

My name is Doctor 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 the Director of the North Dakota Fetal Alcohol Syndrome Center. This is the only diagnostic clinic in North Dakota. The Center provides diagnostic and management services for people from North Dakota needing assessment for fetal alcohol spectrum disorder.

Thank you for the opportunity to provide testimony today in support of the resolution directing the Legislative Management to study the impact and needed policy changes of fetal alcohol spectrum disorder (FASD) in North Dakota. In our state 8.4% (1 out of 12) pregnant women drink throughout pregnancy. In the United States, the prevalence of 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 FASD is increased by \$22,800; for adults over \$24,300. Importantly, we have demonstrated that we can prevent a case of FASD for \$20,200.

FASD is a lifetime condition increasing risk for learning impairments, mental health disorders, severe health problems, and increased risk for contact with juvenile and adult corrections systems. The magnitude of adverse consequences associated with FASD is greatly underappreciated. I have highlighted a few of the most important adverse outcomes associated with FASD.

FASD - THE Leading Identifiable Cause of:

- ❖ Intellectual disability
- ❖ Mental disorders in children
- ❖ Placement in residential care
- ❖ Placement in juvenile corrections
- ❖ Developmental disability
- ❖ Learning disabilities

I have attached a copy of our most recent report on the status of FASD in North Dakota. During my 40 years I have provided services for families from every part of North Dakota. We have provided hundreds of training opportunities on FASD for physicians, nurses, teachers, substance use disorder treatment programs and with corrections and court personnel. We do not currently have a well-coordinated approach to the prevention of FASD, the management of FASD, or for access to the services people with FASD require. I would like to support this interim study of FASD to address these issues.