

**STATE HEALTH PLANNING
AND DEVELOPMENT AGENCY**
DEPARTMENT OF HEALTH - KA 'OIHANA OLAKINO

JOSH GREEN, MD
GOVERNOR OF HAWAII
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII

KENNETH S. FINK, MD, MGA, MPH
DIRECTOR OF HEALTH
KA LUNA HO'ŌKELE

JOHN C. (JACK) LEWIN, MD
ADMINISTRATOR

1177 Alakea Street, #402, Honolulu, HI 96813

Phone: 587-0788 Fax: 587-0783 www.shpda.org

April 16, 2026

TO: HOUSE COMMITTEE ON HEALTH
Representative Gregg Takayama, Chair
Representative Sue L. Keohokapu-Loy, Vice Chair
Honorable Members

FROM: John C. (Jack) Lewin, MD, Administrator, SHPDA, and Sr. Advisor to
Governor Josh Green, MD on Healthcare Innovation

**RE: SCR 75-SD1 -- RELATING TO FETAL ALCOHOL SPECTRUM
DISORDERS**

HEARING: Friday, April 17, 2026 @ 10:30 am; Conference Room 329

POSITION: SUPPORT with COMMENTS

Testimony:

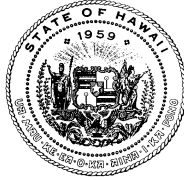
SHPDA strongly supports the intent of this resolution. Fetal Alcohol Spectrum Disorder (FASD) is a tragically debilitating and largely preventable problem. It is a growing and serious concern among maternal and child health caregivers and researchers nationally and in Hawai'i. Screening prenatal patients effectively for FASD risk is sensitive, difficult, and often not done, making accurate assessment of numbers of pregnant mothers at risk difficult. There are relatively low-cost laboratory means of raising the suspicion of maternal alcohol use which aren't being generally used as screening tools. Some persons with alcohol use disorder (AUD) don't know they are pregnant until their unborn children are at risk. The resolution is very well intentioned and its purpose is important. However, the bills requesting funding and action on this issue were not advanced.

Educational outreach to women of child-bearing age and their potential partners is perhaps the most needed intervention. And interagency coordination is also needed. We defer to the DOH on whether they have the bandwidth to carry this resolution forward, given it unfortunately carries no resources. SHPDA can't take it on either right now, but we will participate if the effort described here proceeds.

Mahalo for hearing this measure.

■ -- Jack Lewin, MD, Administrator, SHPDA

JOSH GREEN, M.D.
GOVERNOR OF HAWAII
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII



KENNETH S. FINK, M.D., M.G.A, M.P.H
DIRECTOR OF HEALTH
KA LUNA HO'OKELE

LATE

STATE OF HAWAII
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

WRITTEN
TESTIMONY
ONLY

Testimony COMMENTING on SCR75 SD1

REQUESTING THE DEPARTMENT OF HEALTH TO LEAD THE STATEWIDE COORDINATION OF SERVICES AND SUPPORTS FOR INDIVIDUALS WITH FETAL ALCOHOL SPECTRUM DISORDERS.

REP. GREGG TAKAYAMA, CHAIR
HOUSE COMMITTEE ON HEALTH

April 17, 2026
Room 329

1 **Fiscal Implications:** N/A.

2 **Department Testimony:** The Department of Health provides comments with concern about
3 the lessened emphasis on prevention, the single disorder focus, and the required substantial
4 scope of activity without additional resources.

5 The best treatment is prevention. Alcohol is not the only substance that when consumed during
6 pregnancy is toxic to the developing fetus. Tobacco and cannabis are among the more
7 frequently consumed teratogens. Efforts to increase awareness and education about healthy
8 pregnancies including avoidance of harmful substances and importance of prenatal care would
9 be a more wholistic approach to improve both maternal and child outcomes. Focusing
10 investment in prevention is particularly important given the state's current fiscal situation.

11 Fetal alcohol spectrum disorder (FASD) is associated with behavioral, learning, and other
12 challenges. Children with autism spectrum disorder, attention deficit hyperactivity disorder,
13 neurofibromatosis, and other conditions face similar challenges. A systems based approach that
14 focuses on the whole child and child's needs is preferable to increased disorder-based
15 fragmentation. School-based multi-tiered systems of support provide such structure for school-
16 age children. The early intervention program provides services for children age 0-3 years.

1 This measure identifies the increased healthcare needs of individuals with FASD but does not
2 mention the role of health plans in providing or coordinating services. Health plans have a role
3 to improve treatment coordination among private healthcare providers, similar to the approach
4 described in the Department of Human Services Med-QUEST Division's 2023 [SBIRT manual for](#)
5 [clincians](#) which is an evidence-based prevention strategy endorsed by the National Institutes of
6 Health and the U.S. Preventive Services Task Force.

7 Thank you for the opportunity to testify.

8



SCR75 SD1 Coordinate Plan for FASD

COMMITTEE ON HEALTH

Rep. Gregg Takayama, Chair

Rep. Sue L. Keohokapu-Lee Loy, Vice Chair

Friday, Apr 17, 2026: 10:30: Room 329 Videoconference

Hawaii Substance Abuse Coalition Supports SCR75 SD1:

ALOHA CHAIR, VICE CHAIR, AND DISTINGUISHED COMMITTEE MEMBERS. My name is Alan Johnson. I am the ad hoc leader of the Hawaii Substance Abuse Coalition (HSAC), a statewide organization for substance use disorder and co-occurring mental health disorder prevention and treatment agencies and recovery-oriented services such as stabilization crisis, harm reduction and supportive housing.

HSAC supports that individuals with fetal alcohol spectrum disorder receive early detection, prevention and coordinated interventions.

FASD is a problem in Hawaii and efforts can be made to prevent this devastating condition as well as to treat children and adults that would increase their functioning:

- Understand the disorder and reshape some of our interventions to change a child's behavior and improve functionality.
- Reduce the prevalence of FASD.
- Empower care givers to help FASD people reach their full potential.
- Address stigma by educating our communities to understand the complexities of this disability while promoting a more inclusive culture.
- Greatly improve upon outcomes through measurement brought about by Medicaid funding.
- Reduce childhood trauma by increasing supports for high-risk families, building resilience, and improving access to treatment.

Working together, we can join the growing number of states that claim to be a “FASD-Informed State.”

We appreciate the opportunity to provide testimony and are available for questions.



Alan Shinn, MSW
PRESIDENT
Retired Executive Director

Ken Yabusaki, PhD
TREASURER
Retired Biochemist

William Kumagai
SECRETARY
Transform Hawai'i Government

Stephanie W. Batzer, Esq., LSW
SECRETARY
*Child & Family Attorney
Child & Family Social Worker*

Jane Onoye, PhD
DIRECTOR
*Professor
Department of Psychiatry, JABSOM
University of Hawai'i*

Arlina Wong, MSW, LSW
DIRECTOR
*Hawai'i Executive Director
Acumen Fiscal Agent*

Ginny Wright
DIRECTOR
Educator/Family Advocate

Amanda Luning, LMHC, IECMH-E
EXECUTIVE DIRECTOR
Hawai'i FASD Action Group

TO: The Chair, Vice Chair and Members of the House Finance Committee of the 2026 Session of the Hawai'i State Legislature

RE: Testimony in Support of SCR75, SD1
Support w/Requested Amendment

Aloha,

My name is Amanda Luning, and I am submitting this testimony on behalf of the Hawai'i FASD Action Group in strong support of SCR75, SD1 during the 2026 session of the Hawai'i State Legislature.

As an amendment, we would request that the deadline be changed to prior to the 2027 Legislative Session.

What we understand now from the work of Act 192, which is in its second year, is that it was passed under several assumptions:

- That our health, social services, and education systems are regularly screening for FASD. **They are not.**
- That we have FASD Specialists in Hawai'i. **We do not.**
- That we have reasonable diagnostic capacity in Hawai'i. **We do not.**
- That we have designations (such as clear eligibility criteria) for service and care provision and FASD-Informed systems. **We do not.**
- **That it is safe for women, families, and people affected to talk about FASD** in their communities. **It is not.**

State-based action requires additional resources **now**, and planning for state-based coordination needs to happen as soon as possible.



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EXECUTIVE DIRECTOR
Hawai'i FASD Action Group

The Action Group has and will continue to provide to Reports on our recommendations for FASD (these are publicly available on our website, www.fasdhawaii.org) and we are also very willing to be of consultation and convening support.

Alcohol use and pregnancy are complicated. This is well acknowledged and understood. The data is strong and the information is available... those are not the real issues. **Coming together is.** Talking together is. Taking the time to understand is. Awareness, reframing, and coordination are upstream approaches that we know **are systemically less costly to everyone when taken seriously.**

With national data indicating that 1 in 20 people have an FASD, this means a lot of people are going without the support they actually need. **Individuals are ending up in systems that are more costly, such as corrections and mental health facilities, when less expensive more responsive care could be provided through services like occupational and speech therapy, case management, and care coordination.**

The challenges surrounding FASD are deeply embedded in complex systems involving health, education, social services, and justice, but transformation is more than possible. **Navigating these interconnected systems requires thoughtful coordination and a unified approach.**

This cross-departmental collaboration is vital for eliminating silos, addressing workforce and service gaps, and ensuring that individuals and families receive comprehensive, seamless support throughout their journey. By fostering awareness and open dialogue, they help create a compassionate, informed environment where individuals and families are empowered—not judged.



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EXECUTIVE DIRECTOR
Hawai'i FASD Action Group

This work is critical to early identification, effective support, and ensuring that every person can achieve their full potential, in keeping with the principles of dignity, equity, and thriving communities. It stands to create paradigm shift and promote both efficiency in use of resources AND positive outcomes.

We humbly urge the committee to support state-based coordination for FASD as soon as possible. In doing so, you will help build a stronger, more intentional Hawai'i, grounded in awareness, collaboration, and hope.

Mahalo nui for your consideration of this testimony and your dedication to our community,

Sincerely,

SCR-75-SD-1

Submitted on: 4/15/2026 7:39:42 PM

Testimony for HLT on 4/17/2026 10:30:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------------------|---------------------------|-------------------|
| Louis Erteschik | Hawaii Disability Rights Center | Support | Remotely Via Zoom |

Comments:

We are in strong support. Obtaining appropriate services for those with FASD is one of our agency's highest priorities. Act 192 SLH 2023 was an achievement that represented the culmination of years of persistent advocacy. It created a feeling of great promise. In fact much has been accomplished and the FASD Action Group has done a wonderful job within the constraints under which they have operated. While the Department of Health has been somewhat supportive they have also been one of those constraints. To begin with, funding for the current project was released long after the timeline that was contemplated. That has delayed progress.

More recently there had been discussions surrounding the creation of a position within the Department to serve as an FASD Coordinator. Aside from the benefits of having a state department help lead the efforts, recent federal legislation has allocated funds to states that have a Coordinator in place. For that reason, the failure of the Department to designate a Coordinator has potentially left federal dollars on the table. This has left advocates quite frustrated. We understand that at one time the Department, within the Family Health Services Division, did actually have a position for a Coordinator. Yet, no one seems to have any recollection of that.

We see the main thrust of this Resolution as hopefully getting the Department of Health to finally step up and take this issue seriously and make it a real priority. Among other things, it should certainly come back next session with a Budget Request to fund the Coordinator position so that we can really make more progress on this issue.

We do note that there is a reporting requirement to the 2030 Legislature. We would suggest that the 2027 Legislature would be a more appropriate timeline.



SCR75,SD1 Coordinate services for FASD

COMMITTEE ON HEALTH

Rep. Gregg Takayama, Chair

Rep. Sue L. Keohokapu-Lee Loy, Vice Chair

Friday, Apr 17, 2026: 10:30: Room 329 Videoconference

Hina Mauka Supports SCR75,SD1

ALOHA CHAIR, VICE CHAIR, AND DISTINGUISHED COMMITTEE MEMBERS. My name is Brian Baker. I am the President and CEO for Hina Mauka, a mental health and substance use disorder treatment and prevention agency for thousands of adults and adolescents on Oahu and Kauai, including recovery-oriented services and housing transitional living programs.

Working with people with addiction to all types of impairing agents, including alcohol, we see the impact of alcohol on individuals every day. This includes that impact on infants, and their families, when children are born with Fetal Alcohol Spectrum Disorders (FASD).

Interagency coordination and education are essential to leveraging local resources and expertise. This, along with supporting quicker access to evidence-based treatment for those struggling with alcohol addiction can help prevent children from being born with this life-long impacting set of challenges.

This must be a two-pronged approach. (1) Keep children from being born with FASD. (2) Better identification of, and support, for the children and their families, once they are here.

Mahalo for the opportunity to testify.

IVAN M. LUI-KWAN

Pacific Guardian Center, Makai Tower
733 Bishop Street, Suite 1900
Honolulu, Hawaii 96813

April 15, 2026

Chair Gregg Takayama, Vice Chair Sue L. Keohokapu-Lee Loy,
and Members of the House Committee on Health

House Committee on Health
SCR No. 75, SD1
Hearing Date: April 17, 2026
Hearing Time: 10:30 am
Conference Room 329

Aloha Chair Gregg Takayama, Vice Chair Sue Keohokapu-Lee Loy
and Members of the Committee on Health:

My name is Ivan Lui-Kwan. I urge adoption of SCR No. 75, SD1.

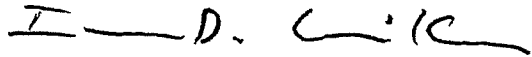
For many years I served on the board of the March of Dimes. We believed that there was a nexus between birth defects and consumption of alcohol during pregnancy.

It is my belief that the action called for in SCR No. 75, SD1 can make a difference in protecting the health of Hawaii's babies.

1. Development of a coordinated plan to reduce fetal alcohol spectrum disorders among the Department of Health, Department of Human Services and the Department of Education can make a difference in reducing birth defects.
2. From my perspective it is important to include in the coordinated plan the following:
 - a. Training of skilled professionals.
 - b. Increased public awareness through education. It is my belief that pregnant women would refrain from consumption of alcohol during pregnancy if they were made aware that drinking could cause damage to their babies for life.

Chair Gregg Takayama, Vice Chair Sue L. Keohokapu-Lee Loy,
and Members of the Committee on Health
April 15, 2026
Page 2

Mahalo nui for considering my testimony.

A handwritten signature in black ink, appearing to read "Ivan M. Lui-Kwan". The signature is written in a cursive style with a horizontal line underneath it.

Ivan M. Lui-Kwan

HOUSE OF REPRESENTATIVES
THE THIRTY-THIRD LEGISLATURE
REGULAR SESSION OF 2026

COMMITTEE ON HEALTH

Rep. Gregg Takayama, Chair
Rep. Sue L. Keohokapu-Lee Loy, Vice Chair

Rep. Terez Amato Rep. Jenna Takenouchi
Rep. Daisy Hartsfield Rep. David Alcos III
Rep. Lisa Marten Rep. Diamond Garcia
Rep. Ikaika Olds

AMENDED NOTICE OF HEARING

DATE: Friday, April 17, 2026
TIME: 10:30 am
PLACE: VIA VIDEOCONFERENCE
Conference Room 329
State Capitol
415 South Beretania Street

POSITION: **STRONG SUPPORT** Resolution [SCR75/SR69](#).

Dearest Chair, Honorable Representative Gregg Takayama, Vice Chair, Honorable Representative Sue L. Keohokapu-Lee Loy and members of the committee,

My name is Darlyn Chen Scovell. I am a volunteer advocate for children and families with FASD and a member of the Hawai'i FASD Action Group. For over nine years, I have tried to be a voice for children who have none and for individuals with FASD who have been marginalized, unrecognized, and without help, attention, or services for many years.

Thank you for the opportunity to testify in strong support of the Senate Concurrent Resolution urging the Department of Health to lead a coordinated interdepartmental effort to reduce the impact of fetal alcohol spectrum disorders (FASD) in the State, including the development of a plan for interagency collaboration to ensure the coordination of support services. I submit this testimony as a doctoral researcher whose dissertation examines how pediatricians and primary care providers in Hawai'i understand and address FASD, and as an advocate working with families and clinicians across our islands.

I respectfully request two amendments to strengthen this resolution. First, that the Judiciary be explicitly reinstated as a partner agency in the State's coordinated response to FASD. Second, that the deadline for submission of the interagency collaboration plan be moved forward so that the Department of Health submits its plan, findings, and recommendations to the Legislature at least twenty days prior to the Regular Session of 2027, rather than 2030.

FASD: common, lifelong, and routinely missed

FASD describes a spectrum of lifelong, brain-based disabilities caused by prenatal alcohol exposure, affecting physical health, cognition, behavior, and adaptive functioning. Experimental and clinical work has documented how alcohol disrupts fetal brain development, synaptic plasticity, and self-regulation across the life course (Basavarajappa & Subbanna, 2023; Chung et al., 2021; Lussier et al., 2023). National surveillance and review articles indicate that alcohol use in pregnancy remains common and that FASD is more prevalent than many better-known developmental disabilities (Chatterjee et al., 2025; Centers for Disease Control and Prevention, 2024).

Despite this burden, FASD remains widely under-recognized. The American Academy of Pediatrics emphasizes that interprofessional teams are needed for accurate diagnosis and ongoing care because no single discipline can manage the full spectrum alone (American Academy of Pediatrics, 2023). Studies from multiple countries document limited FASD knowledge among healthcare workers, uncertainty about diagnostic criteria, and discomfort asking about prenatal alcohol use (Benham, 2024; Chu et al., 2025; Cortez & Hudak, 2023). My qualitative research with pediatricians and primary care providers in Hawai'i echoes these findings: clinicians described FASD as a "hidden disability" in everyday practice, where children with complex learning and behavioral challenges—and documented or suspected prenatal alcohol exposure—are often treated for ADHD, autism, or "behavior problems" without ever being evaluated for FASD.

The literature and my data converge on three interconnected reasons for this invisibility: training and tool gaps that leave providers uncertain about how to move from suspicion to diagnosis and management (Breuer et al., 2024; Burd et al., 2024; Marshall et al., 2022); overlapping presentations and high rates of co-occurring diagnoses that make it easy to substitute more familiar labels and miss FASD as an underlying condition (Carpita et al., 2022; Clark et al., 2024); and stigma and fear surrounding alcohol use in pregnancy, which suppress disclosure and constrain what feels "askable" in clinical encounters (Andrew, 2023; Lyall et al., 2021).

System-wide consequences when FASD is unrecognized

When FASD goes unrecognized, children and families encounter avoidable harms across health, education, social services, and the courts. Adoptive and caregiving families describe profound impacts on family well-being, schooling, and service navigation when children's disabilities are misunderstood or misattributed to poor parenting or willful misbehavior (Balcaen et al., 2021). Pediatric neurology and primary-care reviews emphasize that FASD is a significant but under-appreciated contributor to complex developmental and behavioral presentations (Burd et al., 2024; Brener & Wright, 2025).

In educational settings, children with FASD are frequently misidentified or supported only under other categories, leading to inappropriate expectations and disciplinary responses and missed opportunities for targeted interventions (Blackburn, 2021). A systematic review of interventions for executive functioning in children with FASD found that, without deliberate, evidence-informed support, these students are at high risk for academic failure, social difficulties, and secondary mental-health problems (Betts et al., 2022).

The consequences extend into child welfare and the justice system. Emerging clinical and legal scholarship describes the over-representation of individuals with FASD among people facing serious charges, where neurodevelopmental impairments may be mistaken for intentional non-compliance (Brown et al., 2024). Brown and colleagues' recent work on FASD and culpability in the Parkland school-shooting case illustrates how unrecognized FASD can distort assessments of responsibility, risk, and appropriate responses when courts lack FASD-informed expertise (Brown et al., 2024). In my Hawai'i study, providers described youth with suspected FASD "cycling" through schools, emergency departments, and crises without coordinated assessment or long-term planning—patterns that inevitably intersect with the courts when behavior escalates.

For these reasons, any genuine interdepartmental effort to reduce the impact of FASD must explicitly include the Judiciary. Judges, attorneys, probation officers, guardians ad litem, and other court-involved professionals routinely make decisions about children and adults whose neurobehavioral profiles are consistent with FASD but whose disabilities have never been formally recognized. Without FASD-informed training, consultation, and referral pathways, the justice system may unintentionally criminalize disability-related behaviors, impose conditions that individuals with FASD cannot realistically meet, or miss opportunities for diversion and rehabilitation. Reinstating the Judiciary as a named partner in this resolution would help ensure that Hawai'i's courts have access to the knowledge and tools needed to respond fairly and effectively.

Evidence for coordinated, culturally grounded solutions

There is also strong evidence that earlier identification and coordinated intervention improve outcomes. Systematic reviews and intervention studies demonstrate that structured, family-centered programs can improve self-regulation, executive functioning, adaptive skills, and school engagement for children with FASD (Betts et al., 2022; Chatterjee et al., 2025). The American Academy of Pediatrics recommends interprofessional team approaches that connect primary care, developmental specialists, behavioral health, and education systems (American Academy of Pediatrics, 2023). Tele-mentoring and ECHO-style models have been shown to build diagnostic and treatment capacity for FASD in rural and under-resourced settings by linking local providers with specialists (Allison et al., 2025; Cole et al., 2024).

My Hawai'i-based research reinforces these themes. Pediatricians and primary-care clinicians across the islands expressed readiness to address FASD if practical supports existed: brief screening tools that fit within time-limited visits, clear documentation and referral pathways, real-time consultation for complex cases, and culturally grounded prevention and public-awareness efforts that reduce stigma and support alcohol-free pregnancy norms, especially in Native Hawaiian and Pacific Islander communities (Burrage et al., 2022; Lyall et al., 2021). These are precisely the types of system-level supports this resolution seeks to catalyze.

Why Act 192 and this resolution must move on an accelerated timeline

Act 192 (Session Laws of Hawai'i 2023) established a three-year pilot co-management system of care for the diagnosis and treatment of individuals with FASD, recognizing that FASD cannot be addressed within a single silo. This pilot is already generating Hawai'i-specific insight

into workforce readiness, referral patterns, and family needs, providing a strong foundation for broader interagency planning.

The Senate Concurrent Resolution appropriately directs the Department of Health to use the pilot's results and findings to develop a plan for interagency collaboration across the Departments of Health, Human Services, Education, and other applicable agencies. Leaving the reporting deadline at 2030, however, risks losing momentum and delaying meaningful system change for another cohort of children and families. Given that Act 192 is underway, and that there is a robust evidence base on FASD-informed systems of care, it is both feasible and prudent to require that the interagency collaboration plan, findings, and recommendations be submitted to the Legislature by the Regular Session of 2027.

Advancing the deadline to 2027 would create urgency and clear expectations for interdepartmental work, enable the Legislature to act on emerging evidence while pilot findings are current, and position Hawai'i to leverage national and federal FASD initiatives in real time rather than years later.

Advancing Equity, Stewardship, and Knowledge-to-Action

From a knowledge-translation and ecological perspective, this resolution is well aligned with best practice. Bronfenbrenner's ecological model and subsequent elaborations remind us that children's development is shaped by interactions across multiple systems—families, services, communities, and policies—and that interventions must address these layers, not only individual behavior (Bronfenbrenner, 1994; Crawford, 2020). Knowledge-translation frameworks emphasize adapting evidence to local contexts and embedding supports that reduce cognitive load and uncertainty for busy clinicians and educators (Chamberland et al., 2022; Coffey et al., 2025). Work with Indigenous and equity-deserving communities further underscores the importance of culturally grounded, relational approaches that seek to reduce structural inequities rather than placing blame on individuals (Cohen-Fournier et al., 2021; Burrage et al., 2022; Barhouche et al., 2024).

This resolution, especially with the requested amendments, is a concrete mechanism for that kind of systems-level, equity-oriented change. It would designate the Department of Health as the lead for a cross-sector effort grounded in Act 192; formally include health, human services, education, and the Judiciary in planning, training, data collection, and coordinated care pathways; support statewide education and stigma-reduction campaigns that reflect Hawai'i's cultural contexts; and build workforce capacity so that clinicians, educators, social-service providers, and justice-system staff can recognize, document, and appropriately respond to FASD. Conclusion and requested action.

For these reasons, grounded in the national and international evidence base, in equity-focused frameworks, and in the lived experiences of providers and families in Hawai'i, I respectfully urge you to adopt this Senate Concurrent Resolution, with two key amendments:

1. Reinstate the Judiciary as a named partner in the State's coordinated response to FASD; and

2. Require that the interagency collaboration plan, findings, and recommendations be submitted to the Legislature at least twenty days before the Regular Session of 2027. These steps will help Hawai'i move from fragmented, crisis-driven responses toward an evidence-informed, coordinated system of care for one of our most vulnerable, and historically overlooked groups of children and families.

Mahalo for your leadership and consideration.

With heartfelt Gratitude and Humility.

Mahalo Nui Loa and Aloha.
Always with Gratitude and Prayers.
Respectfully yours, with much Sincerity,



Darlyn Chen Scovell
Doctoral Candidate, CSU-School of Behavioral Sciences
Project Title: Pediatrician and PCP Perspectives on FASD Challenges and Needs in Hawaii
IRB Reference Number: 2369111-2

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