disorder, A Summary. Alcohol Research and Health 2001 Vol. 25, No 3 159-167).

In Montana this would mean that approximately 110 infants are born each year affected by prenatal alcohol exposure. Although Montana is a rural, sparsely populated state, the prevention of Fetal Alcohol Spectrum Disorder (FASD), is a major public health issue.

The literature contains two well-documented estimates of the total lifetime cost for a person with FAS. Harwood and Napolitano estimated lifetime cost at \$596,000 in 1980. If this estimate is adjusted for the change in the cost of medical care services, lost productivity, and inflation, the adjusted 2002 cost becomes \$2.0 million for each individual with FAS. This figure is made up of \$1.6 million for medical treatment, special education, and residential care for persons with mental retardation, and \$0.4 million for productivity losses.

The funding this bill provides would allow us to expand the contracts for Public Health Home Visiting, (MIAMI) beyond the basic professional services provided to high risk pregnant women and their infants. The basic PHHV program puts in place a professional team (including a nurse, social worker and dietician) who identify high risk women and infants in their communities, develop a plan of care, provide a minimum of 8 home visits (4 in the prenatal/immediate postpartum and 4 in the infant phase), provide and monitor referrals, and report on outcomes.

The FAS Prevention funding would allow the existing 18 projects to add paraprofessionals to their teams, train all team members on substance abuse ascertainment and mediation, target outreach to women at risk for having a baby with FASD, visit the women identified to be at risk for having a baby with FASD once every week (at least) during the course of the pregnancy) and expand their referral network to include statewide substance abuse prevention resources. The paraprofessional model is recognized as a "best practice" and has been tested in Montana through the four state consortium research project. Funding for that project is no longer earmarked through Congress. We do have a federal grant which is providing initial funding - the \$320,000 requested in this bill is what was identified as being needed to provide expanded home visiting services to all project sites.

FASD is 100% preventable. When you are pregnant your baby drinks what you drink. If you're pregnant, don't drink. If you drink, don't get pregnant.

Committee: Appropriations (H)
Hearing Date: 2/18/05
Hearing Time: On adjournment (approximately 3:30 p.m.)
Place: 102