

Chairman Weisz,

My name is Dr. Larry Burd. I am a Professor in the Department of Pediatrics at the University of North Dakota School of Medicine and Health Sciences. Thank you for the opportunity to provide testimony today on SB 2335. My testimony provided today are my own opinions and are not on behalf of the University.

One out of twelve pregnant women in North Dakota drink throughout pregnancy. Based on four separate prevalence studies in North Dakota, the prevalence of fetal alcohol spectrum disorders (FASD) ranges from 1 to 5% of live births. In North Dakota, we have about 107 new cases of FASD each year. The mortality rate is over 5%. The recurrence risk within that family is increased by 77%. The annual cost of care for a child with fetal alcohol spectrum disorder (FASD) is increased by \$22,800 and for adults over \$24,300. As a point of comparison fetal alcohol spectrum disorders are twice as common as autism spectrum disorders and the annual cost of care is over 26% greater for FASD.

FASD is a lifelong condition increasing risk for learning impairments, mental health disorders, severe health problems, increased risk for placement in foster care, special education, and contact with juvenile and adult corrections systems. The peak severity of FASD in North Dakota typically occurs at between 22 and 30 years of age.

The North Dakota Fetal Alcohol Syndrome Center diagnostic and treatment center provides services for all of North Dakota. This program has provided services for families from every part of North Dakota. In my 43 years with the University of North Dakota School of Medicine and Health Sciences, I have evaluated and treated over 18,000 children and adults with developmental disorders and severe mental health disorders from every county in North Dakota. We have provided hundreds of training opportunities on FASD for social workers, physicians, nurses, teachers, substance use disorder treatment programs, and corrections and court personnel.

People with FASD require early intervention, appropriate treatment, and care from multiple service systems. After 40 plus years of working with people with FASD, I assure you it is not less expensive or

more efficient to utilize a poorly coordinated system of services for people with FASD and serve them occasionally or only when diagnosed with some other condition.