

110TH CONGRESS
1ST SESSION

S. 2141

To amend the Public Health Service Act to reauthorize and extend the Fetal Alcohol Syndrome prevention and services program, and for other purposes.

IN THE SENATE OF THE UNITED STATES

OCTOBER 4, 2007

Mr. JOHNSON (for himself, Ms. MURKOWSKI, Mr. BROWN, Mr. DURBIN, Ms. LANDRIEU, and Mrs. MURRAY) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend the Public Health Service Act to reauthorize and extend the Fetal Alcohol Syndrome prevention and services program, 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 “Advancing FASD Re-
5 search, Prevention, and Services Act”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

1 (1) Fetal Alcohol Spectrum Disorders (FASD)
2 are the spectrum of serious, life-long disorders
3 caused by prenatal exposure to alcohol, which in-
4 clude Fetal Alcohol Syndrome, Alcohol-Related
5 Neurodevelopmental Disorder, and Alcohol-Related
6 Birth Defects.

7 (2) In the decades that have passed since Fetal
8 Alcohol Syndrome was first recognized in the United
9 States, this fully preventable condition has continued
10 to affect American children and families.

11 (3) Prenatal alcohol exposure can cause brain
12 damage that produces cognitive and behavioral im-
13 pairments. Prenatal alcohol exposure can cause cog-
14 nitive disability or low IQ and difficulties with learn-
15 ing, memory, attention, and problem solving. It can
16 also create problems with executive functioning that
17 impairs mental health and social interactions. Pre-
18 natal alcohol exposure does not always result in
19 below average IQ or visible birth defects, which
20 makes Fetal Alcohol Spectrum Disorders difficult to
21 identify, leading to improper treatment or denial of
22 support services.

23 (4) Prenatal alcohol exposure also can cause
24 growth retardation, birth defects involving the heart,
25 kidney, vision and hearing, and a characteristic pat-

1 tern of facial abnormalities. Prenatal alcohol expo-
2 sure can also result in secondary behavioral charac-
3 teristics that may include anxiety, attention dis-
4 orders, aggression, truancy or trouble with the law,
5 depression, and suicide.

6 (5) According to the Substance Abuse and Men-
7 tal Health Services Administration, more than 1 in
8 5 women report drinking alcohol in the first tri-
9 mester of pregnancy, 1 in 14 in the second tri-
10 mester, and 1 in 20 in the third trimester, even
11 though there is no known safe level of alcohol con-
12 sumption during pregnancy.

13 (6) The incidence rate for all Fetal Alcohol
14 Spectrum Disorders is estimated in a publication of
15 the National Institute on Alcohol Abuse and Alco-
16 holism to be about 10 out of 1,000 births (1 percent
17 of births) or 40,000 newborns each year. It is esti-
18 mated that as many as 2 per 1,000, or 20 percent
19 of alcohol exposed newborns, have Fetal Alcohol
20 Syndrome, the most serious of the Fetal Alcohol
21 Spectrum Disorders.

22 (7) As measured by the Fetal Alcohol Syn-
23 drome Surveillance Network, a partnership between
24 the Centers for Disease Control and Prevention and
25 5 different States, prevalence of Fetal Alcohol Spec-

1 trum Disorders can be even higher in certain popu-
2 lations, such as Native Americans, adopted children
3 from countries where alcohol consumption is more
4 prevalent, and in certain areas, such as those char-
5 acterized by low socioeconomic status.

6 (8) Fetal Alcohol Spectrum Disorders pose ex-
7 traordinary financial costs to the Nation, including
8 the cost of specialized health care, education, foster
9 care, incarceration, job training, and general support
10 services for individuals affected by Fetal Alcohol
11 Spectrum Disorders.

12 (9) Lifetime health costs for an individual with
13 Fetal Alcohol Syndrome is at least \$2,000,000. The
14 cost of Fetal Alcohol Syndrome in the United States
15 is estimated to be at least \$6,000,000,000 in 2007.
16 Total economic costs would be even higher for all
17 Fetal Alcohol Spectrum Disorders.

18 (10) There is a great need for research, surveil-
19 lance, prevention, treatment, and support services
20 for individuals with Fetal Alcohol Spectrum Dis-
21 orders and their families.

22 (11) The National Institutes of Health, in co-
23 ordination with other Federal agencies, the Inter-
24 agency Coordinating Committee on Fetal Alcohol
25 Syndrome, and the National Task Force on Fetal

1 Alcohol Syndrome and Fetal Alcohol Effect, has an
2 opportunity to advance research on Fetal Alcohol
3 Spectrum Disorders in many areas, including the
4 following:

5 (A) The identification of the mechanisms
6 that produce the cognitive and behavioral prob-
7 lems associated with fetal alcohol exposure.

8 (B) The identification of a neurocognitive
9 and neurobehavioral phenotype for Fetal Alco-
10 hol Syndrome and Alcohol-Related Neurodevel-
11 opmental Disorder.

12 (C) The identification of specific structural
13 and functional deficits within the brain respon-
14 sible for the neurocognitive and neurobehavioral
15 phenotype.

16 (D) The identification of biological mark-
17 ers that can be used to indicate fetal alcohol ex-
18 posure.

19 (E) The identification of fetal and mater-
20 nal risk factors that increase susceptibility to
21 Fetal Alcohol Spectrum Disorders.

22 (F) The investigation of behavioral and
23 pharmacotherapies for alcohol-dependent
24 women to determine new approaches for sus-
25 taining recovery.

1 (G) The development of scientific-based
2 pharmacologic and nutrient augmentation-based
3 pre- and post-natal interventions to antagonize
4 or mitigate the effects of prenatal alcohol expo-
5 sure.

6 (H) The development of neurocognitive
7 interventions to address deficits in
8 neurocognitive function for individuals with
9 Fetal Alcohol Spectrum Disorders.

10 (I) The development of standards for
11 measuring, reporting, and analyzing alcohol
12 consumption patterns in pregnant women.

13 (J) The development of enhanced techno-
14 logical approaches for the diagnosis of Fetal Al-
15cohol Spectrum Disorders including investiga-
16tion of prenatal ultrasound, non-invasive imag-
17ing, three dimensional facial feature imaging
18and their application in telemedicine to aid in
19remote diagnosis.

20 (K) The evaluation of the role of alcohol in
21 Sudden Infant Death Syndrome (SIDS), unex-
22plained stillbirth, and premature birth.

23 (L) The collection and banking of biomate-
24rials such as hair, meconium, serum, cells, and
25 DNA for future analyses to aid in the identi-

1 fication of genetic and other biological and envi-
 2 ronmental risk factors contributing in the devel-
 3 opment of Fetal Alcohol Spectrum Disorders.

4 **SEC. 3. PROGRAMS FOR FETAL ALCOHOL SPECTRUM DIS-**
 5 **ORDERS.**

6 Section 399H of the Public Health Service Act (42
 7 U.S.C. 280f) is amended—

8 (1) by striking the section heading and insert-
 9 ing the following: “**SEC. 399H. PROGRAMS FOR**
 10 **FETAL ALCOHOL SPECTRUM DISORDERS.**”;

11 (2) by redesignating subsections (a) through (d)
 12 as subsections (h) through (k), respectively;

13 (3) by inserting after the section heading, the
 14 following:

15 “(a) RESEARCH ON FAS AND RELATED DIS-
 16 ORDERS.—

17 “(1) IN GENERAL.—The Secretary, acting
 18 through the Director of the National Institutes of
 19 Health and in coordination with the Interagency Co-
 20 ordinating Committee on Fetal Alcohol Syndrome,
 21 shall—

22 “(A) establish a research agenda for Fetal
 23 Alcohol Spectrum Disorders; and

24 “(B) award grants, contracts, or coopera-
 25 tive agreements to public or private nonprofit

1 entities to pay all or part of carrying out re-
2 search under such agenda.

3 “(2) TYPES OF RESEARCH.—In carrying out
4 paragraph (1), the Secretary, acting through the Di-
5 rector of the National Institute of Alcohol Abuse and
6 Alcoholism, shall continue to conduct and expand
7 national and international research in coordination
8 with other Federal agencies that includes—

9 “(A) the most promising avenues of re-
10 search in Fetal Alcohol Spectrum Disorder di-
11 agnosis, intervention, and prevention;

12 “(B) factors that may mitigate the effects
13 of fetal alcohol exposure; and

14 “(C) other research that the Director de-
15 termines to be appropriate.

16 “(3) AUTHORIZATION OF APPROPRIATIONS.—
17 There are authorized to be appropriated to carry out
18 this subsection, such sums as may be necessary for
19 each of fiscal years 2008 through 2012.

20 “(b) SURVEILLANCE, PUBLIC HEALTH RESEARCH,
21 AND PREVENTION ACTIVITIES.—

22 “(1) IN GENERAL.—The Secretary, acting
23 through the Director of the National Center on
24 Birth Defects and Developmental Disabilities, shall
25 facilitate surveillance, public health research, and

1 prevention of Fetal Alcohol Spectrum Disorders as
2 provided for in this subsection.

3 “(2) SURVEILLANCE, PUBLIC HEALTH RE-
4 SEARCH, AND PREVENTION.—In carrying out this
5 subsection, the Secretary shall—

6 “(A) integrate into clinical practice the
7 standard case definition for diagnosis of Fetal
8 Alcohol Syndrome and, in collaboration with the
9 National Institute on Alcohol Abuse and Alco-
10 holism, the National Task Force on Fetal Alco-
11 hol Syndrome and Fetal Alcohol Effect, re-
12 searchers, and experts in the field, explore the
13 feasibility of developing a standard clinical case
14 definition for Alcohol-Related Neurodevelop-
15 mental Disorder;

16 “(B) conduct applied public health preven-
17 tion research to identify evidence-based strate-
18 gies for reducing alcohol-exposed pregnancies in
19 women at high risk for alcohol-exposed preg-
20 nancies;

21 “(C) disseminate and provide the necessary
22 training and support to implement evidence-
23 based strategies developed under subparagraph
24 (A) to—

1 “(i) hospitals, federally qualified
2 health centers, outpatient programs, and
3 other appropriate health care providers;

4 “(ii) incarceration, detainment facili-
5 ties, and other judicial systems for juve-
6 niles and adults;

7 “(iii) educational settings;

8 “(iv) social work and child welfare of-
9 fices;

10 “(v) foster care providers and adop-
11 tion agencies;

12 “(vi) State offices and others pro-
13 viding services to individuals with disabil-
14 ities;

15 “(vii) alcoholism treatment facilities;
16 and

17 “(viii) other entities that the Sec-
18 retary determines to be appropriate; and

19 “(D) conduct activities related to risk fac-
20 tor surveillance including the biannual moni-
21 toring and reporting of alcohol consumption
22 among pregnant women and women of child
23 bearing age.

24 “(3) AUTHORIZATION OF APPROPRIATION.—

25 There are authorized to be appropriated to carry out

1 this subsection, such sums as may be necessary for
2 each of fiscal years 2008 through 2012.

3 “(c) BUILDING STATE FASD SYSTEMS.—

4 “(1) IN GENERAL.—The Secretary, acting
5 through the Administrator of the Substance Abuse
6 and Mental Health Services Administration, shall
7 award grants, contracts, or cooperative agreements
8 to States for the purpose of establishing or expand-
9 ing statewide programs of surveillance, prevention,
10 and clinical intervention for individuals with Fetal
11 Alcohol Spectrum Disorders.

12 “(2) ELIGIBILITY.—To be eligible to receive a
13 grant, contract, or cooperative agreement under
14 paragraph (1) a State shall—

15 “(A) prepare and submit to the Secretary
16 an application at such time, in such manner,
17 and containing such information as the Sec-
18 retary may reasonably require;

19 “(B) develop and implement a statewide
20 strategic plan for preventing Fetal Alcohol
21 Spectrum Disorders and clinical intervention
22 for individuals with Fetal Alcohol Spectrum
23 Disorders;

24 “(C) consult with public and private non-
25 profit entities with relevant expertise on Fetal

1 Alcohol Spectrum Disorders within the State,
2 including—

3 “(i) parent-led groups and other orga-
4 nizations that support and advocate for in-
5 dividuals with Fetal Alcohol Spectrum Dis-
6 orders; and

7 “(ii) Indian tribes and tribal organiza-
8 tions; and

9 “(D) designate an individual to serve as
10 the coordinator of the State’s Fetal Alcohol
11 Spectrum Disorders program.

12 “(3) STRATEGIC PLAN.—The statewide stra-
13 tegic plan prepared under paragraph (2)(B) shall in-
14 clude—

15 “(A) the identification of existing State
16 programs and systems that could be used to
17 identify and assist individuals with Fetal Alco-
18 hol Spectrum Disorders and prevent alcohol
19 consumption during pregnancy, such as—

20 “(i) programs for the developmentally
21 disabled, the mentally ill, and individuals
22 with alcohol dependency;

23 “(ii) educational settings;

1 “(iii) incarceration, detention centers,
2 and judicial systems for juveniles and
3 adults;

4 “(iv) child welfare programs and so-
5 cial service programs; and

6 “(v) other programs or systems the
7 State determines to be appropriate;

8 “(B) the identification of any barriers for
9 individuals with Fetal Alcohol Spectrum Dis-
10 orders or women at risk for alcohol consump-
11 tion during pregnancy to access the programs
12 identified under subparagraph (A); and

13 “(C) proposals to eliminate barriers to pre-
14 vention and treatment programs and coordinate
15 the activities of such programs.

16 “(4) USE OF FUNDS.—Amounts received under
17 a grant, contract, or cooperative agreement under
18 paragraph (1) shall be used for 1 or more of the fol-
19 lowing activities:

20 “(A) Establishing a statewide surveillance
21 system.

22 “(B) Collecting, analyzing, and inter-
23 preting data.

24 “(C) Establishing a diagnostic center.

1 “(D) Developing, implementing, and evalu-
2 ating population-based and targeted prevention
3 programs for Fetal Alcohol Spectrum Dis-
4 orders, including public awareness campaigns.

5 “(E) Referring individuals with Fetal Alco-
6 hol Spectrum Disorders to appropriate support
7 services.

8 “(F) Implementing recommendations from
9 relevant agencies and organizations on the iden-
10 tification and prevention of Fetal Alcohol Spec-
11 trum Disorders, and clinical intervention for in-
12 dividuals with Fetal Alcohol Spectrum Dis-
13 orders.

14 “(G) Providing training to health care pro-
15 viders on the prevention, identification, and
16 treatment of Fetal Alcohol Spectrum Disorders.

17 “(H) Disseminating information about
18 Fetal Alcohol Spectrum Disorders and the
19 availability of support services to families of in-
20 dividuals with Fetal Alcohol Spectrum Dis-
21 orders.

22 “(I) Other activities determined appro-
23 priate by the Secretary.

24 “(5) MULTI-STATE PROGRAMS.—The Secretary
25 shall permit the formation of multi-State Fetal Alco-

1 hol Spectrum Disorders programs under this sub-
2 section.

3 “(6) OTHER CONTRACTS AND AGREEMENTS.—

4 A State may carry out activities under paragraph
5 (4) through contacts or cooperative agreements with
6 public and private non-profit entities with a dem-
7 onstrated expertise in Fetal Alcohol Spectrum Dis-
8 orders.

9 “(7) AUTHORIZATION OF APPROPRIATIONS.—

10 There are authorized to be appropriated to carry out
11 this subsection, such sums as may be necessary for
12 fiscal years 2008 through 2012.

13 “(d) PROMOTING COMMUNITY PARTNERSHIPS.—

14 “(1) IN GENERAL.—The Secretary shall award
15 grants, contracts, or cooperative agreements to eligi-
16 ble entities to enable such entities to establish, en-
17 hance, or improve community partnerships for the
18 purpose of collaborating on common objectives and
19 integrating the services available to individuals with
20 Fetal Alcohol Spectrum Disorders, such as surveil-
21 lance, prevention, treatment, and provision of sup-
22 port services.

23 “(2) ELIGIBLE ENTITIES.—To be eligible to re-
24 ceive a grant, contract, or cooperative agreement
25 under paragraph (1), an entity shall—

1 “(A) be a public or private nonprofit enti-
2 ty, including—

3 “(i) a health care provider or health
4 professional;

5 “(ii) a primary or secondary school;

6 “(iii) a social work or child welfare of-
7 fice;

8 “(iv) an incarceration, detainment fa-
9 cility, or judicial systems for juveniles and
10 adults;

11 “(v) a parent-led group or other orga-
12 nization that supports and advocates for
13 individuals with Fetal Alcohol Spectrum
14 Disorders;

15 “(vi) an Indian tribe or tribal organi-
16 zation;

17 “(vii) any other entity the Secretary
18 determines to be appropriate; or

19 “(viii) a consortium of any of the enti-
20 ties described in clauses (i) through (vii);
21 and

22 “(B) prepare and submit to the Secretary
23 an application at such time, in such manner,
24 and containing such information as the Sec-
25 retary may reasonably require, including assur-

1 ances that the entity submitting the application
2 does, at the time of application, or will, within
3 a reasonable amount of time from the date of
4 application, include substantive participation of
5 a broad range of entities that work with or pro-
6 vide services for individuals with Fetal Alcohol
7 Spectrum Disorders.

8 “(3) ACTIVITIES.—An eligible entity shall use
9 amounts received under a grant, contract, or cooper-
10 ative agreement under this subsection shall carry out
11 1 or more of the following activities:

12 “(A) Integrating Fetal Alcohol Spectrum
13 Disorders services into existing programs and
14 services available in the community.

15 “(B) Conducting a needs assessment to
16 identify services that are not available in a com-
17 munity.

18 “(C) Developing and implementing com-
19 munity-based initiatives to prevent, diagnose,
20 treat, and provide support services to individ-
21 uals with Fetal Alcohol Spectrum Disorders.

22 “(D) Disseminating information about
23 Fetal Alcohol Spectrum Disorders and the
24 availability of support services.

1 “(E) Developing and implementing a com-
2 munity-wide public awareness and outreach
3 campaign focusing on the dangers of drinking
4 alcohol while pregnant.

5 “(F) Providing mentoring or other support
6 to families of individuals with Fetal Alcohol
7 Spectrum Disorders.

8 “(G) Other activities determined appro-
9 priate by the Secretary.

10 “(4) AUTHORIZATION OF APPROPRIATION.—
11 There are authorized to be appropriated to carry out
12 this subsection, such sums as may be necessary for
13 each of fiscal years 2008 through 2012.

14 “(e) DEVELOPMENT OF BEST PRACTICES.—

15 “(1) IN GENERAL.—The Secretary, in coordina-
16 tion with the Administrator of the Substance Abuse
17 and Mental Health Services Administration, shall
18 award grants to States, Indian tribes and tribal or-
19 ganizations, and nongovernmental organizations for
20 the establishment of pilot projects to identify and
21 implement best practices for—

22 “(A) educating children with fetal alcohol
23 spectrum disorders, including—

1 “(i) activities and programs designed
2 specifically for the identification, treat-
3 ment, and education of such children; and

4 “(ii) curricula development and
5 credentialing of teachers, administrators,
6 and social workers who implement such
7 programs;

8 “(B) educating judges, attorneys, proba-
9 tion officers, child advocates, law enforcement
10 officers, prison wardens, alternative incarcer-
11 ation administrators, and incarceration officials
12 on how to treat and support individuals suf-
13 fering from Fetal Alcohol Spectrum Disorders
14 within the criminal justice system, including—

15 “(i) programs designed specifically for
16 the identification, treatment, and education
17 of those with Fetal Alcohol Spectrum Dis-
18 orders; and

19 “(ii) curricula development and
20 credentialing within the justice system for
21 individuals who implement such programs;
22 and

23 “(C) educating adoption or foster care
24 agency officials about available and necessary

1 services for children with Fetal Alcohol Spec-
2 trum Disorders, including—

3 “(i) programs designed specifically for
4 the identification, treatment, and education
5 of those with Fetal Alcohol Spectrum Dis-
6 orders; and

7 “(ii) education and training for poten-
8 tial parents of an adopted child with Fetal
9 Alcohol Spectrum Disorders.

10 “(2) APPLICATION.—To be eligible for a grant
11 under paragraph (1), an entity shall prepare and
12 submit to the Secretary an application at such time,
13 in such manner, and containing such information as
14 the Secretary may reasonably require.

15 “(3) AUTHORIZATION OF APPROPRIATIONS.—
16 There are authorized to be appropriated to carry out
17 this subsection, such sums as may be necessary for
18 each of fiscal years 2008 through 2012.

19 “(f) TRANSITIONAL SERVICES.—

20 “(1) IN GENERAL.—The Secretary shall award
21 demonstration grants, contracts, and cooperative
22 agreements to States, Indian tribes and tribal orga-
23 nizations, and nongovernmental organizations for
24 the purpose of establishing integrated systems for
25 providing transitional services for those affected by

1 prenatal alcohol exposure and evaluating their effec-
2 tiveness.

3 “(2) APPLICATION.—To be eligible for a grant,
4 contract, or cooperative agreement under paragraph
5 (1), an entity shall prepare and submit to the Sec-
6 retary an application at such time, in such manner,
7 and containing such information as the Secretary
8 may reasonably require, including specific creden-
9 tials relating to education, skills, training, and con-
10 tinuing educational requirements relating to Fetal
11 Alcohol Spectrum Disorders.

12 “(3) ALLOWABLE USES.—An entity shall use
13 amounts received under a grant, contract, or cooper-
14 ative agreement under paragraph (1) to—

15 “(A) provide housing assistance to, or spe-
16 cialized housing for, adults with Fetal Alcohol
17 Spectrum Disorders;

18 “(B) provide vocational training and place-
19 ment services for adults with Fetal Alcohol
20 Spectrum Disorders;

21 “(C) provide medication monitoring serv-
22 ices for adults with Fetal Alcohol Spectrum
23 Disorders; and

24 “(D) provide training and support to orga-
25 nizations providing family services or mental

1 health programs and other organizations that
2 work with adults with Fetal Alcohol Spectrum
3 Disorders.

4 “(4) AUTHORIZATION OF APPROPRIATIONS.—
5 There are authorized to be appropriated to carry out
6 this subsection, such sums as may be necessary for
7 each of fiscal years 2008 through 2012.

8 “(g) FEDERALLY QUALIFIED HEALTH CENTER INI-
9 TIATIVE.—

10 “(1) IN GENERAL.—The Secretary, acting
11 through the Administrator of the Health Resources
12 and Services Administration, shall award grants to
13 federally qualified health centers acting in collabora-
14 tion with States, Indian tribes, tribal organizations,
15 and nongovernmental organizations, for the estab-
16 lishment of a 5-year demonstration program to im-
17 plement and evaluate a program to increase the
18 awareness and identification of Fetal Alcohol Spec-
19 trum Disorders in federally qualified health centers
20 and to refer affected individuals to appropriate sup-
21 port services.

22 “(2) APPLICATION.—To be eligible to receive a
23 grant under paragraph (1), a federally qualified
24 health center shall prepare and submit to the Ad-
25 ministrator an application at such time, in such

1 manner, and containing such information as the Ad-
2 ministrator may reasonably require.

3 “(3) ACTIVITIES.—A federally qualified health
4 center shall use amounts received under a grant
5 under paragraph (1) to—

6 “(A) provide training for health care pro-
7 viders on identifying and educating women who
8 are at risk for alcohol consumption during preg-
9 nancy;

10 “(B) provide training for health care pro-
11 viders on screening children for Fetal Alcohol
12 Spectrum Disorders;

13 “(C) educate health care providers and
14 other relevant federally qualified health center
15 workers on the support services available for
16 those with Fetal Alcohol Spectrum Disorders
17 and treatment services available for women at
18 risk for alcohol consumption during pregnancy;
19 and

20 “(D) implement a tracking system that
21 can identify the rates of Fetal Alcohol Spec-
22 trum Disorders by racial, ethnic, and economic
23 backgrounds.

24 “(4) SELECTION OF PARTICIPANTS.—The Ad-
25 ministrator shall determine the number of federally

1 qualified health centers that will participate in the
2 demonstration program under this subsection and
3 shall select participants, to the extent practicable,
4 that are located in different regions of the United
5 States and that serve a racially and ethnically di-
6 verse population.

7 “(5) AUTHORIZATION OF APPROPRIATIONS.—

8 There are authorized to be appropriated to carry out
9 this subsection, such sums as may be necessary for
10 each of fiscal years 2008 through 2012.

11 “(6) REPORT TO CONGRESS.—Not later than 1

12 year after completion of the demonstration program
13 under this subsection, the Administrator shall pre-
14 pare and submit to Congress a report on the results
15 of the demonstration program, including—

16 “(A) changes in the number of women
17 screened for and identified as at risk for alcohol
18 consumption during pregnancy;

19 “(B) changes in the number of individuals
20 identified as having a Fetal Alcohol Spectrum
21 Disorder; and

22 “(C) changes in the number of alcohol-con-
23 suming pregnant women and individuals with
24 Fetal Alcohol Spectrum Disorders who were re-
25 ferred to appropriate services.”;

1 (4) in subsection (h)(1) (as so redesignated)—

2 (A) in subparagraph (C), by striking
3 “and” after the semicolon;

4 (B) in subparagraph (D), by adding “and”
5 after the semicolon; and

6 (C) by adding at the end the following:

7 “(E) national public service announce-
8 ments to raise public awareness of the risks as-
9 sociated with alcohol consumption during preg-
10 nancy with the purpose of reducing the preva-
11 lence of Fetal Alcohol Spectrum Disorders, that
12 shall—

13 “(i) be developed, conducted, and
14 evaluated prior to broadcast by relevant
15 Federal agencies with the advice of the
16 Interagency Coordinating Committee on
17 Fetal Alcohol Syndrome taking into consid-
18 eration the expertise and experience of
19 other relevant Federal agencies;

20 “(ii) be broadcast through appropriate
21 media outlets, including the Internet, tele-
22 vision or radio, in a manner intended to
23 reach women at risk of alcohol consump-
24 tion during pregnancy; and

1 “(iii) be measured prior to broadcast
2 of the national public service announce-
3 ments to provide baseline data that will be
4 used to evaluate the effectiveness of the
5 announcements.”; and

6 (5) in subsection (k) (as so redesignated)—

7 (A) in paragraph (1), by striking “Na-
8 tional Task Force on Fetal Alcohol Syndrome
9 and Fetal Alcohol Effect” and inserting “Na-
10 tional Task Force on Fetal Alcohol Spectrum
11 Disorders”;

12 (B) in paragraph (3)—

13 (i) in subparagraph (B), by striking
14 “and” after the semicolon;

15 (ii) in subparagraph (C), by striking
16 the period and inserting a semicolon; and

17 (iii) by adding at the end the fol-
18 lowing:

19 “(D) explore the feasibility of whether
20 Fetal Alcohol Syndrome and other prenatal al-
21 cohol disorders, or a subset of these disorders,
22 should be included in the Diagnostic and Sta-
23 tistic Manual of Mental Disorders; and

24 “(E) in collaboration with the Centers for
25 Disease Control and Prevention, the National

1 Institute on Alcohol Abuse and Alcoholism, the
2 National Task Force on Fetal Alcohol Syn-
3 drome and Fetal Alcohol Effect, researchers,
4 and experts in the field, explore the feasibility
5 of developing a standard clinical case definition
6 for Alcohol-Related Neurodevelopmental Dis-
7 orders.”; and

8 (C) by striking “Fetal Alcohol Syndrome
9 and Fetal Alcohol Effect” each place that such
10 appears and inserting “Fetal Alcohol Spectrum
11 Disorders”.

12 **SEC. 4. COORDINATION AMONG FEDERAL ENTITIES.**

13 Part O of title III of the Public Health Service Act
14 (42 U.S.C. 280f et seq.) is amended by adding at the end
15 the following:

16 **“SEC. 399K-1. COORDINATION AMONG FEDERAL ENTITIES.**

17 “(a) INTERAGENCY COORDINATING COMMITTEE ON
18 FETAL ALCOHOL SYNDROME.—The Secretary, acting
19 through the Director of the National Institute on Alcohol
20 Abuse and Alcoholism, shall provide for the continuation
21 of the Interagency Coordinating Committee on Fetal Alco-
22 hol Syndrome so that such Committee may—

23 “(1) coordinate activities conducted by the Fed-
24 eral Government on Fetal Alcohol Spectrum Dis-
25 orders, including convening meetings, establishing

1 work groups, sharing information, and facilitating
2 and promoting collaborative projects among Federal
3 agencies; and

4 “(2) develop, in consultation with the National
5 Task Force on Fetal Alcohol Spectrum Disorders,
6 priority areas for years 2008 through 2012 to guide
7 Federal programs and activities related to Fetal Al-
8cohol Spectrum Disorders.

9 “(b) COORDINATION AMONG FEDERAL ENTITIES.—

10 “(1) IN GENERAL.—The Comptroller General of
11 the United States shall evaluate and make rec-
12ommendations regarding the appropriate roles and
13responsibilities of Federal entities with respect to
14programs and activities related to Fetal Alcohol
15Spectrum Disorders.

16 “(2) COVERED ENTITIES.—The Federal entities
17under paragraph (1) shall include entities within the
18National Institutes of Health, the Centers for Dis-
19ease Control and Prevention, the Substance Abuse
20and Mental Health Services Administration, the
21Health Resources and Services Administration, the
22Indian Health Service, the Agency for Healthcare
23Research and Quality, the Interagency Coordinating
24Committee on Fetal Alcohol Syndrome, the National
25Task Force on Fetal Alcohol Spectrum Disorders, as

1 well as the Office of Special Education and Rehabili-
2 tative Services in the Department of Education and
3 the Office of Juvenile Justice and Delinquency Pre-
4 vention in the Department of Justice.

5 “(3) EVALUATION.—The evaluation conducted
6 by the Comptroller General under paragraph (1)
7 shall include—

8 “(A) an assessment of the current roles
9 and responsibilities of Federal entities with pro-
10 grams and activities related to Fetal Alcohol
11 Spectrum Disorders; and

12 “(B) an assessment of whether there is du-
13 plication in programs and activities, conflicting
14 roles and responsibilities, or lack of coordina-
15 tion among Federal entities.

16 “(4) RECOMMENDATION.—The Comptroller
17 General shall provide recommendations on the ap-
18 propriate roles and responsibilities of the Federal
19 entities described in paragraph (2) in order to maxi-
20 mize the effectiveness of Federal programs and ac-
21 tivities related to Fetal Alcohol Spectrum Disorders.

22 “(5) COMPLETION.—Not later than 1 year after
23 the date of enactment of the Advancing FASD Re-
24 search, Prevention, and Services Act, the Comp-
25 troller General shall complete the evaluation and

1 submit to Congress a report on the findings and rec-
2 ommendations made as a result of the evaluation.”.

3 **SEC. 5. SERVICES FOR INDIVIDUALS WITH FETAL ALCOHOL**
4 **SYNDROME.**

5 Section 519C(b) of the Public Health Service Act (42
6 U.S.C. 290bb–25c(b)) is amended—

7 (1) in paragraph (11), by striking “and” after
8 the semicolon;

9 (2) by redesignating paragraph (12) as para-
10 graph (15); and

11 (3) by inserting after paragraph (11), the fol-
12 lowing:

13 “(12) provide respite care for caretakers of in-
14 dividuals with Fetal Alcohol Syndrome and other
15 prenatal alcohol-related disorders;

16 “(13) recruit and train mentors for individuals
17 with Fetal Alcohol Syndrome and other prenatal al-
18 cohol-related disorders;

19 “(14) provide educational and supportive serv-
20 ices to families of individuals with Fetal Alcohol
21 Spectrum Disorders; and”.

22 **SEC. 6. PREVENTION, INTERVENTION, AND SERVICES IN**
23 **THE EDUCATION SYSTEM.**

24 (a) GENERAL RULE.—The Secretary of Education
25 shall be the lead Federal official with responsibility over

1 education-related issues with respect to children with
2 Fetal Alcohol Spectrum Disorders.

3 (b) SPECIFIC RESPONSIBILITIES.—The Secretary of
4 Education shall direct the Office of Special Education and
5 Rehabilitative Services to—

6 (1) collect, collate, and disseminate (through
7 the Department’s Internet website and through
8 other means) to education groups (including the Na-
9 tional Association of School Boards, the National
10 Education Association, the American Federation of
11 Teachers, the National Association of Elementary
12 School Principals, the National Association of Sec-
13 ondary School Principals, and other appropriate edu-
14 cation organizations), to teacher-to-teacher work-
15 shops, to 21st Century Community Learning Center
16 program grantees and other after school program
17 personnel, to Parent Teacher Associations and Par-
18 ent Information and Training Centers, and to family
19 aid programs, evidence-based practices that are ef-
20 fective in the education and support of children with
21 Fetal Alcohol Spectrum Disorders in both special
22 and traditional educational settings, such practices
23 to incorporating information concerning the identi-
24 fication, behavioral supports, teaching, and learning
25 associated with Fetal Alcohol Spectrum Disorders;

1 (2) ensure that, in administering the Individ-
2 uals with Disabilities Education Act, children with
3 Fetal Alcohol Spectrum Disorders have the right to
4 access general curriculum under the least restrictive
5 environment;

6 (3) introduce curricula previously developed by
7 the National Center on Birth Defects and Develop-
8 mental Disabilities and the Substance Abuse and
9 Mental Health Services Administration on how to
10 most effectively educate and support children with
11 Fetal Alcohol Spectrum Disorders in both special
12 education and traditional education settings, and in-
13 vestigate incorporating information about the identi-
14 fication, prevention, and treatment of the Disorders
15 into teachers' credentialing requirements;

16 (4) integrate any special techniques on how to
17 educate and support Fetal Alcohol Spectrum Dis-
18 orders children into parent-teacher or parent-admin-
19 istrator interactions, including after-school pro-
20 grams, special school services, and family aid pro-
21 grams;

22 (5) collaborate with the Secretary of Health
23 and Human Services to ensure that Fetal Alcohol
24 Spectrum Disorders prevention grants under section
25 399H of the Public Health Service Act include edu-

1 cation concerning Fetal Alcohol Spectrum Disorders
2 in the sexual and health education curricula of
3 schools; and

4 (6) organize a peer advisory network of adoles-
5 cents in schools to discourage the use of alcohol
6 while pregnant or considering pregnancy.

7 **SEC. 7. PREVENTION, INTERVENTION, AND SERVICES IN**
8 **THE JUSTICE SYSTEM.**

9 The Attorney General shall direct the Office of Juve-
10 nile Justice and Delinquency Prevention to—

11 (1) implement screening procedures and con-
12 duct training on a nationwide Fetal Alcohol Spec-
13 trum Disorders surveillance campaign for the De-
14 partment of Justice in collaboration with the efforts
15 of the National Center on Birth Defects and Devel-
16 opmental Disabilities under section 399H(b) of the
17 Public Health Service Act (as added by this Act);

18 (2) introduce training curricula on how to most
19 effectively identify and interact with individuals with
20 Fetal Alcohol Spectrum Disorders in both the juve-
21 nile and adult justice systems, and investigate incor-
22 porating information about the identification, pre-
23 vention, and treatment of the disorders into justice
24 professionals' credentialing requirements;

1 (3) promote the tracking of individuals entering
2 the juvenile justice system with at-risk backgrounds
3 that indicates them as high probability for having a
4 Fetal Alcohol Spectrum Disorder, especially those
5 individuals whose mothers have a high record of
6 drinking during pregnancy as reported by the appro-
7 priate child protection agency;

8 (4) educate judges, attorneys, probation offi-
9 cers, child advocates, law enforcement officers, pris-
10 on wardens, alternative incarceration administrators,
11 and incarceration officials on how to treat and sup-
12 port individuals suffering from Fetal Alcohol Spec-
13 trum Disorders within the juvenile and adult justice
14 systems, including—

15 (A) programs designed specifically for the
16 identification, treatment, and education of such
17 children; and

18 (B) curricula development and
19 credentialing of teachers, administrators, and
20 social workers who implement such programs;

21 (5) conduct a study on the inadequacies of how
22 the current system processes children with certain
23 developmental delays and subsequently implement
24 alternative methods of incarceration and treatment

1 that are more effective for youth offenders identified
2 to have a Fetal Alcohol Spectrum Disorder; and

3 (6) collaborate with Fetal Alcohol Spectrum
4 Disorder professionals and implement transition pro-
5 grams for juveniles and adults with Fetal Alcohol
6 Spectrum Disorders who are released from incarcer-
7 ation.

8 **SEC. 8. MISCELLANEOUS PROVISIONS.**

9 (a) AUTHORIZATION OF APPROPRIATIONS.—Section
10 399J of the Public Health Service Act (42 U.S.C. 280f–
11 2) is amended by striking “the part” and all that follows
12 through the period and inserting “subsections (h) through
13 (k) of section 399H, \$27,000,000 for each of fiscal years
14 2008 through 2012”.

15 (b) REPEAL OF SUNSET.—Section 399K of the Pub-
16 lic Health Service Act (42 U.S.C. 280f–3) is repealed.

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