

111TH CONGRESS
1ST SESSION

H. R. 1028

To provide additional support for the efforts of community coalitions, health care providers, parents, and others to prevent and reduce underage drinking, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 12, 2009

Ms. ROYBAL-ALLARD (for herself, Mrs. BONO MACK, Ms. DELAURO, and Mr. WAMP) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To provide additional support for the efforts of community coalitions, health care providers, parents, and others to prevent and reduce underage drinking, 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 “Support 21 Act of
5 2009”.

6 **SEC. 2. FINDINGS.**

7 The Congress finds as follows:

1 (1) The age-21 minimum drinking law, enacted
2 in 1984, has been a remarkably effective public
3 health and safety policy.

4 (2) In 1984, when Congress passed the Na-
5 tional Minimum Drinking Age Act, resulting in a
6 uniform minimum age of 21 for purchase or public
7 possession of alcohol in the United States, 67.2 per-
8 cent of 12th graders had drunk alcohol in the past
9 month. Since that time, the percentage has fallen by
10 one-third, to 44.4 percent.

11 (3) The age-21 law has also significantly re-
12 duced drinking and driving traffic fatalities. The
13 National Highway Traffic Safety Administration
14 (NHTSA) estimates that the age-21 law saves 900
15 lives each year. The law has saved over 17,000 lives
16 since its inception.

17 (4) The adolescent brain is not fully developed
18 at age 21. Underage drinking limits memory and im-
19 pedes thinking skills, leading to poor academic per-
20 formance including lower grades, absenteeism, and
21 dropout.

22 (5) In addition, alcohol use prior to age 21 can
23 hinder brain development and function, causing
24 long-term and irreversible damage.

1 (6) Early initiation of alcohol use among ado-
2 lescents greatly increases the risk for lifetime alcohol
3 abuse and dependence.

4 (7) The 2007 Surgeon General’s Call to Action
5 to Prevent and Reduce Underage Drinking calls on
6 parents, communities, and health care providers to
7 engage in a national effort to prevent and reduce
8 underage drinking.

9 (8) The screening of adolescents for alcohol use
10 by health care providers and the provision of brief
11 interventions to discourage such use is a valuable
12 and cost-effective tool to reduce youth drinking.

13 (9) Appropriate reimbursement to health care
14 professionals for youth alcohol screening, brief inter-
15 vention, and referral to appropriate treatment, if
16 necessary, is essential to encouraging these effective
17 practices.

18 (10) The Institute of Medicine concluded that
19 there is evidence that adult-oriented media cam-
20 paigns on underage drinking can be effective, and
21 are an important part of creating a sustained na-
22 tional commitment to preventing and reducing un-
23 derage drinking.

24 (11) Community awareness, support, and mobi-
25 lization provide an important context for the effec-

1 tive enforcement of the age-21 minimum drinking
2 law.

3 **SEC. 3. NATIONAL MEDIA CAMPAIGN ON MINIMUM LEGAL**
4 **DRINKING AGE EDUCATION AND ENFORCE-**
5 **MENT.**

6 (a) IN GENERAL.—The Secretary of Transportation,
7 acting through the Administrator of the National Highway
8 Traffic Safety Administration, shall establish and admin-
9 ister a program under which at least 2 high-visibility cam-
10 paigns in support of enforcement of the minimum legal
11 drinking age will be carried out per year for the purposes
12 specified in subsection (b) in each of years 2010 through
13 2014.

14 (b) PURPOSE.—The purpose of the semiannual cam-
15 paigns under this section shall be to achieve both of the
16 following objectives:

17 (1) Educate the public about the public health
18 and safety benefits and basis for age-21 minimum
19 legal drinking age laws.

20 (2) Build public and parental support for and
21 cooperation with enforcement of age-21 laws.

22 (c) ADVERTISING.—The Secretary may use, or au-
23 thorize the use of, funds available to carry out this section
24 to pay for the development, production, and use of broad-
25 cast and print media advertising in carrying out minimum

1 legal drinking age education and enforcement campaigns
2 under this section, including advertising directed at non-
3 English speaking populations and those who listen, read,
4 or watch nontraditional media.

5 (d) CONSULTATION REQUIREMENT.—In developing
6 and implementing the semiannual media campaign, the
7 Secretary shall direct the entity carrying out the campaign
8 to consult with interested parties including public health
9 and consumer groups, law enforcement, and community
10 coalitions. The progress of this consultative process is to
11 be covered in the report under subsection (f).

12 (e) COORDINATION WITH STATES.—The Secretary
13 shall coordinate with the States in carrying out the min-
14 imum legal drinking age education and enforcement cam-
15 paigns under this section, including advertising funded
16 under subsection (c), with a view to—

17 (1) relying on States to provide the law enforce-
18 ment resources for the campaigns; and

19 (2) providing means necessary for complemen-
20 tary education efforts associated with the minimum
21 legal drinking age enforcement campaigns.

22 (f) ANNUAL REPORT.—The Secretary shall conduct
23 an annual report on the effectiveness of campaigns re-
24 ferred to in subsection (a).

1 (g) AUTHORIZATION OF APPROPRIATIONS.—There
2 are authorized to be appropriated to carry out this section
3 \$22,000,000 for fiscal year 2010, and \$22,000,000 for
4 each of the fiscal years 2011 through 2014.

5 **SEC. 4. GRANTS TO PREVENT AND REDUCE UNDERAGE**
6 **DRINKING.**

7 (a) DEFINITIONS.—For the purposes of this sec-
8 tion—

9 (1) the term “Administrator” means the Ad-
10 ministrator of the Substance Abuse and Mental
11 Health Services Administration;

12 (2) the term “eligible entity” means an organi-
13 zation that—

14 (A) on or before the date of submitting an
15 application for a grant under this subsection is
16 currently receiving or has received grant funds
17 under the Drug-Free Communities Act of 1997
18 (21 U.S.C. 1521 et seq.);

19 (B) can provide evidence of preexisting pe-
20 diatric health care provider involvement in their
21 coalition;

22 (C) has a documented strategy to identify
23 and reduce the barriers that pediatric health
24 care providers in their communities face in pro-

1 viding alcohol education to their patients and
2 their caregivers;

3 (D) has a documented strategy to increase
4 the amount, frequency, and intensity of alcohol
5 education provided by pediatric health care pro-
6 viders to their patients and their caregivers;
7 and

8 (E) has a documented strategy to build on
9 the national media campaign described in sec-
10 tion 3 above to enhance support for enforce-
11 ment of the minimum legal drinking age;

12 (3) the term “pediatric health care provider”
13 shall mean a provider of primary health care to indi-
14 viduals under the age of 21;

15 (4) the term “professional pediatric medical or-
16 ganization” shall mean a national organization
17 whose members consist primarily of pediatric health
18 care providers;

19 (5) the term “children and young adults”
20 means any person under 21 years of age;

21 (6) the term “alcohol education” means evi-
22 dence-based education about the effects of alcohol
23 use and abuse on children, young adults, and adults;

24 (7) the term “screening and brief intervention”
25 shall mean using validated patient interview tech-

1 niques to identify and assess the existence and ex-
2 tent of alcohol use, then providing brief advice and
3 other brief motivational enhancement techniques de-
4 signed to increase patient insight regarding their
5 own alcohol use and any realized or potential con-
6 sequences of this behavior, as well as to effect the
7 desired related behavioral change; and

8 (8) the term “caregivers” means the parents,
9 family members, or legal guardians of the child or
10 young adult.

11 (b) SUPPLEMENTAL GRANTS TO WORK WITH LOCAL
12 PEDIATRIC HEALTH CARE PROVIDERS AND CAREGIVERS
13 TO PREVENT AND REDUCE UNDERAGE DRINKING AND
14 TO ENHANCE THE NATIONAL MEDIA CAMPAIGN ON THE
15 ENFORCEMENT OF THE MINIMUM LEGAL DRINKING
16 AGE.—

17 (1) AUTHORIZATION OF PROGRAM.—The Ad-
18 ministrator, in consultation with the Director of the
19 Office of National Drug Control Policy, may make
20 supplemental grants to eligible entities to implement
21 strategies to—

22 (A) work with local pediatric health care
23 providers to identify and reduce the barriers to
24 providing alcohol education to their patients

1 and their caregivers, and screening and brief
2 intervention to their patients;

3 (B) work with local pediatric health care
4 providers to increase the amount, frequency,
5 and intensity of alcohol education they provide
6 to children and young adults and their care-
7 givers, and screening and brief intervention to
8 children and young adults;

9 (C) serve as a resource to pediatric health
10 care providers by providing them with access to
11 the community sectors involved in collaborating
12 on the implementation of comprehensive, com-
13 munitywide programs, strategies, and services
14 to reduce underage alcohol use and abuse;

15 (D) provide science-based alcohol informa-
16 tion and education to caregivers of children and
17 young adults through relevant community sec-
18 tors, such as schools, workplaces, and local
19 media, to reach the maximum number of care-
20 givers in the community; and

21 (E) undertake local activities to amplify
22 and enhance the national media campaign on
23 the enforcement of the minimum legal drinking
24 age.

25 (2) APPLICATION.—

1 (A) IN GENERAL.—An eligible entity desir-
2 ing a supplemental grant under this subsection
3 shall submit an application to the Adminis-
4 trator at such time, in such manner, and ac-
5 companied by such information as the Adminis-
6 trator may require.

7 (B) CRITERIA.—As part of an application
8 for a grant under this subsection, the Adminis-
9 trator shall require an eligible entity to dem-
10 onstrate—

11 (i) the participation of local pediatric
12 health care providers in their coalition;

13 (ii) the development and implementa-
14 tion of a multisector strategy to identify
15 and remove existing barriers to the provi-
16 sion of alcohol education by pediatric
17 health care providers to children and
18 young adults and their caregivers, and
19 screening and brief intervention to children
20 and young adults;

21 (iii) the development and implementa-
22 tion of a multisector strategy to increase
23 alcohol education by pediatric health care
24 providers to children and young adults and

1 their caregivers, and screening and brief
2 intervention to children and young adults;

3 (iv) the ability to serve as a resource
4 to pediatric health care providers by pro-
5 viding them with access to the community
6 sectors that currently develop and imple-
7 ment programs, strategies, and services to
8 reduce underage drinking and drug use;

9 (v) the development and implementa-
10 tion of a multisector strategy to provide
11 science-based information and education to
12 caregivers of children and young adults;
13 and

14 (vi) the development and implementa-
15 tion of a multi-sector strategy to enhance
16 and amplify the national media campaign
17 on the enforcement of the minimum legal
18 drinking age.

19 (3) USES OF FUNDS.—An eligible entity that
20 receives a grant under this subsection shall use the
21 grant funds to implement strategies, in coordination
22 with pediatric health care providers, to—

23 (A) prevent and reduce underage drinking
24 by identifying and removing barriers to the abil-
25 ity of pediatric health care providers to provide

1 alcohol education to children and young adults
2 and their caregivers, and screening and brief
3 intervention to children and young adults;

4 (B) increase the amount, frequency, and
5 intensity of alcohol education by pediatric
6 health care providers to children and young
7 adults and their caregivers, and screening and
8 brief intervention to children and young adults;

9 (C) provide pediatric health care providers
10 with access to all of the community sectors col-
11 laborating to reduce underage alcohol use and
12 abuse;

13 (D) serve as a resource for pediatric health
14 care providers by providing them access to the
15 community's programs, strategies, and services
16 to reduce underage alcohol use and abuse;

17 (E) increase the provision of science-based
18 alcohol information and education to caregivers
19 of children and young adults through relevant
20 community sectors, such as schools, workplaces,
21 and local media, to reach the maximum number
22 of caregivers in the community;

23 (F) obtain specialized training and tech-
24 nical assistance by the entity funded under sec-
25 tion 4 of Public Law 107–82, as amended by

1 Public Law 109–469 (21 U.S.C. 1521 note);
2 and

3 (G) undertake activities and programs that
4 will enhance and amplify the national media
5 campaign on the enforcement of the minimum
6 legal drinking age.

7 (4) GRANT TERMS.—A grant under this sub-
8 section—

9 (A) shall be made for a period of not more
10 than 4 years; and

11 (B) shall not be in an amount of more
12 than \$100,000 per fiscal year.

13 (5) SUPPLEMENT NOT SUPPLANT.—Grant
14 funds provided under this subsection shall be used to
15 supplement, not supplant, Federal and non-Federal
16 funds available for carrying out the activities de-
17 scribed in this subsection.

18 (6) EVALUATION.—A grant under this sub-
19 section shall be subject to the evaluation require-
20 ments set forth by the Administrator.

21 (7) ADMINISTRATIVE EXPENSES.—Not more
22 than 6 percent of a grant under this subsection may
23 be expended for administrative expenses.

24 (8) AUTHORIZATION OF APPROPRIATIONS.—
25 There are authorized to be appropriated to carry out

1 this subsection \$5,000,000 for fiscal year 2010, and
2 \$5,000,000 for each of the fiscal years 2011 through
3 2014.

4 (c) GRANTS TO PEDIATRIC HEALTH CARE PRO-
5 VIDERS TO REDUCE UNDERAGE DRINKING.—

6 (1) IN GENERAL.—The Secretary of Health and
7 Human Services, acting through the Administrator
8 of the Substance Abuse and Mental Health Services
9 Administration, shall make one or more grants to
10 professional pediatric medical organizations to in-
11 crease among the members of such organizations ef-
12 fective practices to reduce the prevalence of alcohol
13 use among individuals under the age of 21, including
14 college students.

15 (2) PURPOSES.—Grants under this section shall
16 be made to promote the practices of—

17 (A) screening children and adolescents for
18 alcohol use;

19 (B) offering brief interventions to children
20 and adolescents to discourage such use;

21 (C) educating parents about the dangers of
22 and methods of discouraging such use;

23 (D) diagnosing and treating alcohol abuse
24 disorders; and

1 (E) referring patients, when necessary, to
2 other appropriate care.

3 (3) USE OF FUNDS.—An organization receiving
4 a grant under this section may use such funding to
5 promote the practices specified in paragraph (2)
6 among its members by—

7 (A) providing training to health care pro-
8 viders;

9 (B) disseminating best practices, including
10 culturally and linguistically appropriate best
11 practices, and developing, printing, and distrib-
12 uting materials; and

13 (C) offering other activities approved by
14 the Secretary.

15 (4) APPLICATION.—An organization desiring a
16 grant under this section shall submit an application
17 to the Secretary at such time, and in such manner,
18 and accompanied by such information as the Sec-
19 retary may require. Each application shall include—

20 (A) a description of the organization and
21 how its members are qualified to provide the
22 services specified in paragraph (2);

23 (B) a description of activities to be com-
24 pleted; and

1 (C) a timeline for the completion of such
2 activities.

3 (5) AUTHORIZATION OF APPROPRIATIONS.—

4 There are authorized to be appropriated to carry out
5 this subsection \$3,000,000 for fiscal year 2010, and
6 \$3,000,000 for each of the fiscal years 2011 through
7 2014.

8 **SEC. 5. CDC FOCUS ON REDUCING UNDERAGE DRINKING.**

9 (a) IN GENERAL.—The Secretary of Health and
10 Human Services shall establish within the Centers for Dis-
11 ease Control and Prevention, a focus on underage drinking
12 prevention.

13 (b) PURPOSES.—The Centers for Disease Control
14 and Prevention focus on underage drinking prevention
15 shall include the following activities:

16 (1) Synthesize, expand on, and widely dissemi-
17 nate existing research on population-based strategies
18 for reducing underage drinking, including
19 translational research, and make this research easily
20 accessible to the general public.

21 (2) Improve and conduct public health surveil-
22 lance on alcohol use and alcohol-related conditions in
23 States by increasing the use of surveys such as but
24 not limited to the Behavioral Risk Factor Surveil-
25 lance System to monitor binge and excessive drink-

1 ing among 18- to 20-year-olds that is not duplicative
2 of research currently being conducted or supported
3 by the Department of Health and Human Services.

4 (3) Develop models of State-level epidemiolog-
5 ical surveillance of underage drinking by funding in
6 at least 5 States or large metropolitan areas new
7 epidemiologists focused on excessive drinking and
8 underage alcohol use.

9 (c) AUTHORIZATION OF APPROPRIATIONS.—There
10 are authorized to be appropriated to carry out this sub-
11 section \$5,000,000 for fiscal year 2010, and \$5,000,000
12 for each of the fiscal years 2011 through 2014.

13 **SEC. 6. NATIONAL ACADEMY OF SCIENCES STUDY.**

14 (a) IN GENERAL.—The National Academy of
15 Sciences shall conduct a review of the research literature
16 regarding the influence of drinking alcohol on the develop-
17 ment of the adolescent brain and the public policy implica-
18 tions of this research, and report to the Congress on its
19 findings.

20 (b) AUTHORIZATION OF APPROPRIATIONS.—There is
21 authorized to be appropriated to carry out this subsection
22 \$500,000 for fiscal year 2010.

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