



February 19, 2014

Testimony to the Senate Committee on Health and Human Services in Support of SB 529 relating to evaluation of infants for fetal alcohol spectrum disorder and referral of infants who have that condition for services or treatment.

Prepared and Submitted by Maureen Kartheiser
Director of Program, Advocacy and Government Affairs

March of Dimes is very proud to work on behalf of infants born with birth defects and their families, through private sector research, community services, education, and advocacy. In Wisconsin, families rely on the Department of Health Services (DHS) to provide critical coordination and services to ensure that each baby born is given the best chance at a healthy and abundant life.

March of Dimes has long been involved with the issue of alcohol-related birth defects and our researchers were the first to describe the link between prenatal alcohol consumption and birth defects. We have an opportunity with SB 529 to ensure that newborns are evaluated and referred to treatment for Fetal Alcohol Spectrum Disorders (FASDs), a group of conditions resulting from exposure to alcohol in utero.

These conditions include physical and intellectual disabilities, as well as problems with behavior and learning. FASDs are a leading cause of intellectual disabilities and birth defects. The most serious of these defects is known as fetal alcohol syndrome (FAS). FAS is characterized by stunted growth (before and after birth), facial abnormalities, and central nervous system defects that result in intellectual and behavioral problems. FAS affects an estimated 1 out of every 750 newborns. No completely safe level of alcohol use during pregnancy has been established.

Through SB 529 hospital employees who provide health care, social workers, or intake workers shall refer an infant with symptoms of FASD to a physician for evaluation; requires the physician to determine if the infant has FASD, and offer to provide, arrange, or refer the infant and mother for services and treatment. Because the physician would then provide information about the evaluation to the infant's parents or guardian and disclose the results to the Department of Children and Families, this legislation would bring our State of WI Statutes in alignment with the federal Child Abuse Prevention and Treatment Act (CAPTA) for federal funding.

We respectfully ask the Senate Committee on Health and Human Services to vote in support of SB 529.

Please Contact Maureen Kartheiser at 414-203-3118 or
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Governor Scott Walker
Secretary Eloise Anderson

Secretary's Office

Date: February 19, 2014
To: Members of the Senate Health and Human Services Committee
From: Sara Buschman, Assistant Deputy Secretary
Re: Department Position on SB 529/AB 675– In Support

Senator Vukmir and Senate Health and Human Services Committee members,

Thank you for the opportunity to testify on SB 529/AB 675. My name is Sara Buschman and I am the Assistant Deputy Secretary at the Department of Children and Families (DCF). With me is Robert Williams, the Director of the Bureau of Safety and Well-Being at DCF.

Wisconsin law requires health care providers to report to Child Protective Services (CPS) when an infant is affected by controlled substances. The child welfare agency then assesses the case and provides services to the baby and family through the child welfare system, if warranted, or refers the parent(s) to services in the community.

The reauthorization of the federal Child Abuse Prevention and Treatment Act (CAPTA) created a new requirement that health care providers notify CPS when children are born with and diagnosed with a Fetal Alcohol Spectrum Disorder (FASD).

To address the federal requirement, Wisconsin statutes must be amended. Under SB 529/AB 675, a health care provider, a social worker, or a juvenile court intake worker who suspects that a baby has a FASD condition must refer the child to a physician. The doctor would be required to evaluate and diagnose the child. If the physician finds that the child has a FASD, he or she would have to report that diagnosis to the local child welfare agency. The county child welfare agency or the Bureau of Milwaukee Child Welfare would then assess the case and provide services to the child and family through the child welfare system, if warranted, or refer the parent(s) to services in the community.

These changes bring state laws into compliance with CAPTA, which is a source of federal funding for the child welfare system in Wisconsin. Additionally, DCF must be in compliance with CAPTA requirements for the Department of Justice (DOJ) Children's Justice Assistance Program to continue to receive CAPTA funding. If this change isn't made, it puts DCF and DOJ at risk of losing federal funding.

There is an amendment to SB 529/AB 675, which clarifies that Fetal Alcohol Spectrum Disorder is composed of numerous conditions rather than representing a single disorder. The amendment also removes the drafter's "clean-up" language that reworded portions of the statutes related to testing expectant mothers; this component was unrelated to the required CAPTA changes. We hope that the committee will consider adopting this amendment.

Thank you for the opportunity to testify on this legislation. I am happy to take any questions.



Luther S. Olsen

State Senator

14th District

Testimony in favor of SB 529

Wednesday, Feb. 19, 2014

Senate Committee on Health and Human Services

Thank you Chair Vukmir and committee members for holding a hearing on SB 529. I greatly appreciate the opportunity to discuss this legislation, and the time the committee members are investing in the hearing.

Under current law, health care providers in Wisconsin are required to report to Child Protective Services when an infant is affected by controlled substances or controlled substances analogs. In 2010, the reauthorization of the federal Child Abuse Prevention and Treatment Act (CAPTA) established a new requirement that health care providers inform the child protective services system of infants born with and identified as being diagnosed with Fetal Alcohol Spectrum Disorders (FASDs).

CAPTA is the paramount federal legislation addressing child abuse and neglect, and it sets forth a minimum definition of child abuse and neglect. It also authorizes federal funding to states in support of prevention, identification, assessment, investigation and treatment activities. To bring Wisconsin into compliance with this federal law, state statutes must be amended to include infants born with and identified as diagnosed with FASDs. This bill will:

1. require a hospital employee, a social worker, or a juvenile court intake worker who suspects that an infant has fetal alcohol spectrum disorder to refer the infant to a physician for an evaluation;
2. require a physician who determines that there is a serious risk that an infant has fetal alcohol spectrum disorder to evaluate the infant to diagnose whether the infant has that disorder;
3. require a physician who diagnoses that an infant has fetal alcohol spectrum disorder to report that diagnosis to the agency responsible for conducting child abuse and neglect investigations; and
4. require the agency to offer services and treatment for the infant and the infant's mother. The county agency and the Bureau of Milwaukee Child Welfare will assess family conditions to ensure a safe plan of care for the child.

Senate Amendment 1 clarifies the intent of the authors by making the following changes. The amendment pluralizes the phrase "fetal alcohol spectrum disorder" to recognize that FASDs refers to a group of conditions that can occur in a person rather a single condition. Also, Senate Amendment 1 removes the language related to the testing of infants and expectant mothers for controlled substances. These sections were intended to clean up the wording of current state statute, and were not necessary under CAPTA.

The changes under the bill will bring Wisconsin's laws into compliance with CAPTA. It is particularly important that we make these changes as CAPTA is a source of federal funding for the child welfare system in Wisconsin. Along with this, the Department of Children and Families (DCF) must be in compliance with CAPTA requirements for the Department of Justice (DOJ) Children's Justice Assistance Program to continue to receive CAPTA funding. Thus, if these changes are not made, DCF and DOJ could lose federal funding needed to support programs that provide for the health, safety, and welfare of Wisconsin's children.

Once again, thank you for the opportunity to speak in favor of SB 529.



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February 19, 2014

Chairperson Vukmir and members of the Senate Committee on Health & Human Services, I respectfully request that you accept this written testimony on behalf of both Assembly bill 675 and Assembly Bill 676.

Both bills are in response to changes made at the federal government level that jeopardize funding for the State of Wisconsin.

AB 675/SB 529 Federal requirements regarding reporting Fetal Alcohol Spectrum Disorder:

Wisconsin law requires health care providers to report to Child Protective Services when an infant is affected by controlled substances or controlled substances analogs. The reauthorization of the federal Child Abuse Prevention and Treatment Act (CAPTA) created a new requirement that health care providers notify the child protective services system of infants born with and identified as being diagnosed with Fetal Alcohol Spectrum Disorder (FASD). To address the federal requirement, Wisconsin statutes must be amended to include infants born with and identified as diagnosed with FASD. These changes will bring state laws into compliance with CAPTA, which is a source of federal funding for the child welfare system in Wisconsin. Additionally, DCF must be in compliance with CAPTA requirements for the Department of Justice (DOJ) Children's Justice Assistance Program to continue to receive CAPTA funding. Concern that over-reach in the original draft, and that fetal alcohol spectrum disorder is an umbrella term referring to several disorders not one, were addressed in the adopted amendment. If this change isn't made, DCF and DOJ could lose federal funding.

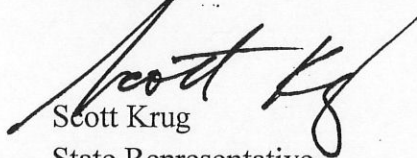
AB 676 Federal requirements regarding confidential reports:

Currently, Wisconsin laws are silent regarding this CAPTA prohibition. To address the federal requirement, Wisconsin statutes must be amended. These changes will clarify which information can be shared as part of the background check process. If this change isn't made, the Department of Children and Families (DCF) and the Department of Justice Children's Justice Assistance Program could lose their CAPTA funding.

This bill conforms state law to CAPTA by: 1) permitting a determination made before January 1, 2015, that a person has abused or neglected a child to be disclosed for purposes of a caregiver background check only if that determination has not been reversed or modified on appeal; and 2)

permitting such a determination made on or after January 1, 2015, to be disclosed for those purposes only if that determination is a final agency determination that the person has abused or neglected the child or, if a contested case hearing is held on such a determination, is a final administrative or judicial decision that the person has abused or neglected the child. The bill also provides that nothing in the bill prevents the disclosure of a child abuse or neglect report or record as otherwise permitted under current law.

Thank you,



Scott Krug
State Representative
72nd Assembly District