

Chairmen Senator Judy Lee and Committee Members,

Thank you for the opportunity to present written testimony in support of Senate Bill 2256. 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. I am also the Director of the North Dakota Fetal Alcohol Syndrome Center. We provide diagnostic and management services for people with Fetal Alcohol Spectrum Disorder (FASD) from North Dakota.

I am in support of classifying FASD as a developmental disability. Alcohol exposure results in highly variable outcomes and only some people who are exposed will meet criteria for FASD. The most common problem from prenatal alcohol exposure is damage to the developing brain of the fetus.

People with FASD are born with a developmental disability. The condition will impact them over the course of their life. People with FASD require services similar to other developmental disabilities such as autism, cerebral palsy, intellectual disability, and traumatic brain injury. People with FASD have many similar needs over their life and respond favorably to services from developmental disability services. In my opinion, the services provided by developmental disabilities is the optimal mix of services for people with FASD.

Developmental disabilities are certainly not the only service required by people with FASD. They also need early intervention, special education, and mental health services. They have multiple chronic health conditions which require ongoing management. These include a fourfold increase in mortality over their lifespan, a 24 fold increase in risk for intellectual disability, and extremely high rates of placement in foster care (often in multiple foster homes). They are also 19 times more likely to be involved in the juvenile corrections system.

Currently, it is very difficult for people with FASD to obtain services from developmental disabilities. Their IQ is often too high to meet the requirements of the current developmental disability's eligibility requirements. While their IQ may exceed the levels currently used in evaluating people for developmental disabilities, their adaptive behavior scores are frequently far more impaired than their IQ. We have found that adaptive behavior testing is a more useful measure of their potential for achievement, capacity for independent living and employment, than IQ.

Without appropriate services they are more likely to develop problems which involve them in the legal system which typically results in a spiral of problems that make them especially susceptible to additional contact with the legal system. People with FASD are especially vulnerable to victimization, exploitation, and development of substance use disorders.

My experience over the past 40 years has demonstrated that when people with FASD receive services from developmental disabilities, their annual cost of care is reduced and they have very low rates of incarceration and decreased rates of development of substance use disorders.

In my opinion, developmental disabilities services are the optimal service provider for people with FASD. Several other states including Alaska, Minnesota, and Colorado are increasing access to developmental disabilities services for people with FASD. I would like to encourage passage of this legislation to allow optimal planning for how to best serve the people of North Dakota with FASD across their lifespan.

Thank you for consideration of my comments.