

105TH CONGRESS
1ST SESSION

H. R. 259

To amend the Public Health Service Act to provide for the prevention of fetal alcohol syndrome, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JANUARY 7, 1997

Mr. RICHARDSON introduced the following bill; which was referred to the Committee on Commerce

A BILL

To amend the Public Health Service Act to provide for the prevention of fetal alcohol syndrome, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Comprehensive Fetal
5 Alcohol Syndrome Prevention Act”.

1 **SEC. 2. PREVENTION OF FETAL ALCOHOL SYNDROME; PRO-**
2 **GRAM OF NATIONAL INSTITUTE ON ALCOHOL**
3 **ABUSE AND ALCOHOLISM.**

4 Subpart 14 of part C of title IV of the Public Health
5 Service Act (42 U.S.C. 285n et seq.) is amended by adding
6 at the end the following section:

7 “FETAL ALCOHOL SYNDROME

8 “SEC. 464K. (a) IN GENERAL.—The Director of the
9 Institute shall establish a program for the conduct and
10 support of research and training, the dissemination of
11 health information, and other programs with respect to
12 the cause, diagnosis, prevention, and treatment of fetal al-
13 cohol syndrome and the related condition known as fetal
14 alcohol effects (which syndrome and effects are referred
15 to collectively in this section as ‘fetal alcohol conditions’).

16 “(b) INTERAGENCY COORDINATING COMMITTEE.—

17 “(1) IN GENERAL.—Subject to paragraph (6),
18 the Secretary shall establish a committee to be
19 known as the Interagency Coordinating Committee
20 on Fetal Alcohol Syndrome (in this subsection re-
21 ferred to as the ‘Coordinating Committee’).

22 “(2) DUTIES.—With respect to fetal alcohol
23 conditions, the Coordinating Committee shall—

24 “(A) coordinate the activities of the Na-
25 tional Institutes of Health; and

1 “(B) coordinate the aspects of all Federal
2 health programs and activities relating to such
3 conditions in order to assure the adequacy and
4 technical soundness of such programs and ac-
5 tivities, and in order to provide for the full com-
6 munication and exchange of information nec-
7 essary to maintain adequate coordination of
8 such programs and activities.

9 “(3) COMPOSITION.—The Coordinating Com-
10 mittee shall be composed of—

11 “(A) the directors of each of the national
12 research institutes, and the heads of other
13 agencies of the National Institutes of Health,
14 that are involved in research on fetal alcohol
15 conditions; and

16 “(B) representatives of all other Federal
17 departments and agencies whose programs in-
18 volve health functions or responsibilities rel-
19 evant to such conditions.

20 “(4) CHAIR.—The Secretary shall designate a
21 member of the Coordinating Committee to serve as
22 the chair of the Committee. The Committee shall
23 meet at the call of the Chair, but not less than four
24 times a year.

25 “(5) ANNUAL REPORT.—

1 “(A) In carrying out paragraph (2), the
2 Coordinating Committee shall comply with the
3 following:

4 “(i) Identify and monitor all activities
5 regarding fetal alcohol conditions that are
6 conducted or supported by the Department
7 of Health and Human Services and other
8 Federal departments or agencies.

9 “(ii) Identify the goals expected to be
10 achieved through the activities.

11 “(iii) Conduct evaluations of the ex-
12 tent to which the activities have been effec-
13 tive in achieving such goals.

14 “(iv) Determine the extent to which
15 the activities have been coordinated with
16 each other.

17 “(v) Make recommendations on the
18 activities that should be carried out, on
19 priorities among the activities, and on the
20 coordination of the activities.

21 “(B) Subject to paragraph (6)(B), the Co-
22 ordinating Committee shall, for each fiscal year,
23 prepare and submit to the Congress a report
24 detailing the activities of the Committee in car-
25 rying out the duties of the Committee for the

1 fiscal year. The Coordinating Committee shall
2 submit copies of each such report to the Sec-
3 retary, the Director of NIH, the officials speci-
4 fied in paragraph (3)(A), and the advisory
5 council for the Institute. Except as provided in
6 paragraph (6)(B), each such report shall be
7 submitted not later than February 1 of the fis-
8 cal year following the fiscal year for which the
9 report is prepared.

10 “(6) INITIAL INTRADEPARTMENTAL STATUS OF
11 COMMITTEE.—

12 “(A) During fiscal years 1998 and 1999,
13 the Secretary shall ensure that individuals ap-
14 pointed to the Coordinating Committee under
15 paragraph (3)(B) include only officers or em-
16 ployees of the Department of Health and
17 Human Services, and that the duties of the Co-
18 ordinating Committee are carried out only with
19 respect to such Department.

20 “(B) The first report under subparagraph
21 (B) of paragraph (5) shall concern fiscal years
22 1996 and 1997, and shall consist of the find-
23 ings and recommendations made by the Coordi-
24 nating Committee in applying subparagraph (A)
25 of such paragraph to the Department of Health

1 and Human Services. Such report shall be sub-
2 mitted not later than February 1, 2000.

3 “(7) PREVENTION ACTIVITIES.—With respect
4 to activities for the prevention of fetal alcohol condi-
5 tions—

6 “(A) the Coordinating Committee shall, as
7 soon as is practicable after the date on which
8 this section takes effect, develop recommenda-
9 tions under paragraph (5)(A) regarding the De-
10 partment of Health and Human Services; and

11 “(B) such Committee shall, as soon as is
12 practicable after October 1, 1999, develop rec-
13 ommendations under such paragraph regarding
14 other departments and agencies of the Federal
15 Government.

16 “(c) CERTAIN ACTIVITIES.—

17 “(1) IN GENERAL.—Activities under subsection
18 (a) regarding fetal alcohol conditions shall include
19 conducting and supporting basic and applied re-
20 search, including epidemiological research; dem-
21 onstrations; the training of health professionals, in-
22 cluding the development of professional practice
23 standards for detecting and preventing such condi-
24 tions in pregnant women and for counseling such

1 women; the evaluation of programs, including train-
2 ing programs; and the dissemination of diagnostic
3 criteria. Activities under such subsection shall in-
4 clude the provision of technical assistance to public
5 and nonprofit private entities that carry out such
6 programs.

7 “(2) PREVENTION; PUBLIC AWARENESS.—

8 “(A) With respect to the prevention of
9 fetal alcohol conditions, each of the require-
10 ments of paragraph (1) regarding the conduct
11 and support of various types of activities shall
12 be carried out, except to the extent inapplicable
13 to prevention activities. Activities conducted or
14 supported pursuant to the preceding sentence
15 shall include carrying out a comprehensive pro-
16 gram to educate health professionals and the
17 general public, and shall include programs di-
18 rected toward at-risk populations. Programs
19 under this paragraph that are directed toward
20 particular populations shall be provided in the
21 language and cultural context most appropriate
22 for the population involved.

23 “(B) In the conduct and support of activi-
24 ties under subparagraph (A), special emphasis

1 shall be placed upon the utilization of collabo-
2 rative efforts with both the public and private
3 sectors for the purpose of—

4 “(i) increasing the awareness and
5 knowledge of health professionals and the
6 public regarding the prevention of fetal al-
7 cohol conditions; and

8 “(ii) developing and disseminating to
9 health professionals, patients and patient
10 families, and the public information de-
11 signed to encourage individuals to adopt
12 healthful practices concerning the preven-
13 tion of such conditions.

14 “(d) UNIFORM CRITERIA FOR COLLECTION AND RE-
15 PORTING OF DATA.—In order to provide for the com-
16 parability of data on fetal alcohol conditions, the Secretary
17 shall, to the extent practicable, develop uniform criteria
18 for the collection and reporting of such data by or through
19 the National Institutes of Health and the other agencies
20 of the Department of Health and Human Services. The
21 Secretary shall encourage the States to utilize such cri-
22 teria.

23 “(e) COLLABORATIVE ACTIVITIES.—The Secretary
24 may require that an activity under this section be carried
25 out in collaboration with or through one or more of the

1 other agencies of the Department of Health and Human
2 Services, and amounts made available under subsection (f)
3 are available to the Secretary for such purpose.

4 “(f) AUTHORIZATION OF APPROPRIATIONS.—For the
5 purpose of carrying out this section, there are authorized
6 to be appropriated such sums as may be necessary for
7 each of the fiscal years 1998 through 2002.”.

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