15.1009.06000

FISCAL NOTE
Requested by Legislative Council
03/19/2015

Amendment to: SB 2367

1 A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2013-2015 Biennium		2015-2017 Biennium		2017-2019 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures			$39,007			
Appropriations			$31,143			

1 B. **County, city, school district and township fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

	2013-2015 Biennium	2015-2017 Biennium	2017-2019 Biennium
Counties			
Cities			
School Districts			
Townships			

2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

Engrossed SB 2367 provides for the creation of a task force on substance exposed newborns. The findings and recommendations of the task force are to be reported to legislative management before July 1, 2016.

B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

The fiscal impact of this Engrossed Bill includes travel and compensation costs for the nineteen member task force. The estimates for the fiscal note are based on the assumption that up to six meetings lasting two days would be needed with each person incurring round trip mileage of two-hundred and fifty miles. Travel costs were calculated using the current state per diem rates and compensation for legislative assembly members was determined using the 15-17 biennium rates.
Travel costs for task force members who are employed with a state agency or who are members of the legislative assembly will be paid by the employing agency or Legislative Council while all others will be paid by the Department of Human Services. The following agencies will have a fiscal impact for expenses related to the task force: Human Services $27,479, Legislative Council $7,864, Attorney General's Office $1,832, and the Indian Affairs Commission $1,832.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

For the 15-17 biennium the following agencies would have an increase in General Fund operating expenditures for the expenses related to the task force: Department of Human Services $27,479, Legislative Council $7,864, Attorney General's Office $1,832, and the Indian Affairs Commission $1,832.

C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation or a part of the appropriation is included in the executive budget or relates to a continuing appropriation.*

For the 15-17 biennium the following agencies would have an increase in General Fund appropriation: Department of Human Services $27,479, Attorney General's Office $1,832, and the Indian Affairs Commission $1,832. Legislative Council has appropriation authority in their 15-17 budget for expenses related to legislative meetings.

Name: Debra McDermott

Agency: Human Services

Telephone: 328-3695

Date Prepared: 03/21/2015

15.1009.05000

FISCAL NOTE
Requested by Legislative Council
03/19/2015

Amendment to: SB 2367

1 A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2013-2015 Biennium		2015-2017 Biennium		2017-2019 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures			$39,007			
Appropriations			$31,143			

1 B. **County, city, school district and township fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

	2013-2015 Biennium	2015-2017 Biennium	2017-2019 Biennium
Counties			
Cities			
School Districts			
Townships			

2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

Engrossed SB 2367 provides for the creation of a task force on substance exposed newborns. The findings and recommendations of the task force are to be reported to legislative management before July 1, 2016.

B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

The fiscal impact of this Engrossed Bill includes travel and compensation costs for the nineteen member task force. The estimates for the fiscal note are based on the assumption that up to six meetings lasting two days would be needed with each person incurring round trip mileage of two-hundred and fifty miles. Travel costs were calculated using the current state per diem rates and compensation for legislative assembly members was determined using the 15-17 biennium rates.
Travel costs for task force members who are employed with a state agency or who are members of the legislative assembly will be paid by the employing agency or Legislative Council while all others will be paid by the Department of Human Services. The following agencies will have a fiscal impact for expenses related to the task force: Human Services $27,479, Legislative Council $7,864, Attorney General's Office $1,832, and the Indian Affairs Commission $1,832.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

For the 15-17 biennium the following agencies would have an increase in General Fund operating expenditures for the expenses related to the task force: Department of Human Services $27,479, Legislative Council $7,864, Attorney General's Office $1,832, and the Indian Affairs Commission $1,832.

C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation or a part of the appropriation is included in the executive budget or relates to a continuing appropriation.*

For the 15-17 biennium the following agencies would have an increase in General Fund appropriation: Department of Human Services $27,479, Attorney General's Office $1,832, and the Indian Affairs Commission $1,832. Legislative Council has appropriation authority in their 15-17 budget for expenses related to legislative meetings.

Name: Debra McDermott

Agency: Human Services

Telephone: 328-3695

Date Prepared: 03/21/2015

15.1009.04000

FISCAL NOTE
Requested by Legislative Council
02/11/2015

Amendment to: SB 2367

1 A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2013-2015 Biennium		2015-2017 Biennium		2017-2019 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures			$40,840			
Appropriations			$32,976			

1 B. **County, city, school district and township fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

	2013-2015 Biennium	2015-2017 Biennium	2017-2019 Biennium
Counties			
Cities			
School Districts			
Townships			

2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

Engrossed SB 2367 provides for the creation of a task force on substance exposed newborns. The findings and recommendations of the task force are to be reported to legislative management before July 1, 2016.

B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

The fiscal impact of this Engrossed Bill includes travel and compensation costs for the twenty member task force. The estimates for the fiscal note are based on the assumption that up to six meetings lasting two days would be needed with each person incurring round trip mileage of two-hundred and fifty miles. Travel costs were calculated using the current state per diem rates and compensation for legislative assembly members was determined using the 15-17 biennium rates.
Travel costs for task force members who are employed with a state agency or who are members of the legislative assembly will be paid by the employing agency or Legislative Council while all others will be paid by the Department of Human Services. The following agencies will have a fiscal impact for expenses related to the task force: Human Services $29,312, Legislative Council $7,864, Attorney General's Office $1,832, and the Indian Affairs Commission $1,832.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

For the 15-17 biennium the following agencies would have an increase in General Fund operating expenditures for the expenses related to the task force: Department of Human Services $29,312, Legislative Council $7,864, Attorney General's Office $1,832, and the Indian Affairs Commission $1,832.

C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation or a part of the appropriation is included in the executive budget or relates to a continuing appropriation.*

For the 15-17 biennium the following agencies would have an increase in General Fund appropriation: Department of Human Services $29,312, Attorney General's Office $1,832, and the Indian Affairs Commission $1,832. Legislative Council has appropriation authority in their 15-17 budget for expenses related to legislative meetings.

Name: Paul R Kramer

Agency: Human Services

Telephone: 328-4608

Date Prepared: 02/12/2015

15.1009.03000

FISCAL NOTE

Requested by Legislative Council
01/26/2015

Bill/Resolution No.: SB 2367

1 A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2013-2015 Biennium		2015-2017 Biennium		2017-2019 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures			$37,176			
Appropriations			$29,312			

1 B. **County, city, school district and township fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

	2013-2015 Biennium	2015-2017 Biennium	2017-2019 Biennium
Counties			
Cities			
School Districts			
Townships			

2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

SB 2367 provides for the creation of a task force on substance exposed newborns. The findings and recommendations of the task force are to be reported to legislative management before July 1, 2016.

B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

The fiscal impact of this Bill includes travel and compensation costs for the eighteen member task force. The estimates for the fiscal note are based on the assumption that up to six meetings lasting two days would be needed with each person incurring round trip mileage of two-hundred and fifty miles. Travel costs were calculated using the current state per diem rates and compensation for legislative assembly members was determined using the 15-17 biennium rates.
Travel costs for task force members who are employed with a state agency or who are members of the legislative assembly will be paid by the employing agency or Legislative Council while all others will be paid by the Department of Human Services. The following agencies will have a fiscal impact for expenses related to the task force: Human Services $25,648, Legislative Council $7,864, Attorney General's Office $1,832, and the Indian Affairs Commission $1,832.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

For the 15-17 biennium the following agencies would have an increase in General Fund operating expenditures for the expenses related to the task force: Department of Human Services $25,648, Legislative Council $7,864, Attorney General's Office $1,832, and the Indian Affairs Commission $1,832.

C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation or a part of the appropriation is included in the executive budget or relates to a continuing appropriation.*

For the 15-17 biennium the following agencies would have an increase in General Fund appropriation: Department of Human Services $25,648, Attorney General's Office $1,832, and the Indian Affairs Commission $1,832. Legislative Council has appropriation authority in their 15-17 budget for expenses related to legislative meetings.

Name: Paul R Kramer

Agency: Human Services

Telephone: 328-4608

Date Prepared: 01/29/2015

2015 SENATE HUMAN SERVICES

SB 2367

2015 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2367
2/2/2015
22967

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature Donald Mueller

Explanation or reason for introduction of bill/resolution:

A bill to provide for the creation of a task force on substance exposed newborns; and to provide a report to the legislative management

Minutes:

Attach #1: Testimony by Sen. Rust
Attach #2: Testimony by Sen. Poolman
Attach #3: Testimony by Sen. Marcellais

Senator Rust introduced SB 2367 to the Senate Human Services Committee. Senator Rust provided examples of personal stories related to this bill. (attach #1) (ends 3:15)

Senator Dever asked if all the different people slotted to be on the task force have been consulted and are on board with this.

Senator Rust deferred to the prime sponsor, Senator Poolman.

Senator Nicole Poolman, District 7, testified IN FAVOR of SB 2367 (attach #2) (4:25-9:00)

Senator Warner in the genesis of legislation, recommendations to legislative management. Do you want specific a committee structure and deadlines or possible that this could be done through an agency.

Senator Poolman hoped that would be part of conversation with task force. Perhaps through human services or committee, but not sure of answer today.

Senator Dever at the end of bill, it says before July 1, 2016. Why a task force versus legislative study?

Senator Poolman indicated that studies get thrown into a basket, and wanted more consideration.

Senator Dever has had discussion with Sue Granz, Director of the Manchester House in Bismarck. In recent years, this problem has gotten out of hand. Senator Dever doesn't see them on the list or represented on the list.

Senator Poolman indicated she would welcome them to the process.

Chairman Judy Lee stated how well a task force has worked through behavioral health. Without the help of task force, it would have been less helpful.

Senator Dever on page 3, line 9, it states evaluate methods to increase public awareness. In prior year when Dr. Burd from UND came and discussed alcohol fetal syndrome, physician could force a mother into treatment. There is a concern that medical providers don't know this; it is an awareness situation. We have mothers giving birth multiple times with alcohol fetal syndrome, and usually end up in adoption or foster care.

Chairman Judy Lee the fact that the time the mother goes in for prenatal care, it's too late.

Senator Richard Marcellais, District 9, testified IN FAVOR of SB 2367 (attach #3) (15:00-17:53) Recommended amendment to include Sisseton Tribe in Wahpeton.

(18:22) Steve Riser, Dakota Central Services Social Services, testified IN FAVOR of SB 2367. They are involved in the case management of the issues. Mr. Riser requested that a representative from the county social services directors to be on task force. (19:15)

Renee Storming with the North Dakota Women's Network, testified in favor of SB 2367.

OPPOSITON TO SB 2367
No opposing testimony

NEUTRAL TO SB 2367

V. Chairman Oley Larsen what do we have in current practices now. If someone comes to Mountrail county health district. Is there reporting done now, do we have ethnic data, is the data in limbo in each Department of Human Services?

Mr. Riser if someone from public health or medical provider discovers this kind of usage, they are mandated to report to county social services. They then look at child abuse and neglect assessment.

V. Chairman Oley Larsen asked what about the data? Do we track and where it is?

Mr. Riser deferred to Department of Human Services.

Marlys Baker, Department of Human Services, child protection. We do have some data on pregnant women who are abusing and can provide those numbers.

Chairman Judy Lee not everybody in the state has the home visitation programs. Some of those children are not getting services, are undiscovered.

Ms. Baker, that is correct. The programs are not statewide.

Closed public Hearing on SB 2367.

Committee discussion.
Chairman Judy Lee in addition, it might be worthwhile looking at how the behavioral health study was done. It would be involved as interim study, but that there would be task force supporting and assembling information.

Senator Howard Anderson, Jr. the bill sponsor here with discussion at Attorney General won't get attention on this issue unless they get paid. If you are going to get the real players, you may have to pay. Department of Health does have information and data that is pertinent to this issue. When you look at the data, it does point out the problem. He supports task force.

Chairman Judy Lee assigned Department of Health to retrieve some data and work with Senator Howard Anderson, Jr.

Senator Howard Anderson, Jr. indicated that Mr. Brad Hawk is here. Do you think they'll participate, how it would work.

Mr. Brad Hawk, ND Indian Affairs Commission, this kind of task force would show some of the gaps in the data and services. It would show the inconsistencies between the different tribes, what works and doesn't work. Can look at the process now and find some solutions.

Senator Howard Anderson, Jr. asked will we get tribal participation.

Mr. Hawk indicated they could do some outreach to see, but it may be difficult to participate if they don't have funding.

Chairman Judy Lee indicated in the behavioral health task force, there was some face-to-face, but primarily it was conference calls and Indian Affairs helped facilitate this. There are options there for meeting.

Senator Dever regarding attendance, when state tribal relations was established, the tribes were the chairs and participation was sparse. We changed that, and participation increased.

Chairman Judy Lee stated that we have it written of representatives from each of the following, so that could be workable. Benson and Ramsey counties already do have a program that works well that should be shared.

End (30:00).

2015 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2367
2/9/2015
23473

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature Donald Mueller

Explanation or reason for introduction of bill/resolution:

A bill to provide for the creation of a task force on substance exposed newborns; and to provide a report to the legislative management

Minutes: Attach #1: email from Kim Mertz

Chairman Judy Lee recapped prior testimony, amendments, and discussions. Since the hearing, **Ms. Kim Mertz** sent an email with information, which has been distributed to the committee (attach #1).

When discussing the proposed amendments, **Chairman Judy Lee** stated that County Social Services wanted to be included as a representative on the committee (2:40).

Senator Warner moved to ADOPT AMENDMENT to include the Sisseton Wahpeton Sioux Tribe, and the include a member from the County Social Services as a representative on the committee. The motion was seconded by **Senator Howard Anderson, Jr**.

No Discussion

Roll Call Vote to Amend
6 Yes, 0 No, 0 Absent. Motion passed

Senator Warner moved that the Senate Human Services Committee DO PASS AS AMENDED SB 2367. The motion was seconded by **V. Chairman Oley Larsen**.

Roll Call Vote to DO PASS AS AMENDED
6 Yes, 0 No, 0 Absent. Motion passed

V. Chairman Oley Larsen will carry SB 2367 to the floor.

15.1009.03001
Title.04000

Adopted by the Human Services Committee

February 9, 2015

2/10/15

PROPOSED AMENDMENTS TO SENATE BILL NO. 2367

Page 2, line 5, remove "and"

Page 2, line 6, after the semicolon insert: "and

(5) The Sisseton-Wahpeton Sioux Tribe;"

Page 2, line 12, remove "and"

Page 2, line 14, after "services" insert: "; and

p. A county social services director"

Renumber accordingly

Date: 02/09 2015
Roll Call Vote #: 1

2015 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. SB2367

Senate Human Services Committee

☐ Subcommittee

Amendment LC# or Description: 15.1009.03001 Title 04000 Include Lisseton Scouts in Wahpeton & County Social Services on Committee.

Recommendation: ☒ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Warner Seconded By Anderson

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	✓		Senator Tyler Axness	✓	
Senator Oley Larson (V-Chair)	✓		Senator John M. Warner	✓	
Senator Howard C. Anderson, Jr.	✓				
Senator Dick Dever	✓				

Total (Yes) 6 No 0

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Date: 02/09 2015
Roll Call Vote #: 2

2015 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2367

Senate Human Services Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☒ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☒ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Warner Seconded By Larsen

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	✓		Senator Tyler Axness	✓	
Senator Oley Larson (V-Chair)	✓		Senator John M. Warner	✓	
Senator Howard C. Anderson, Jr.	✓				
Senator Dick Dever	✓				

Total (Yes) 6 No 0

Absent 0

Floor Assignment Larsen

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2367: Human Services Committee (Sen. J. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2367 was placed on the Sixth order on the calendar.

Page 2, line 5, remove "and"

Page 2, line 6, after the semicolon insert: "and

(5) The Sisseton-Wahpeton Sioux Tribe;"

Page 2, line 12, remove "and"

Page 2, line 14, after "services" insert: "; and

p. A county social services director"

Renumber accordingly

2015 HOUSE HUMAN SERVICES

SB 2367

2015 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

SB 2367
3/18/2015
Job #25058

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature Vicky Crabtree

Explanation or reason for introduction of bill/resolution:

Provide for the creation of a task force on substance exposed newborns and provide a report.

Minutes: Testimonies 1-6

Chairman Weisz opened the hearing on SB 2367.

Sen. Nicole Poolman: From District 7 introduced and testified in support of the bill. (See Testimony #1 and Handout #2)

3:17
Rep. Kiefert: Can anyone be prosecuted for any crime that is doing this today?

Sen. Poolman: Currently they will be prosecuted for ingestion of the drug. There is no child abuse charge. The only way they can go in and help is if there is another in the household that needs to be protected. The child in the womb is not considered a child in ND.

4:54
Sen. Richard Marcellais: From District 9 in Rolette Co. testified in support of the bill. (See Testimony #3)

7:37
Dr. Karen Brown: Neonatologist and Pediatrician testified in support of the bill. (See Testimony #4)

11:22
Chairman Weisz: Based on your outreach, how do explain this tremendous increase?

Dr. Brown: It is nationwide and I think it has to do with availability of illicit and prescription medications and explosion of the population. And an overall lack of responding to what is presented in front of us.

Rep. Hofstad: In the prenatal visits, do you assess these expectant mothers for alcohol or drug abuse? If you find there is abuse what do you do about it?

Dr. Brown: I'm a neonatologist and not an obstetrician. However, I know that the obstetricians do assess alcohol ingestion and illicit drug use. They are very weary to push too hard because you can assess, but because of lack of treatment facilities that nothing can be done. Also weary to press the issue because of charges that will be made and then these women will be lost to follow up. They won't follow up their pre-natal care. It is a wide spectrum that needs to be addressed.

Rep. Hofstad: As these expectant mothers present for pre-natal care do we know how many are abusing?

Dr. Brown: I don't know that. I see the babies after they are born. I've been practicing in this community since the year 2000 and each year the number of drug exposed infants keeps continues to rise.

Chairman Weisz: Where do you practice?

Dr. Brown: At St. Alexius.

Rep. Fehr: Do you have some ideas of what would come out of the taskforce being asked for?

Dr. Brown: I would see that ND is on the forefront and our hospital has started a committee just to address this increased substance exposed infants. We have some pediatricians who are involved with the Academy of Pediatrics. I would like to see ND to set a protocol for medical care to be provided. And also to set forth a bigger plan that if an infant would return positive from exposure from maternal drug usage we would set a strict guideline that this is what is going to happen if you use drugs. We need to start small and local right now. Hopefully we can set something in motion and start to include larger entities and increase the services provided for women and children.

Dr. Fehr: If you look in the area of treatment wise, what needs to happen? Where is the lowest hanging fruit?

Dr. Brown: With obstetrical care. The obstetricians don't report any positive drug screens and follow-ups aren't completed. They are afraid they will lose the mothers to follow-up.

Rep. Fehr: You are talking about traditional substance abuse treatment which may be residential?

Dr. Brown: We had a mother who went into the ER and she said she was doing drugs and asked for help and because there was no available space for her and that ER doctor filed charges she was charged and she lost her baby in the long run. If we have a set protocol then we won't have a variety of results.

Chairman Weisz: When is the damage most severe to the baby in pregnancy?

Dr. Brown: It depends on severity of drug use. A lot of time alcohol is used with drugs. Often the pregnancy is lost in the first trimester.

Chairman Weisz: Any ideas of percentage of births are exhibiting exposure to drugs.

Dr. Brown: In 2014, there were 1500 births and we did 100 drug tests because of concern of substance abuse in the mother.

Rep. Rich Becker: In your example which is the better scenario, send the mother home with her baby or take the baby and put in foster care? I see two bad choices. I don't know how you see it. We don't have enough foster care workers.

Dr. Brown: I can only speak from my experience in ND. This is an exploding problem. In our committee some of the doctors have practiced in other states. Their comment was, an amphetamine positive baby did not go home with the mother. That is only certain states and I can say that does not happen in ND. We had the mother that went to the ER for help and when she had the baby it was in NICU and the mother went cold turkey and came everyday to see the baby to show us she wanted to change and they took her baby. Then we have the mother who never shows up for feedings or to see the baby and takes the baby home. Then I'm supposed to discharge this baby to high risk environments? I don't know what the answer is, but we do need to work on it and figure it out.

Rep. Rich Becker: I wish there was a way to take this piece of the puzzle and match it the other pieces of the puzzle dealing with unemployment and lack of housing, having to deal with civilizations lack of morality and responsibilities. But, until we put more pieces together in a room and talk about it, you just don't have any answer to this piece if you don't have the support of the other pieces.

Dr. Brown: I agree 100%.

32:27
Candyce Murphy: A social worker testified in support of the bill. (See Testimony #5)

35:07
Kathy Grabinger: Pediatric nurse testified in support of the bill. Some of the things Dr. Brown have seen, I have seen also. It has greatly increased and I've been here 15 years. We see children in the pediatric unit that are 3 and 7 and have genital herpes lesions and wound up going home less than 24 hours later with their family. We had a child that was shaken so bad that he is blind and will be mentally and physically challenged the rest of his life. That child went directly back into that home. We see more and more abuse and neglect. When I was made aware of this bill I was so excited. I would love to see some differences made in this state to protect these innocent children.

NO OPPOSITION

Chairman Weisz closed the hearing on SB 2367.

Handed in testimony: Karin Roseland, Director of March of Dimes ND (See Testimony #6)

2015 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

SB 2367
3/18/2015
Job #25081

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature Vicky Crabtree

Minutes: Attachment 1

Chairman Weisz took up 2367. There are suggested amendments and she talked to Sen. Marcellais about them and he was comfortable with them. I suggest we adopt the amendments. (See Attachment #1)

Rep. Mooney: I move the amendments, 4001.

Rep. Oversen: Second.

VOICE VOTE: MOTION CARRIED

Rep. Oversen: I move a Do Pass on engrossed SB 2367 as amended.

Rep. Mooney: Second.

Rep. Mooney: I'm impressed with what Sen. Poolman and others have done to put this together.

Chairman Weisz: I find it very sad that our educational component is so much better today than 20 years ago and yet the numbers are up and no one has an excuse that they don't know the effects of alcohol and drugs when you are pregnant.

ROLL CALL VOTE: 13 y 0 n 0 absent

MOTION CARRIED

Bill Carrier: Rep Fehr

3/18/15

15.1009.04001
Title.05000

Prepared by the Legislative Council staff for
Senator Poolman
March 13, 2015

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2367

Page 2, line 1, replace "A representative from each of the following tribes" with "Three enrolled tribal members representing tribes located in the state"

Page 2, line 2, remove the colon

Page 2, remove lines 3 through 8

Page 2, line 9, remove "affairs commission"

Page 2, line 10, replace "m." with "l."

Page 2, line 13, replace "n." with "m."

Page 2, line 14, replace "o." with "n."

Page 2, line 15, remove "and"

Page 2, line 16, replace "p." with "o."

Page 2, line 16, after "director" insert: ", appointed by the executive director of the department of human services;

p. A neonatologist, appointed by the North Dakota academy of pediatrics; and

q. A neonatal intensive care unit nurse, appointed by the state board of nursing"

Page 3, line 10, after "syndrome" insert "and evaluate those programs and services to determine if gaps in programs or ineffective policies exist"

Renumber accordingly

Date: 3-18-15
Roll Call Vote #: 1

2015 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 2367

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description: 4001

Recommendation: ☒ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Rep. Mooney Seconded By Rep. Oversen

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz			Rep. Mooney		
Vice-Chair Hofstad			Rep. Muscha		
Rep. Bert Anderson			Rep. Oversen		
Rep. Dick Anderson					
Rep. Rich S. Becker					
Rep. Damschen					
Rep. Fehr					
Rep. Kiefert					
Rep. Porter					
Rep. Seibel					

Voice Vote
Motion Carried

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Date: 3-18-15
Roll Call Vote #: 2

2015 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 2367

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☒ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☒ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Rep. Oversen Seconded By Rep. Mooney

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz	✓		Rep. Mooney	✓	
Vice-Chair Hofstad	✓		Rep. Muscha	✓	
Rep. Bert Anderson	✓		Rep. Oversen	✓	
Rep. Dick Anderson	✓				
Rep. Rich S. Becker	✓				
Rep. Damschen	✓				
Rep. Fehr	✓				
Rep. Kiefert	✓				
Rep. Porter	✓				
Rep. Seibel	✓				

Total (Yes) 13 No 0

Absent 0

Floor Assignment Rep. Fehr

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2367, as engrossed: Human Services Committee (Rep. Weisz, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (13 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed SB 2367 was placed on the Sixth order on the calendar.

Page 2, line 1, replace "A representative from each of the following tribes" with "Three enrolled tribal members representing tribes located in the state"

Page 2, line 2, remove the colon

Page 2, remove lines 3 through 8

Page 2, line 9, remove "affairs commission"

Page 2, line 10, replace "m." with "l."

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Page 2, line 16, after "director" insert: ", appointed by the executive director of the department of human services;

p. A neonatologist, appointed by the North Dakota academy of pediatrics; and

q. A neonatal intensive care unit nurse, appointed by the state board of nursing"

Page 3, line 10, after "syndrome" insert "and evaluate those programs and services to determine if gaps in programs or ineffective policies exist"

Renumber accordingly

2015 CONFERENCE COMMITTEE

SB 2367

2015 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2367
4/7/2015
25869

☐ Subcommittee
☒ Conference Committee

Committee Clerk Signature Donald Mueller

Explanation or reason for introduction of bill/resolution:

A bill to provide for the creation of a task force on substance exposed newborns; and to provide a report to the legislative management

Minutes: No attachments

The following conference committee members were present for SB 2367 on April 7, 2015, 11:00 a.m.
Senator Larsen, Senator Dever, Senator Warner
Representative Fehr, Representative Seibel, Representative Mooney

Chairman Oley Larsen asked the House member to discuss the amendments - the three affiliated enrollment; removing the affairs commission; page 2, line 16, inserting executive director of Department of Human Services; and subsection p and q, neonatal intensive care unit nurse; and then after syndrome insert.

Representative Fehr stated this bill was introduced by Senator Poolman who also proposed the amendments. We like the amendments, and the bill. We think creating the task force is important. The initial part of the bill was who should be on the task force representing various entities to get a good outcome and perhaps establish some changes in policy for substance abuse newborns. The intent of going with three members rather than having someone in every tribe is not to slight anybody, but let's look at the overall composition, making sure we didn't miss anyone or overrepresent. The other language is to look at evaluating it; adding the neonatologist and the neonatal intensive care unit nurse. These are people who know it very intensely, more of the hands on aspect.

Senator Dever indicated his primary concern is the issue of 3 enrolled tribal members when we have 4 active tribes in the state. He wouldn't want to be the one not to decide who not to include.

Chairman Oley Larsen discussed the overstrike of the tribes. The little entities seem to be forgotten about, like Sisseton Wahpeton tribe and Trenton. When you get everyone on

board, you don't know who is going to attend and how that it is going to be. Three folks from some of the tribes may not be including all of them to the discussion.

Representative Seibel indicated that from Senator Poolman's testimony, she initially had one from each tribe and one from the Trenton Indian service area in addition to the Indian Affairs Commissioner, which would have been a total of seven. She thought that was possibly over-representation.

Chairman Oley Larsen asked do you think they would be open to the commissioner made the appointments, and let him deal with the communication and invited who to invite - if Davis had the opportunity to invite all the entities involved.

Senator Dever stated if we changed it from three to four, he could live with that. Sisseton is primarily in South Dakota - and the Trenton Indian Service area is a part of the Turtle Mountain Indians. He thinks either spell out the other four or state the number 4.

Senator Warner asked if the tribes are paid for their expenses for participating in the task force? Other members are in paid positions.

Chairman Oley Larsen stated through the interim committee on government and Indian Affairs, they have that in their budgets. The neonatal care would be paid by the hospital.

Representative Seibel indicated that on the bottom of page 2, line 26, it explains how they will be paid, which is the Department of Human Services.

Representative Fehr believes that we need a finite number in the bill, because we will pay for them.

Chairman Oley Larsen asked if they would be in concurrence to the 4. **House** said yes.

Senator Dever asked do we want to say 4 or spell out the tribes.

Chairman Oley Larsen indicated they would say 4.

Representative Mooney indicated that the appointments would come from the Indian Affairs Commission for the tribal members that would be represented. He would decide which four. Rather than letting us dictating which four, we would leave it to his discretion and based on resource availability.

Senator Warner stated conceivably it could actually be a policy analyst with the Congress of American Indians based in Washington DC, but it does say that it has to be a member of the tribe. The tribe has to be located in North Dakota. They are members of Three Affiliated that serve on the national level and have expertise on issues relative to education or child birth. They serve at a national venue. They would still be covered.

Senator Dever commented that he is curious if it is the understanding that it says before July 1, 2016. Are we thinking about this only for the coming interim or that it becomes an

ongoing task force. He has every faith in the current commissioner to assign those. They could actually be from the same tribe if we use the number 4.

Representative Fehr stated that the representation of 4 or spell out the 4, he thinks we will get the same result. In regards to the date, over the next year, they would provide report that is concluded by July 1st unless need to reauthorize task force.

Senator Dever indicated there is no termination date for the task force.

Senator Warner stated there would be a termination date for the appropriation to pay for it. The current Department of Human Services only includes funding for the current biennium, so they would have to reauthorize. This is intended to go up to July 1, 2016 and if productive, they could reauthorize.

Chairman Oley Larsen reviewed the discussion and proposal. The committee discussed the proper motion.

Representative Seibel moved the House receded from House amendments and amend as follows, to change the number from 3 to 4. The motion was seconded by **Senator Dever**. No discussion.

Roll Call Vote
Senators: 3 Yes, 0 No, 0 Absent.
Representatives: 3 Yes, 0 No, 0 Absent.
Motion passes 6-0.

Chairman Oley Larsen will carry SB 2367 to the Senate floor.
Representative Fehr will carry SB 2367 to the House floor.

15.1009.04002
Title.06000

Adopted by the Conference Committee

April 7, 2015

TD
4/7/15

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2367

That the House recede from its amendments as printed on pages 903 and 904 of the Senate Journal and pages 1052 and1053 of the House Journal and that Engrossed Senate Bill No. 2367 be amended as follows:

Page 2, line 1, replace "A representative from each of the following tribes" with "Four enrolled tribal members representing tribes located in the state"

Page 2, line 2, remove the colon

Page 2, remove lines 3 through 8

Page 2, line 9, remove "affairs commission"

Page 2, line 10, replace "m." with "l."

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p. A neonatologist, appointed by the North Dakota academy of pediatrics; and

q. A neonatal intensive care unit nurse, appointed by the state board of nursing"

Page 3, line 9, after "and" inset "to"

Page 3, line 10, after "syndrome" insert "and evaluate those programs and services to determine if gaps in programs or ineffective policies exist"

Renumber accordingly

Date: 4/7/2015
Roll Call Vote #: 1

2015 SENATE CONFERENCE COMMITTEE
ROLL CALL VOTES

BILL/RESOLUTION NO. SB 2367 as engrossed

Senate "Enter committee name" Committee

Action Taken
- ☐ **SENATE accede to House Amendments**
- ☐ **SENATE accede to House Amendments and further amend**
- ☐ **HOUSE recede from House amendments**
- ☒ **HOUSE recede from House amendments and amend as follows**

☐ **Unable to agree**, recommends that the committee be discharged and a new committee be appointed

Motion Made by: Rep. Seibel Seconded by: Sen. Dever

Senators	07			Yes	No		Representatives	07			Yes	No
Senator Larsen	X			X			Representative Fehr	X			X	
Senator Dever	X			X			Representative Seibel	X			X	
Senator Warner	X			X			Representative Mooney	X			X	
Total Senate Vote				3	0		Total Rep. Vote				3	0

Vote Count Yes: 6 No: 0 Absent: 0

Senate Carrier Sen. Larsen House Carrier Rep. Fehr

LC Number 15.1009.04002 . Title .06000 of amendment

LC Number _____ . _____ of engrossment

Emergency clause added or deleted

Statement of purpose of amendment

REPORT OF CONFERENCE COMMITTEE

SB 2367, as engrossed: Your conference committee (Sens. Larsen, Dever, Warner and Reps. Fehr, Seibel, Mooney) recommends that the **HOUSE RECEDE** from the House amendments as printed on SJ pages 903-904, adopt amendments as follows, and place SB 2367 on the Seventh order:

That the House recede from its amendments as printed on pages 903 and 904 of the Senate Journal and pages 1052 and1053 of the House Journal and that Engrossed Senate Bill No. 2367 be amended as follows:

Page 2, line 1, replace "A representative from each of the following tribes" with "Four enrolled tribal members representing tribes located in the state"

Page 2, line 2, remove the colon

Page 2, remove lines 3 through 8

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Page 3, line 9, after "and" inset "to"

Page 3, line 10, after "syndrome" insert "and evaluate those programs and services to determine if gaps in programs or ineffective policies exist"

Renumber accordingly

Engrossed SB 2367 was placed on the Seventh order of business on the calendar.

2015 TESTIMONY

SB 2367

Attachment 1
SB2367
02/02/15
#22967

Madam Chairman and Members of the Committee:

For the record, I am David Rust, Senator from District 2 in NW ND.

I'm here in support of SB 2367 calling for a task force on substance exposed newborns.

Allow me to tell you just a bit about Jessie. Jessie is a Native American child from the Fort Berthold Reservation. Born to a mother who abused both drugs and alcohol, Jessie was placed in the home of an RN because she had to be fed through a tube into her stomach. In addition to a cleft palate, Jessie had a number of other issues. Only through the expertise of her foster family did she have a real chance in life.

I'd also like to tell you about, I'll call him, Tommy. Born to a Caucasian mother who also abuses drugs and alcohol, he was born with no rectum, a heart defect, severe vision problems, and a below average mental capacity and physical condition. He's two years old and has a long journey ahead--all the result of a mother making bad choices.

My wife and I are friends of the families I mentioned above and have seen some of what they've gone through. As a society and state we need this task force to collect and organize data, identify programs that offer services, and

increase public awareness among expectant mothers of the dangers of drug and alcohol abuse.

Who knows what this task force may find and recommend that may curb this scourge of society, heartbreak for families, and immense challenges for children born to mothers making bad choices.

I urge you to give a "Do Pass " to SB 2367. I would be willing to answer any questions you may have of me.

#22967
Attach #2
SB2367
02/02/15

Good morning, Chairwoman Lee and members of the Human Services Committee, my name is Nicole Poolman, State Senator representing District 7 - Bismarck and Lincoln.

I am here today to ask your support of SB 2367. This bill would establish a task force under the office of the attorney general to examine substance abuse in pregnant women and its impact on newborns.

My journey to this bill began when a foster mother in my district contacted me about some of the problems with the system as she cared for babies born to addicted mothers. That, coupled with information from the state's attorneys in western North Dakota, made me realize that the problem is growing here, and it was time to do something about it.

I struggled with what the answer would be. Charge them with child abuse? Encourage prenatal care and drug treatment? Prevent the addiction in the first place? I didn't want to legislate without really examining the problem and developing solutions suited to our state, so I modeled the legislation after a task force created in Florida with a similar structure.

I respectfully ask for your support and want to express my concerns over some of the assumptions I have seen people make about the bill. This is not a Native American bill, but one applying to women of all races in all areas of our state. I also have questions on some of the assumptions with the fiscal note. I never intended to hold two-day meetings, and many of these task force members are going to be employees of the state and organizations based here in Bismarck, so I question the price tag given to the bill.

I am also open to changing the membership of the committee. If you think there are other people who would be an asset to the task force, by all means please include them.

I have discussed the task force with the attorney general, and he is supportive of our efforts. I respectfully ask for your support, as well.

SB 2367
Attach # 3
02/02/15
#22967

NORTH DAKOTA SENATE

STATE CAPITOL
600 EAST BOULEVARD
BISMARCK, ND 58505-0360

Senator Richard Marcellais
District 9
RR 1, Box 267A
Belcourt, ND 58316-9787
rmarcellais@nd.gov

COMMITTEES:
Education
Government and Veterans Affairs

Testimony for SB 2367
February 2, 2015 10:45 am
Red River Room

Provide for the creation of a task force on substance exposed newborns; and to provide for a report to the legislative management.

Chairwomen Lee, members of the Senate Human Services Committee, for the record my name is Richard Marcellais, Senator from District 9, Rolette County.

The Turtle Mountain Band of Chippewa Indians, Healthy Families Home Visitation Program was developed to prevent child abuse and to establish home visitations. Healthy Families American is a nationally-recognized, voluntary service that connects overburdened expectants parents and parents of newborns with free child development assistance in their homes.

Well respected, extensively-trained assessment workers and home visitors provide valuable guidance, information and support to help parents be the best parent they can be. Based upon years of experience and evidence-based research, home visits promotes optimal long-term mental and physical health of parents and their children.

Trained Family Support Workers visit new parents to promote: Pregnancy wellness; well baby checks; immunization checks, infant care and nutrition; parenting skills; positive parent-child interaction; stages of infant and child development; development screenings; child health and safety; positive support system; stress reduction techniques and promotes breastfeeding.

Therefore, I am here today in support of Senate Bill 2367.

Thank You, Chairwomen Lee and Human Services Committee.
I will try an answer any questions you may have.

JH 23473
02/09/2015
Attach #1

SB 2367
MERTZ

(email 02/03)

From: Mertz, Kim N.
Sent: Tuesday, February 03, 2015 3:40 PM
To: Lee, Judy E.; Anderson, Jr., Howard C.
Subject: Clarification - Follow-up of data request: SB 2367

Hello Senator Lee and Senator Anderson.

In looking at the research articles again that Dr. Burd sent me, he actually sent 13 articles, not six as I stated in the below email (see highlighted text below). They are great research articles, but are fairly long and detailed. I am more than happy to forward to you, but I know how much email you already receive and how busy you are.

If you're interested in receiving, please let me know and I'll forward to you.

Thanks – Kim Mertz

From: Mertz, Kim N.
Sent: Tuesday, February 03, 2015 3:16 PM
To: Lee, Judy E.; Anderson, Jr., Howard C.
Cc: Muccatira, Devaiah M.; 'Burd, Larry'
Subject: Follow-up of data request: SB 2367

Hello Senator Lee and Senator Anderson.

I am following up on your request for data relating to SB 2367 – creation of a task force on substance exposed newborns.

First I'd like you to know that Dr. Larry Burd, Director of the North Dakota Fetal Alcohol Syndrome Center, is interested in being added as a task force member.

Devaiah Muccatira, MCH Research Analyst, found the following data points:

- Taken from the UND School of Medicine and Health Sciences, North Dakota Fetal Alcohol Syndrome (FAS) Center, below are some data points relating to FAS :
    - Depending on birth and death rates, the child and adult populations of people with Fetal Alcohol Syndrome Disease (FASD) in North Dakota could be as high as 1,124 (children: 180-324, adults: 360-800).
    - The annual cost of medical care services is $5,279 per case of FASD. The annual excess cost for medical care due to FASD is $4,402.99 per case. In North Dakota, the cost of inpatient medical care for each case of FASD to age 18 is $95,034.60.
    - It will cost parents (biological or adaptive) $17,400 per year to care for a child with FASD. Expenses include travel, meals and lodging, insurance deductibles, vacation and sick leave, child care, phone, work-related costs, deferred promotions, and others.

1.2

- Identified costs for each person with FASD in North Dakota are at least $2 million per year. The minimum cost estimate for the state of North Dakota to age 18 for each case of FASD is $118,876.32.
- If women who have a child with FASD continue to drink, they have more than a 75 percent chance of having another child with FASD.

Here is the link to the North Dakota Fetal Alcohol Syndrome Center's website: http://www.med.und.edu/fetal-alcohol-syndrome-center/.

Dr. Burd also sent me six research articles relating to FAS; I will forward those articles to you in a a separate email.

- Taken from the March of Dimes Perisats Report, below are some ND data points relating to smoking, alcohol and drugs:
  - In North Dakota in 2013, 25.7% of women of childbearing age (18-44 years) reported binge drinking in the past month, compared to 17.6% overall in the U.S.
  - In North Dakota during 2011-2012 (average), 6.3% of men and women ages 12 and older reported using illicit drugs in the past month, compared to 8.9% overall in the U.S.
  - In North Dakota in 2013, 24.2% of women of childbearing age (18-44 years) reported smoking, compared to 20.5% of women overall in the U.S.
  - In North Dakota in 2013, 22.9% of men reported smoking, compared to 21.6% of men overall in the U.S.

Here is the link to the fact sheet with this information: http://www.marchofdimes.org/peristats/ViewTopic.aspx?reg=38&top=9&lev=0&slev=4.

Devaiah also found fact sheets relating to pregnancy and substance use (see attached). These fact sheets provide a good overview of the risks that substance use can have during pregnancy.

Please let us know if we can provide you with any additional information.

Kim

Kim Mertz, Director
Division of Family Health/Title V MCH
North Dakota Department of Health
600 East Boulevard Avenue, Dept. 301
Bismarck, ND 58505-0200
Phone: (701) 328.4528
Fax: (701) 328.1412
Email: kmertz@nd.gov

SB2367
1.3

Raising Mom's Awareness. Reducing Baby's Risk.
OTIS
Organization of Teratology Information Specialists

For more information about the Organization of Teratology Information Specialists or to find a service in your area, call ***(866) 626-6847*** *or visit us online at:* ***www.OTISpregnancy.org****.*

Alcohol and Pregnancy

This sheet talks about the risks that exposure to alcohol can have during pregnancy. With each pregnancy, all women have a 3% to 5% chance of having a baby with a birth defect. This information should not take the place of medical care and advice from your health care provider.

What is alcohol?

Alcohol is the ingredient that gives beer, wine, or hard liquor its intoxicating ("high") effect. This fact sheet will focus on the effects of recreational alcohol exposure during pregnancy. The same amount of alcohol is found in a standard serving of beer, wine, or hard liquor. A standard serving is considered to be 12 ounces of beer, 4-5 ounces of wine, or 1.5 ounces of hard liquor.

Is there a safe amount of alcohol I can drink during pregnancy?

No, there is no safe level of alcohol established during pregnancy.

Alcohol crosses the placenta easily, but differences in genetics and metabolism of alcohol by both the mother and the developing baby may result in a wide range of risk. The risk may be different even in the same mother in different pregnancies.

Can drinking alcohol make it harder for me to get pregnant?

Some studies have shown an increase in fertility problems among women with heavy alcohol exposure. It is best to avoid alcohol while trying to get pregnant.

Can drinking alcohol cause a miscarriage?

Some studies have found higher rates of miscarriage and stillbirth with alcohol use during pregnancy.

Can drinking alcohol during my pregnancy cause a birth defect?

Yes! Drinking alcohol during pregnancy is a leading cause of mental retardation. When a mother uses alcohol in large amounts and/or regularly during pregnancy, her baby is at risk for Fetal Alcohol Syndrome (FAS). The features of FAS include a pattern of certain birth defects that include small head and body size, specific facial features, and learning and behavioral problems. FAS is the most severe outcome of alcohol use during pregnancy. When a child has some but not all of the findings of FAS, doctors may use another term, such as Fetal Alcohol Spectrum Disorder (FASD).

The risks from heavy alcohol use and daily alcohol use have been well established. The risks from infrequent binge drinking (5 or more standard drinks at one sitting) are less clear. The risks for occasional use of lower amounts of alcohol are also not clear.

Are there long term issues with FASD?

Yes. FASD is associated with lifelong challenges, such as difficulties with learning and memory. Individuals with FASD are more likely to have difficulty understanding the consequences of their actions, have poor judgment, and difficulty with social relationships. Higher rates of dropping out of school, mental health problems, and alcohol or drug abuse have also been reported in individuals with FASD.

I just found out I am 6 weeks pregnant and last weekend I had one beer. Will my baby have FASD?

While there is no known safe amount of alcohol, a single drink is unlikely to cause a problem. The best thing you can do for your baby is to avoid further use of alcohol during your pregnancy.

Is binge drinking on only some days of the week as risky as drinking alcohol everyday but at lower amounts?

Possibly but it is not clear. Binge drinking provides the highest alcohol dose to the developing baby at one time. However, studies on alcohol use during pregnancy often calculate weekly averages, so the effects of certain patterns of drinking alcohol are not well studied.

Is it ok to drink after the first trimester?

No! Alcohol has a direct effect on brain development. The brain develops throughout the whole pregnancy. This means drinking <u>any</u> time in

pregnancy increases the risk for having alcohol related brain damage. Therefore, there is no safe period to drink during pregnancy. Recent studies do not link 2nd and 3rd trimester alcohol exposure directly with low birth weight, although it is linked with an increased risk for small head size.

Can a baby go through withdrawal after birth?

Yes, if the mother has been drinking close to delivery. There are reports of withdrawal symptoms in infants whose mothers consumed alcohol near delivery. Symptoms included tremors, increased muscle tone, restlessness and excessive crying.

How will I know if alcohol has hurt my baby?

If you or others are concerned about your alcohol intake, it is important to discuss this with your doctor. A detailed ultrasound may be offered to you to look for birth defects. Usually, an ultrasound cannot see whether alcohol has affected the baby's brain. However, one of the signs of FASD is decreased growth, which can be evaluated on an ultrasound.

Once your baby is born, it is also recommended you tell your pediatrician about your alcohol use during pregnancy. Your baby can be evaluated for effects of alcohol exposure. Services and support are available for children with alcohol related problems.

Is there any hope for a baby who has been exposed to alcohol throughout pregnancy?

Yes. It is always recommended for a pregnant woman to stop her alcohol use, regardless of how far along in her pregnancy she is. The baby will benefit by no longer being exposed to alcohol. Though FASD cannot be cured, children with FASD benefit from early diagnosis. The best outcomes occur when these children are diagnosed early and receive appropriate support and assistance. Being raised in a stable and nurturing home where basic living and social skills can be taught leads to better outcomes for children with FASD.

Can I drink alcohol while breastfeeding?

Alcohol passes into the breast milk. The concentration of alcohol in the breast milk is close to the concentration of alcohol in the woman's bloodstream. Alcohol can pass back and forth from the bloodstream into the breast milk. Only time can reduce the amount of alcohol in the breast milk. It takes about 2 to 2.5 hours for each standard drink to clear from breast milk. For each additional drink, a woman must wait another 2-2.5 hours per drink. Alcohol may reduce the amount of milk you produce.

Effects on the infant from alcohol in the breast milk are not well studied but there have been reports of reduced infant feeding and changes in infant sleep patterns. Impaired motor development following exposure to alcohol in the breast milk was seen in one study but not another.

Since breastfeeding has documented benefits for the baby, speak with your pediatrician about your specific alcohol intake before avoiding breastfeeding.

What if the father of the baby drinks alcohol?

There is no evidence to suggest that a father's exposure to alcohol causes birth defects. In general, exposures that the father has do not increase risk to a pregnancy because the father does not share a blood connection with the developing baby. Studies have shown that hormone levels, sexual desire and sperm quality are reduced among men who are dependent on alcohol. For more information, please see the OTIS fact sheet *Paternal Exposures and Pregnancy*.

May 2014.

OTIS

Selected References:

Adams et al. 2002. Statement of the Public Affairs Committee of the Teratology Society on the fetal alcohol syndrome. Teratology. 66(6):344-347.

Anderson K et al. 2010 Lifestyle factors in people seeking infertility treatment - A review. Aust N Z J Obstet Gynaecol. 50(1):8-20.

Coles CD, et al. 1984. Neonatal ethanol withdrawal: characteristics in clinically normal, nondysmorphic neonates. J Pediatr 105(3):445-451.

Ho et al. 2001. Alcohol and breast feeding: calculation of time to zero level in milk. Biol Neonate.80(3):219-222.

Jones KL et al. 1973. Pattern of malformation in offspring of chronic alcoholic mothers. Lancet 1(7815):1267-1271.

Little RE, et al. 1989. Maternal alcohol use during breast-feeding and infant mental and motor development at one year. N Engl J Med. 321:425-430.

Little RE, et al. 2002. Alcohol, breastfeeding, and development at 18 months. Pediatrics. 109:e72-77.

Matteson et al. 2010. Toward a Neurobehavioral Profile of Fetal Alcohol Spectrum Disorders. Alcohol Clin Exp Res. 1;34(9):1640-1650.

Muthusami KR and Chinnaswamy P. 2005. Effect of chronic alcoholism on male fertility hormones and semen quality. Fertil Steril. 84(4):919-924.

OLeary CM. 2004. Fetal alcohol syndrome: diagnosis, epidemiology, and developmental outcomes. J Paediatr Child Health.40(1-2):2-7.

M.Pfinder. 2014. Anthropometric and health-related behavioral factors. Int J Environ Res Public Health 11(1):849-865.

Rasmussen C. 2005. Executive functioning and working memory in fetal alcohol spectrum disorder. Alcohol Clin Exp Res 29(8):1359-1367.

Spohr H-L,et al. 2007.: Fetal alcohol spectrum disorders in young adulthood. J Pediatr 150(2):175-179.

Strandberg-Larsen K,et al. 2008. Binge drinking in pregnancy and risk of fetal death. Obstet Gynecol 111(3):602-609.

Warren KR and Li T-K. 2005. Genetic polymorphisms: impact on the risk of fetal alcohol spectrum disorders. Birth Defects Res A Clin Mol Teratol 73(4):195-203.

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Cigarette Smoking and Pregnancy

In every pregnancy, a woman starts out with a 3-5% chance of having a baby with a birth defect. This is called her background risk. This sheet talks about whether exposure to cigarette smoking may increase the risk for birth defects above that background risk. This information should not take the place of medical care and advice from your healthcare professional.

What is in cigarette smoke?

Cigarette smoke contains over 4,000 chemicals and toxins including nicotine, tar, arsenic, lead, carbon monoxide and at least 40 known cancer-causing agents. Several of these chemicals and toxins cross the placenta and decrease the amount of oxygen and nutrients available for a developing baby and can have a direct harmful effect on the baby.

Can smoking cigarettes make it more difficult for me to become pregnant?

Yes. Some studies report it can take longer and be more difficult to get pregnant for women who smoke compared to non-smokers. These effects on fertility appear to go away once a woman stops smoking.

Can cigarette smoking put me at a higher risk for miscarriage?

Yes, Some studies have observed an increased risk of miscarriage in women who smoke cigarettes. Smoking cigarettes can change how blood flows through the placenta (the blood connection the mother shares with the baby), which can lead to a higher risk of miscarriage. Several studies also report a higher risk of ectopic pregnancy, a very serious complication where the developing embryo grows outside of the uterus (usually in the fallopian tubes).

Can smoking cigarettes during my pregnancy cause a birth defect?

Possibly. Some studies have report a small increased risk of an oral cleft in newborns, especially if there is a history of this in the family. An oral cleft occurs when the lip or palate (roof of the mouth) does not fully close during development.

Most studies have not found an increase in other birth defects with cigarette smoking in pregnancy. However, a few studies have suggested a small increased risk for a variety of birth defects. At this time, there is not enough information to know if smoking in pregnancy is associated with an increased risk for these other birth defects.

Can cigarette smoking have other harmful effects on a pregnancy?

Yes. Newborns of mothers who smoked cigarettes during pregnancy are at an increased risk of being born prematurely (before 37 weeks gestation) or at a low birth weight. Also, a variety of serious complications in the pregnancy or delivery have been associated with cigarette smoking during pregnancy. These complications include placenta previa (placenta blocks the birth canal), placental abruption (placenta breaks away from the uterine wall early causing risk of maternal and fetal death), bleeding and stillbirth.

A baby born prematurely is at a higher risk for many health problems. A premature baby may need to stay in the hospital for several weeks in an intensive care unit. Low birth weight can also decrease the newborn's ability to recover from serious health problems.

Women who stop smoking early in pregnancy can reduce their risk of having a baby with low birth weight to that of a non-

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smoking woman. It is also thought that reducing the amount of cigarettes you smoke may lower the risk of having a baby that is low birth weight or premature.

Can cigarette smoking during pregnancy lead to lung problems for the baby?

Yes. Newborns of mothers who smoke during pregnancy have a higher risk of asthma, bronchitis and respiratory infections during childhood. Smoking during pregnancy may also be associated with a higher risk of sudden infant death syndrome (SIDS).

If I continue to smoke cigarettes at the end of my pregnancy, can it cause my baby to experience withdrawal after birth?

Possibly. Withdrawal symptoms, such as irritability, increased muscle tone (rigid muscles), and tremors, have been observed in newborns exposed to cigarette smoking during the last weeks of pregnancy. These symptoms are temporary and usually disappear without medical treatment.

Can cigarette smoking during pregnancy have any long-term effects on the child's behavior or development?

Possibly. Several studies have found a link between cigarette smoking in pregnancy and learning and behavior problems in children. For example, there is a possible association with a higher risk of attention deficit hyperactivity disorder (ADHD). More studies are needed to confirm these findings.

I smoke only five cigarettes a day. Is this still a problem?

The risk of many pregnancy complications linked with cigarette smoking depends on the number of cigarettes a woman smokes. The less you smoke, the less you and your baby are at risk of having problems. If you cannot stop smoking, lowering the number of cigarettes you smoke per day will have benefits for you and the baby. However, even a few cigarettes a day lessens the amount of nutrients and oxygen your baby gets. It is best to stop smoking altogether, as early in pregnancy as possible.

I am 28 weeks pregnant and I have been smoking cigarettes for all of my pregnancy. Is it too late to quit smoking?

No. It is never too late to stop smoking cigarettes. Stopping at any time during pregnancy can still have a positive effect on the growth and development of your baby.

Are there any resources or medical treatments available to help me to quit smoking during my pregnancy?

Yes. The best method to stop smoking during pregnancy is without the use of medication. For free advice, support and referrals, please call the Smoker's Quitline at 1-800-QUIT-NOW (1-800-784-8669) from anywhere in the U.S. There are also online resources to help you quit smoking in your pregnancy like www.tobacco-cessation.org/PDFs/NeedHelpBooklet.pdf. Tell your family about your goal to quit so they can be there for you. These are just a few examples of the many ways that you can get help to quit.

If it does not seem possible to stop smoking without a medical treatment, you should discuss your options with your healthcare provider.

Can I smoke cigarettes when I am breastfeeding?

The best and safest approach is to not smoke while breastfeeding. Nicotine is found in breast milk and could affect your baby. Your baby may also be exposed to other unhealthy chemicals from cigarettes that could cross into the breast milk.

Despite these risks, it is still thought that the benefits of breastfeeding outweigh the risks of cigarette smoking for most babies. If you cannot stop smoking completely, you should reduce the number you smoke as much as possible and avoid smoking when you are near the baby. Be sure to talk to your health care provider about all your options for breastfeeding.

Is there a concern if my partner is smoking cigarettes?

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Men who smoke may have lower sperm counts, as well as abnormal shape and movement of sperm, which may make it harder for you to become pregnant. Once you are pregnant, your partner should ideally stop smoking or avoid smoking near you since a lower birth weight has been seen in babies of women exposed to their partner's smoke.

For more information, please see the OTIS fact sheet Paternal Exposures and Pregnancy.

June 2014.

Selected References:

Andres RL, et al. 2000. Perinatal complications associated with maternal tobacco use. Semin Neonatol 5:231-41.

Briggs GG, et al. 2011. Drugs in Pregnancy and Lactation. 9th ed. Philadelphia : Lippincott Williams & Wilkins. P. 270-77.

Cnattingius S. 2004. The epidemiology of smoking during pregnancy : smoking prevalence, maternal characteristics, and pregnancy outcomes. Nicotine Tob Res 6(Suppl 2):S125-40.

Dechanet C, et al. 2010. Effects of cigarette smoking on reproduction. Hum Reprod Update 17(1):76-95.

Ellis LC, et al. 2012. Smoking during pregnancy and psychiatric disorders in preschoolers. Eur Child Adolesc Psychiatry [Epub ahead of print].

Einarson A, et al. 2009. Smoking in pregnancy and lactation : a review of risks and cessation strategies. Eur J Clin Pharmacol 65:325-30.

Huizink AC, et al. 2006. Maternal smoking, drinking or cannabis use during pregnancy and neurobehavioral and cognitive functioning in human offspreing. Neurosci Biobehav Rev 30:26-41.

Ko, T-J, et al. 2014. Parental smoking during pregnancy and its association with low birth weight, small for gestational age, and preterm birth offspring: a birth cohort study. Pediatr Neonatol. 55(1):20-7.

Little J, et al. 2004. Tobacco smoking and oral clefts : a meta-analysis. Bull World Health Organ 82(3):213-8.

Lumley J, et al. 2009. Interventions for promoting smoking cessation during pregnancy. Cochrane Database Syst Rev : CD001055.

Nielsen A, et al. 2006. Maternal smoking predict the risk of spontaneous abortion. Acta Obstet Gynecol Scand 85(9):1057-65.

Practice Committee of the American Society for Reproductive Medicine. 2008. Smoking and infertility. Fertil Steril 90(Suppl 3):S254-9.

Rogers JM. 2009. Tobacco and Pregnancy. Reprod Toxicol 28:152-60.

Stick S. 2006. The effects on in-utero tobacco-toxin exposure on the respiratory system in children. Curr Opin Allergy Clin Immunol 6:312-6.

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Cocaine and Pregnancy

This sheet talks about the risks that exposure to cocaine can have during pregnancy. With each pregnancy, all women have a 3% to 5% chance of having a baby with a birth defect. This information should not take the place of medical care and advice from your health care provider.

What is cocaine?

Cocaine is a local anesthetic and a powerful stimulant of the central nervous system. Recreational cocaine use is usually by inhalation, by injection or by smoking crack, a cocaine derivative.

Is there any safe amount of cocaine I can use during pregnancy?

No. Researchers have not determined just how much cocaine it takes to cause birth defects and other adverse outcomes for an exposed baby. It is recommended that cocaine, in any amount or any form, be avoided during pregnancy.

When I use cocaine, does it get into my baby's body too?

Yes. Cocaine crosses the placenta and enters the baby's circulation. Cocaine can be found in the urine, meconium (stool), umbilical cord and hair of an exposed newborn. Cocaine is cleared more slowly in the fetus and newborn than in an adult. Therefore, the cocaine remains in the baby's body for a longer period of time.

How long does cocaine stay in the body?

Cocaine and its breakdown products can be found for 30 hours in the urine of the pregnant woman, and for 2 to 7 days in the newborn after the drug is used.

I have heard that cocaine can cause a miscarriage. Is this true?

Yes. During the early months of pregnancy, cocaine exposure may increase the risk for miscarriage. Later in pregnancy, cocaine use can cause the placenta to separate from the wall of the uterus before labor begins. This condition, called placental abruption, can lead to extensive bleeding and can be fatal for both the mother and baby. Cocaine may also increase the risk for premature delivery.

Does cocaine cause birth defects?

Studies do not agree as to whether cocaine causes birth defects. Birth defects that have been reported with maternal cocaine use include abnormalities of the brain, skull, face, eyes, heart, limbs, intestines, genitals, and urinary tract. Most babies exposed to cocaine during pregnancy do not have a birth defect. The risk for a birth defect may be greater when the mother has used cocaine frequently during the pregnancy.

Can cocaine cause other problems for the baby?

Yes. Cocaine-exposed infants, especially those exposed near birth, have been found to be more irritable, jittery, and have interrupted sleep patterns, visual disturbances, and problems with sensory stimulation. Some of these complications may last 8 to 10 weeks after birth or even longer.

Cocaine can cause significant central nervous system problems that may not be seen until the child is older. These effects may include problems with sustained attention and behavioral self-control, like increased aggression. Delays in learning, abnormal muscle tone, slower growth rate, language difficulties and an increased need for special education in school-aged children have been reported.

What if my baby is born too early or too small? What will this mean?

Babies of mothers who use cocaine during pregnancy tend to weigh less, be shorter in length, and have smaller heads than babies born without exposure to cocaine. Babies with low birth weight are more likely to die in their first month than are normal weight babies. They are also more likely to have life-long disabilities, including learning, visual, and hearing problems. Since cocaine can reduce the supply of nutrients and oxygen to the baby, even full-term newborns may have low birth weight.

Cocaine may increase the risk for preterm delivery. Babies who are born prematurely often start life with serious health problems, especially breathing

difficulties. These babies may also have an intracranial hemorrhage (bleeding in the brain) before or soon after birth, and this can cause permanent brain damage and other disabilities.

If I can't stop using cocaine during my pregnancy, will my baby be born addicted?

Withdrawal symptoms have been reported in the newborns of mothers who have used cocaine during pregnancy. These may include increased irritability, tremors, muscle stiffness, poor feeding, sleeplessness, and hyperactivity or, in some cases, tiredness. Less frequently observed symptoms have been vomiting, diarrhea, and seizures. These symptoms usually start at 1 to 2 days after birth. Symptoms are most severe on days 2 and 3. Even though it may be difficult, you should seek prenatal care immediately and let your obstetrician know about your cocaine use so that he/she can prepare for the best care for you and your baby after delivery.

What about using cocaine and other drugs at the same time?

Using other drugs, including alcohol or cigarettes, can also harm the baby. The combined effect of cocaine and other drugs may be worse than cocaine alone.

Is there any way to know if my baby has been harmed before delivery?

If you are concerned that your baby may have a birth defect or other problem due to cocaine use, you should speak to your health care provider. He/she can evaluate your situation and recommend any available tests. An ultrasound may be able to identify birth defects. However, there are no tests available that can be done prenatally to determine whether a developmental disability will be present. The pediatrician who will care for your baby should also be informed of any concerns you have.

Is it a problem if the baby's father is using cocaine when I get pregnant?

Cocaine appears in the semen and may reduce the number of sperm, and increase the number of abnormal sperm. This can result in fertility problems. Cocaine can attach to sperm. This has led to the suggestion that sperm could deliver cocaine directly to the egg, causing developmental problems. However, no birth defects have been identified as a direct result of paternal exposure to cocaine. The safest approach is for a man to avoid cocaine use three months prior to conception when sperm are developing.

What about cocaine use while I breastfeed?

Cocaine has been found in breast milk. Some infants show signs of cocaine intoxication following nursing. Based on these reports, an infant should not be given breast milk following cocaine use by the mother. You should never apply the cocaine to your nipples to treat soreness. This is extremely dangerous for the baby and is known to cause seizures in the infant. The American Academy of Pediatrics strongly recommends that cocaine not be used during breastfeeding.

May 2014.

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Selected References:

Ackerman JP, et al. 2010. A review of the effects of prenatal cocaine exposure among school-aged children. Pediatrics 125(3):554-565.

Behnke M, et al. 2001. The search for congenital malformations in newborns with fetal cocaine exposure. Pediatrics 107(5):E74.

Bracken MB, et al. 1990. Association of cocaine use with sperm concentration, motility, and morphology. Fertil Steril 53:315-322

Chiriboga C, et al. 2007. Prenatal cocaine exposures and dose-related cocaine effects on infant tone and behavior. Neurotoxicol Teratol29: 323-330.

Chiriboga CA, et al. 2009. Prenatal cocaine exposure and prolonged focus attention. Poor infant information processing ability or precocious maturation of attentional systems? Dev Neurosci 31(1-2):149-158.

Cone EJ, et al. 1996. Cocaine excretion in the semen of drug users. J Anal Toxicol 20:139-140.

Hoyme HE, et al. 1990. Prenatal cocaine exposure and fetal vascular disruption. Pediatrics 85:743-747.

Levine TP, et al. 2008. Effects of prenatal cocaine exposure on special education in school-aged children. Pediatrics 122 (1): e83-91.

Lewis BA, et al. 2007. Prenatal cocaine and tobacco effects on children's language trajectories. Pediatrics 120(1):e78-85.

Mayer LC, Nicholls S. 2007. Neurocognitive development in middle-school age and adolescent prenatally cocaine-exposed children. Birth Def Res (Part A) 79:381-394.

Montgomery DP, et al. 2008. Using umbilical cord tissue to detect fetal exposure to illicit drugs: a multicentered study in Utah and New Jersey. J Perinatol 28(11):750-753.

Pires A, et al 2012. Repeated inhalation of crack-cocaine affects spermatogenesis in young and adult mice. Inhal Toxicol. 24(7):439-446.

Richardson GA, et al. 2007.Effects of prenatal cocaine exposure on growth: a longitudinal analysis. Pediatrics. 120(4): e1017-1027.

Richardson GA, et al. 2010. Prenatal cocaine exposure: Effects on mother- and teacher-rated behavior problems and growth in school-age children. Neurotoxicol Teratol [Epub].

Roussotte F, et al. 2010. Structural, metabolic, and functional brain abnormalities as a result of prenatal exposure to drugs of abuse: evidence from neuroimaging. Neuropsychol Rev [Epub].

Singer LT, et al. 2000. Neurobehavioral outcomes of cocaine-exposed infant. Neurotoxical Teratol 22(5):653-666.

Singer LM, et al. 2008. Prenatal cocaine exposure: drug and environmental effects at 9 years. J Pediatr 153(1): 105-111.

Van Gelder MMHJ, et al. 2009. Maternal periconceptional illicit drug use and the risk of congenital malformations. Epidemiology 20(1):60-66.

Weathers WT, et al. 1993. Cocaine use in women from a defined population: prevalence at delivery and effects of growth in infants. Pediatrics 91(2):326-239.

Yazigi RA, et al. 1991. Demonstration of specific binding of cocaine to human spermatozoa. JAMA 266:1956-1959.

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Marijuana and Pregnancy

In every pregnancy, a woman starts out with a 3-5% chance of having a baby with a birth defect. This is called her background risk. This sheet talks about whether exposure to marijuana may increase the risk for birth defects over that background risk. This information should not take the place of medical care and advice from your health care professional.

What is marijuana?

Marijuana, also called pot, weed, or cannabis, is a drug that comes from the hemp plant. Parts of the plant are dried and smoked in pipes or cigarettes (joints) or sometimes eaten. It is an illegal substance in parts of the United States; however, some states allow marijuana use by prescription for medical purposes.

The main active chemical in marijuana is delta-9-tetrahydrocannabinol (THC), which is known to cross the placenta during pregnancy and reach the baby's system.

How much is known about the effects of marijuana on a pregnancy?

It is difficult to accurately study marijuana use during pregnancy. Marijuana contains about 400 different chemicals, and some marijuana cigarettes may contain other drugs or pesticides. Some women who use marijuana may also use alcohol, tobacco, or other drugs at the same time. Women who use marijuana during pregnancy may also have other factors that can increase pregnancy complications, such as lack of prenatal care. Finally, information on the amount, frequency, and timing of marijuana use can be difficult to accurately collect. All of these factors explain why studies looking at marijuana use during pregnancy sometimes find variable results.

I am trying to become pregnant. If I or my partner uses marijuana, do I have a lower chance of becoming pregnant?

In women, long-term use of marijuana may affect the menstrual cycle and lead to a reduction in hormones involved in reproduction and fertility. In men, an association with reduced sperm count has been documented. These effects do not appear to totally prevent pregnancy, but may lower the chances. The effects on fertility appear to be reversible when marijuana use is stopped.

Will smoking or ingesting marijuana cause birth defects in my baby?

Most studies have not found an increase in the chance for birth defects among babies prenatally exposed to marijuana. The frequency of birth defects was not higher than expected in the babies of 1246 women who reported "occasionally" smoking marijuana during pregnancy. A few studies have suggested a small increase in the chance for gastroschisis (a rare birth defect in which the infants' intestines stick out of an opening in the abdominal wall), and one study reported an increased chance for heart defects among babies prenatally exposed to marijuana. It can be difficult to draw conclusions from these studies because most of the women who used marijuana also used other substances at the same time or had other factors that may have increased their chance for these defects.

While most studies are reassuring, without good studies among heavy marijuana users, it is best to avoid marijuana during pregnancy.

Can marijuana harm the baby in any other way?

Some studies have suggested that among women who smoke marijuana cigarettes regularly, there is an increased chance for pregnancy complications such as: premature birth, low birth weight, stillbirth and small

length and small head circumference. Babies that are born prematurely or with low birth weight can have higher rates of infant deaths, learning problems or other disabilities.

Similar to what is seen with cigarette smoking, smoking marijuana may increase carbon monoxide levels in the blood, which can decrease the amount of oxygen the baby receives, and may also affect the growth of the baby.

If I smoke marijuana in the third trimester, can it cause my baby to go through withdrawal after birth?

Some newborns exposed to marijuana have been reported to have temporary withdrawal-like symptoms, such as increased tremors and crying. These symptoms usually go away within a few days.

Can my marijuana smoking affect the brain development of the baby?

Differences in brain activity, behavior, and sleeping patterns of infants and children exposed to marijuana in pregnancy have been reported in some studies. It is believed that these children may have more problems with attention, impulsive behavior, academic performance and short term memory. These problems have been seen more often in children whose mothers were "heavy" marijuana users (smoked one or more marijuana cigarettes per day). The evidence is not conclusive and some studies report conflicting results.

What happens if I use marijuana when I'm breastfeeding?

Marijuana can be passed to infants through their mother's breast milk. Marijuana may also affect the quality and quantity of breast milk that you make. Although no consistent effects have been noticed in infants exposed to marijuana through breast milk, the American Academy of Pediatrics advises that breastfeeding mothers avoid using marijuana. Be sure to talk to your health care provider about all your options for breastfeeding.

January 2015.

Selected References:

Fried PA, Smith AM. 2001. A lit review of the consequences of prenatal marihuana exposure. An emerging theme of a deficiency in aspects of executive function. Neurotoxicol Teratol; 23:1-11.

Fronczak CM, et al. 2012. The insults of illicit drug use on male fertility. J Androl, 33(4): 515-528.

Goldschmidt L, et al. 2004. Prenatal marijuana and alcohol exposure and academic achievement at age 10. Neurotoxicol Teratol 26(4):521-32.

Goldschmidt L, et al. 2008. Prenatal marijuana and intelligence test performance at age 6. J Am Acad Child Adolesc Psychiatry 47(3):254-263.

Gray T, et al. 2010. Identifying prenatal cannabis exposure and effects of concurrent tobacco exposure on neonatal growth. Clin Chem 56(9):1442-1450.

Huizink A. 2009. Moderate use of alcohol, tobacco, and cannabis during pregnancy: New approaches and update on research findings. Reprod Toxicol 28:143-151.

Lam PK and Torfs CP. 2006. Interaction between maternal smoking and malnutrition in infant risk of gastroschisis. Birth Defects Res 76:182-186.

Leech SL, et al. 1999. Prenatal substance exposure: effects on attention and impulsivity of 6-year-olds. Neurotoxicol Teratol 21(2):109-18.

Liston J. 1998. Breastfeeding and the use of recreational drugs alcohol, caffeine, nicotine and marijuana. Breastfeed Rev 6(2):27-30.

Smith AM, et al. 2004. Effects of prenatal marijuana on response inhibition: an MRI study of young adults Neurotoxicol Teratol 26(4):533-42.

Varner MW, et al. 2014. Association between stillbirth and illicit drug use and smoking during pregnancy. Obstet Gynecol; 123(1):113-25.

Weinsheimer RL, et al. 2008. Impact of maternal substance abuse and smoking on children with gastroschisis. J Pediatr Surg 43:879-883.

Williams L, et al. 2004. Maternal lifestyle factors and risk for ventricular septal defects. Birth Defects Res A Clin Mol Teratol 70:59-64.

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Methamphetamine/Dextroamphetamine and Pregnancy

In every pregnancy, a woman starts out with a 3-5% chance of having a baby with a birth defect. This is called her background risk. This sheet talks about whether exposure to methamphetamine or dextroamphetamine may increase the risk for birth defects over that background risk. This information should not take the place of medical care and advice from your health care professional.

What are dextroamphetamine and methamphetamine?

Dextroamphetamine is a legal prescription medication that is used for attention deficit hyperactivity disorder (ADHD), sleep disorders, and as an appetite suppressant. It is an effective treatment for these disorders. Dextroamphetamine is also used illegally as a "recreational drug".

Methamphetamine, also called "meth", "crank", "speed" and "ice", is sometimes prescribed by a physician, but is usually used illegally. Methamphetamines can be smoked, snorted, swallowed, injected, or inhaled. Methamphetamines work by exciting the brain with chemicals that can make people "feel good". The drug acts as a stimulant, causing a fast heart rate, sweating, loss of appetite, hallucinations, anxiety, paranoia, trouble sleeping and dizziness. Methamphetamine overdoses can cause death or brain damage, and long term use can cause many health problems. Methamphetamines are very addictive.

Is it safe to use dextroamphetamine or methamphetamine in pregnancy?

Dextroamphetamine, when used for medical reasons, appears to have a low risk for birth defects. However, there are very few studies on prescription use and possible problems in pregnancy or development/behavior problems in exposed infants. You should speak with your health care provider about your condition and the use of dextroamphetamine during pregnancy. In some cases, women are able to reduce their dose of the drug and restart the medication after the pregnancy is over.

Illegal (high dose) dextroamphetamine and methamphetamine should not be used in pregnancy. They can cause miscarriage, delivery before 37 weeks of pregnancy (prematurity), and problems in the newborn period including jitteriness and trouble sleeping and feeding. Babies can also have neurological effects, such as tremors and too much or too little muscle tone, which can last for several months.

How much dextroamphetamine or methamphetamine does it take to cause problems?

It's important to take dextroamphetamine as directed by your health care provider. Your provider will try to keep the dose as low as possible while still properly treating your condition.

There is no known safe level of methamphetamine. Since it is an agent of abuse, it is recommended that it be avoided completely during pregnancy. Also, your baby's organs develop at different times, and your baby's brain is developing during your whole pregnancy. That means that use at any time in pregnancy could cause problems.

How can methamphetamine hurt my baby?

The problems most often seen in babies exposed to methamphetamine during pregnancy are being born too early and too small. Babies that are born too early can have problems with many of the systems of their body because they have not finished developing. They are at risk for life-long breathing, hearing, vision, and learning problems. Babies that are born too early are more likely to die as infants. There is also some information to suggest methamphetamine can increase the chance for sudden infant death syndrome (SIDS), even in babies not born early.

There is mixed information on whether methamphetamine increases the chance of birth defects. However, most studies do not find an increased risk for birth defects.

It is not known whether prenatal exposure to methamphetamine can cause behavioral or intellectual problems in older children. Some studies show children whose mothers used methamphetamine have more trouble in school, and

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more behavior problems. These problems could be caused by other reasons, but methamphetamine use in pregnancy could play a role.

Will my baby be born addicted to methamphetamine?

If a woman uses methamphetamine later in her pregnancy, babies can show signs of withdrawal after they are born. Symptoms include trouble eating, sleeping too little or too much, having very floppy or tight muscles, and being very jittery. Withdrawal symptoms usually go away within a few weeks, but may require that the baby be admitted to the special care unit for newborns and stay in the hospital for a longer period of time. Some babies have tremors and too much or too little muscle tone for many months. In many cases these symptoms go away on their own, but these children can benefit from school-based programs such as infant stimulation or physical therapy.

What if I use other drugs besides methamphetamine?

Many women who abuse methamphetamine also use other drugs, alcohol, or cigarettes. The risk to have a baby with problems is higher when methamphetamine is used with other drugs, cigarettes and/or alcohol. These drugs by themselves can also cause miscarriage, prematurity, low birth weight, reduced growth, learning problems and birth defects.

How can I know if methamphetamine may have hurt my baby?

The very best thing that you can do is to stop using methamphetamine and other drugs and alcohol. It's important to tell your health care provider about what you have taken during your pregnancy. They can offer you a detailed ultrasound to look for birth defects. Your health care provider can also help you find treatment or support. There is no test in pregnancy that can look for learning problems, and ultrasound exams cannot see all birth defects. Once your baby is born, you should also tell your pediatrician about your history. This way they can look for early warning signs of problems and give your baby extra help if needed.

What happens if I use dextroamphetamine or methamphetamine while I breastfeed?

Dextroamphetamine and methamphetamine pass into breast milk, and are found in the baby's body and urine. We do not know if this causes the baby to have problems, but the American Academy of Pediatrics recommends that amphetamines not be used while breastfeeding.

A small study of four older infants whose mothers were taking dextroamphetamine for ADHD found no problems in the health of those infants in the short-term. At this time, it is unknown if there are any long-term consequences associated with this exposure in breastfeeding. The authors commented that if a mother breastfeeds while taking a prescription dose of dextramphetamine, the baby's pediatrician should monitor the baby carefully. Be sure to discuss all your choices for breastfeeding with your health care provider.

What if my baby's father was using dextroamphetamine/methamphetamine when I got pregnant?

At this time, there is no information to suggest that amphetamines in semen increase the risk of birth defects, but there are also no studies on this topic. Since sperm take about 3 months to develop, it would be safest for men to not use recreational amphetamines for at least that long when they are planning a pregnancy. For more information about a father's exposures and pregnancy, please see the Paternal Exposures fact sheet at http://www.mothertobaby.org/files/paternal.pdf

June 2013.

Selected References:

Chang L, et al. 2004. Smaller subcortical volumes and cognitive deficits in children with prenatal methamphetamine exposure. Psych Res:Neuroimaging 132:95-106.

Golub M, et al. 2005. NTP CERHR Expert Panel Report on the reproductive and developmental toxicity of amphetamine and methamphetamine. Birth Defects Res B Dev Reprod Toxicol 74(6):471-584.

Heinonen OP, Slone D, and Shapiro S. 1977. Birth Defects and Drugs in Pregnancy. Littleton, MA: John Wright-PSG, pp 346-347, 439.

Ilett KF, et al. 2007 Transfer of dexamphetamine into breast milk during treatment for attention deficit hyperactivity disorder. Br J Clin Pharmacol. 63(3):371-5.

Smith LM, et al. 2003. Effects of prenatal methamphetamine exposure on fetal growth and drug withdrawal symptoms in infants born at term. J Dev Behav Pediatr 24(1):17-23.

Smith LM, et al. 2008. Prenatal methamphetamine use and neonatal neurobehavioral outcome. Neurotoxicol Teratol. 30(1):20-28.

*If you have questions about the information on this fact sheet or other exposures during pregnancy, call **OTIS** at **1-866-626-6847**.*

#1

Testimony of Nicole Poolman

March 18, 2015

House Human Services Committee

Good morning, Mr. Chairman and members of the Human Services Committee, my name is Nicole Poolman, State Senator representing District 7 - Bismarck and Lincoln.

I am here today to ask your support of SB 2367. This bill would establish a task force under the office of the attorney general to examine substance abuse in pregnant women and its impact on newborns.

My journey to this bill began when a foster mother in my district contacted me about some of the problems with the system as she cared for babies born to addicted mothers. That, coupled with information from the state's attorneys in western North Dakota, made me realize that the problem is growing here, and it was time to do something about it.

I struggled with what the answer would be. Charge them with child abuse? Encourage prenatal care and drug treatment? Prevent the addiction in the first place? I didn't want to legislate without really examining the problem and developing solutions suited to our state, so I modeled the legislation after a task force created in Florida with a similar structure.

I respectfully ask for your support and want to offer a few amendments today. As my discussions continue with those who work with these children, I have realized the membership of the task force should be adjusted. My amendments add a neonatologist and a NICU nurse and revise the make-up and appointment of the Native American representatives on the task force. Initially I had one member from each tribe and one from the Trenton Indian Service Area in addition to the Indian Affairs Commissioner - for a total of 7. The amendments change it to the commissioner and three appointees. I have also tried to be more specific in the purpose of the task force - I want us to find the gaps or policies that are insufficient and make recommendations to the legislature.

I have discussed the task force with the attorney general, and he is supportive of our efforts. I respectfully ask for your support, as well.

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#2

15.1009.04001
Title.

3-18-15

Prepared by the Legislative Council staff for
Senator Poolman
March 13, 2015

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2367

Page 2, line 1, replace "A representative from each of the following tribes" with "Three enrolled tribal members representing tribes located in the state"

Page 2, line 2, remove the colon

Page 2, remove lines 3 through 8

Page 2, line 9, remove "affairs commission"

Page 2, line 10, replace "m." with "l."

Page 2, line 13, replace "n." with "m."

Page 2, line 14, replace "o." with "n."

Page 2, line 15, remove "and"

Page 2, line 16, replace "p." with "o."

Page 2, line 16, after "director" insert: ", appointed by the executive director of the department of human services;

p. A neonatologist, appointed by the North Dakota academy of pediatrics; and

q. A neonatal intensive care unit nurse, appointed by the state board of nursing"

Page 3, line 10, after "syndrome" insert "and evaluate those programs and services to determine if gaps in programs or ineffective policies exist"

Renumber accordingly

#3

NORTH DAKOTA SENATE

STATE CAPITOL
600 EAST BOULEVARD
BISMARCK, ND 58505-0360

Senator Richard Marcellais
District 9
RR 1, Box 267A
Belcourt, ND 58316-9787
rmarcellais@nd.gov

COMMITTEES:
Education
Government and Veterans Affairs

Testimony for SB 2367
March 18, 2015 11:00 am
Fort Union Room

Chairman Weisz, members of the House Human Services Committee, for the record my name is Richard Marcellais, Senator from District 9, Rolette County.

The Turtle Mountain Band of Chippewa Indians, Healthy Families Home Visitation Program was developed to prevent child abuse and to establish home visitations. On March 25, 2015 this program will be receiving the North Dakota 2015 Caring Community Award. Healthy Families American is a nationally-recognized, voluntary service that connects overburdened expectants parents and parents of newborns with free child development assistance in their homes.

Well respected, extensively-trained assessment workers and home visitors provide valuable guidance, information and support to help parents be the best parent they can be. Based upon years of experience and evidence-based research, home visits promotes optimal long-term mental and physical health of parents and their children.

Trained Family Support Workers visit new parents to promote: pregnancy wellness; well baby checks; immunization checks, infant care and nutrition; parenting skills; positive parent-child interaction; stages of infant and child development; development screenings; child health and safety; positive support system; stress reduction techniques and promotes breastfeeding.

Therefore, I am here today in support of Senate Bill 2367.

Thank You, Chairman Weisz and House Human Services Committee. I will try an answer any questions you may have.

#4

Testimony on SB 2367
March 18, 2015

Chairman and members of the committee, I am Dr. Karen Brown, board certified Neonatologist and Pediatrician. I have personal experience with substance -exposed newborns, and I would ask for your support of Senate Bill 2367.

Neonatal abstinence syndrome (NAS) is the symptomatic withdrawal demonstrated by a neonate, after birth, following the abrupt cessation of drug exposure. Intrauterine exposure to illicit drugs, prescription pain medications, and selective serotonin reuptake inhibitors (usually prescribed for depression and anxiety), are a few of the drugs to give rise to typical signs of withdrawal.

There is a wide range of clinical features of neonatal withdrawal. Neurologically, the infant is irritable, with a frequent, persistent high-pitched cry, tremors and increased muscle tone, and often seizures. They can present with vomiting, diarrhea, and poor feeding. Other symptoms include sneezing, yawning, fever, and tachypnea.

Medical treatment of these infants depends on the severity of the withdrawal. Some infants are consolable with feeding and tight swaddling, but others need pharmacologic treatment, and admission to the Neonatal Intensive Care Unit
(NICU).

Neonatal abstinence syndrome is becoming an epidemic in the United States. In a study from Florida, the number of neonates who were diagnosed with NAS and required admission to the NICU, increased by 10-fold from 2005-2011. In a local hospital, the incidence of drug-exposed infants has risen markedly since late 2102. Early observational data has shown a similar 8-10 fold increase of drug screening of newborns, with approximately 10-20% of those neonates requiring pharmacologic treatment in the NICU.

Additional research for the long-term outcome of these drug-exposed infants is needed. As these babies grow, they need to be followed closely for motor deficits and cognitive delays. Behaviorally, they have increased irritability, hyperactivity, and impulsivity, and an increased concern for attention deficit in preschool aged children.

Social work is a key participant in the planning of discharge of these infants. They address maternal substance treatment, discharge to a safe home environment, and arrange for close follow up via social service programs.

This task force will evaluate the exploding problem of substance exposed newborns, addressing the spectrum of care, from prenatal management of the mother with a known substance abuse problem to discharge planning from the hospital, with continued evaluation of growth and development in a safe and healthy home environment.

Thank you, Mr. Chairman and committee, for your time. Can I answer any questions?

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#5

Testimony on SB 2367
March 18, 2015

Chairman and members of the committee, my name is Candyce Murphy, I've been a Social Worker for 5 years. In these past 5 years I have seen things that have forever changed my way of thinking. It's easy to hear or read about how our child welfare system failed our children, but to see it everyday is an entirely different feeling all in itself, awful doesn't even begin to describe what has turned into my everyday.

North Dakota is changing, that's no secret to anyone. It's time we make a change for the voiceless and realize what we are putting our children through. I can tell you that last year around 100 children were born to mothers who used during pregnancy. Those numbers come from one hospital. Of those children, many have come back to the hospital with life threatening injuries and illness, from families that have already been reported to child protection. A few examples, a patient who comes in with a skull fracture and multiple fractured ribs because the parent was frustrated that the baby was crying and squeezed the child until the eyes rolled back into the head. The baby that gets admitted to the NICU due to maternal drug use and abuse, but is discharged home to the mother's care. The baby who is admitted to Pediatrics with failure to thrive because mom was feeding inappropriate formula and starts seizing, who is discharged home and dies. I could go on and on about what I have seen happen to innocent children born into families with known drug usage during, before and after pregnancy. Because, trust me, horrible things happen more than anyone talks about.

The frustrating thing about all of this, is our child welfare system aims to protect these children, but is it? These children who start out in life addicted are being discharged to the person who put them in harms way before they even entered into this world. Doesn't seem right.

The answer has been to put resources and supports into the home. What resources? North Dakota is so limited in ways we help these families. It is a circle that sets everyone up to fail. Until someone really stops and looks at the reality of how we are failing to protect our kids, born and unborn, the story will remain the same. The people who fight to protect these children will continue to run into road blocks that at times makes it feel impossible to do their jobs to protect these children.

I know it's not easy nor is there an easy solution but the children are the ones suffering and the most disturbing part of all this.....North Dakota children are dying. Yes, that's happens. So I am asking you, please help in taking the first step in the right direction and help the voiceless stay safe.

Thank you.

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#6

March of Dimes Foundation

North Dakota Chapter
1712 Main Avenue, Suite 101
Fargo, ND 58103

(701) 235-5560 phone
(701) 235-8725 fax

Karin Roseland
State Director

March 18, 2015

To: ND Representatives of the Human Services Committee
From: Karin Roseland, State Director, March of Dimes North Dakota Chapter
RE: Support SB 2367

The mission of the March of Dimes is to improve the health of women of childbearing age, infants, and children by preventing birth defects, premature birth, and infant mortality. The North Dakota Chapter of the March of Dimes supports SB 2367 for an act to provide for the creation of a task force on substance exposed newborns and to provide for a report to the legislative management

Neonatal abstinence syndrome (NAS) refers to cases in which newborns experience drug withdrawal shortly after birth due to drug exposure in utero. Infants can experience withdrawal from their mother's appropriate use of prescription drugs as well as from abuse of legal or illegal substances.

Today, one of the most common causes of NAS is maternal use or abuse of opioids during pregnancy. Research has shown that the use or abuse of opioids during pregnancy is associated with a significantly increased risk of poor birth outcomes, such as low birthweight. This is a growing problem throughout the country, including in North Dakota. Women should be able to access treatment for both themselves and their baby, to prevent a long term burden on mothers, children, and the hospitals.

Pregnant women may not be aware of the potential harm to their baby from prescription opioids. Ensuring access to proper and comprehensive prenatal care is vital to the health of all moms and babies.

It is important that we take this step to enforce an act to create a task force to ensure mothers have access to comprehensive treatment for drug addiction to promote the best birth outcomes, along with treatment for babies who experience drug withdrawal shortly after birth.

Thank you for your support of SB 2367. For more information or questions, contact Reba Mathern-Jacobson, State Program Director, at (701) 552-9180 or Rmathern-jacobson@marchofdimes.org

march of dimes

#1

15.1009.04001
Title.

3-18-19

Prepared by the Legislative Council staff for
Senator Poolman
March 13, 2015

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