

Subsec. (m). Pub. L. 106-310, §3106(l)(3), redesignated subsec. (n) as (m). Former subsec. (m) redesignated (l).

Subsec. (m)(2). Pub. L. 106-310, §3106(h)(1), inserted “and” at end.

Subsec. (m)(3)(A). Pub. L. 106-310, §3106(h)(2)(A), inserted “and” at end.

Subsec. (m)(3)(B). Pub. L. 106-310, §3106(h)(2)(B), substituted period for semicolon at end.

Subsec. (m)(3)(C) to (E). Pub. L. 106-310, §3106(h)(2)(C), struck out subpars. (C) to (E) relating to the number of children served who were placed in out-of-home care during the period in which entities provided services under this section, the number of children described in subparagraph (C) who were reunited with their families, and the number of children described in subparagraph (C) who were permanently placed in out-of-home care, respectively.

Subsec. (m)(4). Pub. L. 106-310, §3106(h)(3), struck out par. (4) relating to an analysis of the access provided to, and use of, related services and alcohol and drug treatment through programs carried out under this section.

Subsec. (m)(5). Pub. L. 106-310, §3106(l)(6), which directed amendment of subsec. (m)(5) by substituting “(e)” for “(d)”, could not be executed because subsec. (m) did not contain a par. (5) or a reference to “(d)” subsequent to the amendments by Pub. L. 106-310, §3106(h)(3), (l)(3). See notes above and below.

Pub. L. 106-310, §3106(h)(3), struck out par. (5) relating to a comparison of the costs of providing services through each of the types of entities described in subsection (d) of this section.

Subsec. (n). Pub. L. 106-310, §3106(l)(3), redesignated subsec. (o) as (n). Former subsec. (n) redesignated (m).

Pub. L. 106-310, §3106(i), inserted at end “The periodic report shall include a quantitative estimate of the prevalence of alcohol and drug problems in families involved in the child welfare system, the barriers to treatment and prevention services facing these families, and policy recommendations for removing the identified barriers, including training for child welfare workers.”

Subsec. (o). Pub. L. 106-310, §3106(l)(3), redesignated subsec. (p) as (o). Former subsec. (o) redesignated (n).

Subsec. (o)(2)(B). Pub. L. 106-310, §3106(j), struck out “dangerous” before “drugs”.

Subsec. (p). Pub. L. 106-310, §3106(l)(3), redesignated subsec. (p) as (o).

Pub. L. 106-310, §3106(k), amended heading and text of subsec. (p) generally, substituting provisions relating to authorization of appropriations for provisions relating to funding for carrying out section.

Statutory Notes and Related Subsidiaries

CHANGE OF NAME

Committee on Labor and Human Resources of Senate changed to Committee on Health, Education, Labor, and Pensions of Senate by Senate Resolution No. 20, One Hundred Sixth Congress, Jan. 19, 1999.

Committee on Energy and Commerce of House of Representatives treated as referring to Committee on Commerce of House of Representatives by section 1(a) of Pub. L. 104-14, set out as a note preceding section 21 of Title 2, The Congress. Committee on Commerce of House of Representatives changed to Committee on Energy and Commerce of House of Representatives, and jurisdiction over matters relating to securities and exchanges and insurance generally transferred to Committee on Financial Services of House of Representatives by House Resolution No. 5, One Hundred Seventh Congress, Jan. 3, 2001.

EFFECTIVE DATE

Section effective July 10, 1992, with programs making awards providing financial assistance in fiscal year 1993 and subsequent years effective for awards made on or after Oct. 1, 1992, see section 801(b), (d)(1) of Pub. L. 102-321, set out as an Effective Date of 1992 Amendment note under section 236 of this title.

CONSTRUCTION

Pub. L. 102-321, title IV, §401(b), July 10, 1992, 106 Stat. 426, provided that: “With respect to the program established in section 399D [now 519] of the Public Health Service Act [42 U.S.C. 290bb-25] (as added by subsection (a) of this section), nothing in such section 399D may be construed as establishing for any other Federal program any requirement, authority, or prohibition, including with respect to recipients of funds under such other Federal programs.”

REFERENCE TO COMMUNITY, MIGRANT, PUBLIC HOUSING, OR HOMELESS HEALTH CENTER CONSIDERED REFERENCE TO HEALTH CENTER

Reference to community health center, migrant health center, public housing health center, or homeless health center considered reference to health center, see section 4(c) of Pub. L. 104-299, set out as a note under section 254b of this title.

§ 290bb-25a. Repealed. Pub. L. 114-255, div. B, title IX, §9017, Dec. 13, 2016, 130 Stat. 1248

Section, act July 1, 1944, ch. 373, title V, §519A, as added Pub. L. 106-310, div. B, title XXXI, §3108, Oct. 17, 2000, 114 Stat. 1180, related to grants for strengthening families.

§ 290bb-25b. Programs to reduce underage drinking

(a) Definitions

For purposes of this section:

(1) The term “alcohol beverage industry” means the brewers, vintners, distillers, importers, distributors, and retail or online outlets that sell or serve beer, wine, and distilled spirits.

(2) The term “school-based prevention” means programs, which are institutionalized, and run by staff members or school-designated persons or organizations in any grade of school, kindergarten through 12th grade.

(3) The term “youth” means persons under the age of 21.

(b) Sense of Congress

It is the sense of the Congress that:

(1) A multi-faceted effort is needed to more successfully address the problem of underage drinking in the United States. A coordinated approach to prevention, intervention, treatment, enforcement, and research is key to making progress. This chapter recognizes the need for a focused national effort, and addresses particulars of the Federal portion of that effort, as well as Federal support for State activities.

(2) The Secretary of Health and Human Services shall continue to conduct research and collect data on the short and long-range impact of alcohol use and abuse upon adolescent brain development and other organ systems.

(3) States and communities, including colleges and universities, are encouraged to adopt comprehensive prevention approaches, including—

(A) evidence-based screening, programs and curricula;

(B) brief intervention strategies;

(C) consistent policy enforcement; and

(D) environmental changes that limit underage access to alcohol.

(4) Public health groups, consumer groups, and the alcohol beverage industry should continue and expand evidence-based efforts to prevent and reduce underage drinking.

(5) The entertainment industries have a powerful impact on youth, and they should use rating systems and marketing codes to reduce the likelihood that underage audiences will be exposed to movies, recordings, or television programs with unsuitable alcohol content.

(6) The National Collegiate Athletic Association, its member colleges and universities, and athletic conferences should affirm a commitment to a policy of discouraging alcohol use among underage students and other young fans.

(7) Alcohol is a unique product and should be regulated differently than other products by the States and Federal Government. States have primary authority to regulate alcohol distribution and sale, and the Federal Government should support and supplement these State efforts. States also have a responsibility to fight youth access to alcohol and reduce underage drinking. Continued State regulation and licensing of the manufacture, importation, sale, distribution, transportation and storage of alcoholic beverages are clearly in the public interest and are critical to promoting responsible consumption, preventing illegal access to alcohol by persons under 21 years of age from commercial and non-commercial sources, maintaining industry integrity and an orderly marketplace, and furthering effective State tax collection.

(c) Interagency coordinating committee; annual report on State underage drinking prevention and enforcement activities

(1) Interagency coordinating committee on the prevention of underage drinking

(A) In general

The Secretary, in collaboration with the Federal officials specified in subparagraph (B), shall continue to support and enhance the efforts of the interagency coordinating committee, that began operating in 2004, focusing on underage drinking (referred to in this subsection as the “Committee”).

(B) Other agencies

The officials referred to in subparagraph (A) are the Secretary of Education, the Attorney General, the Secretary of Transportation, the Secretary of the Treasury, the Secretary of Defense, the Surgeon General, the Director of the Centers for Disease Control and Prevention, the Director of the National Institute on Alcohol Abuse and Alcoholism, the Assistant Secretary for Mental Health and Substance Use, the Director of the National Institute on Drug Abuse, the Assistant Secretary for Children and Families, the Director of the Office of National Drug Control Policy, the Administrator of the National Highway Traffic Safety Administration, the Administrator of the Office of Juvenile Justice and Delinquency Prevention, the Chairman of the Federal Trade Commission, and such other Federal officials as the Secretary of Health and Human Services determines to be appropriate.

(C) Chair

The Secretary of Health and Human Services shall serve as the chair of the Committee.

(D) Duties

The Committee shall guide policy and program development across the Federal Government with respect to underage drinking, provided, however, that nothing in this section shall be construed as transferring regulatory or program authority from an agency to the Committee.

(E) Consultations

The Committee shall actively seek the input of and shall consult with all appropriate and interested parties, including States, public health research and interest groups, foundations, and alcohol beverage industry trade associations and companies.

(F) Annual report

(i) In general

The Secretary, on behalf of the Committee, shall annually submit to the Congress a report that summarizes—

(I) all programs and policies of Federal agencies designed to prevent and reduce underage drinking, including such programs and policies that support State efforts to prevent or reduce underage drinking;

(II) the extent of progress in preventing and reducing underage drinking at State and national levels;

(III) data that the Secretary shall collect with respect to the information specified in clause (ii); and

(IV) such other information regarding underage drinking as the Secretary determines to be appropriate.

(ii) Certain information

The report under clause (i) shall include information on the following:

(I) Patterns and consequences of underage drinking as reported in research and surveys such as, but not limited to, Monitoring the Future, Youth Risk Behavior Surveillance System, the National Survey on Drug Use and Health, and the Fatality Analysis Reporting System.

(II) Measures of the availability of alcohol from commercial and non-commercial sources to underage populations.

(III) Measures of the exposure of underage populations to messages regarding alcohol in advertising, social media, and the entertainment media.

(IV) Surveillance data, including, to the extent such information is available, information on the onset and prevalence of underage drinking, consumption patterns and beverage preferences, trends related to drinking among different age groups, including between youth and adults, the means of underage access, including trends over time, for these surveillance data, and other data, as appropriate. The Secretary shall develop a plan to improve the collection, measure-

ment, and consistency of reporting Federal underage alcohol data.

(V) Any additional findings resulting from research conducted or supported under subsection (g).

(VI) Evidence-based best practices to prevent and reduce underage drinking and provide treatment services to those youth who need such services.

(2) Annual report on State underage drinking prevention and enforcement activities

(A) In general

The Secretary shall, with input and collaboration from other appropriate Federal agencies, States, Indian Tribes, territories, and public health, consumer, and alcohol beverage industry groups, annually issue a report on each State's performance in enacting, enforcing, and creating laws, regulations, programs, and other actions to prevent or reduce underage drinking based on the best practices identified pursuant to paragraph (1)(F)(ii)(VI). For purposes of this paragraph, each such report, with respect to a year, shall be referred to as the "State Report". Each State Report may be used as a resource to inform the identification and implementation of activities to prevent underage drinking, as determined to be appropriate by such State or other applicable entity.

(B) Contents

(i) Performance measures

The Secretary shall develop, in consultation with the Committee, a set of measures to be used in preparing the State Report on best practices, including as they relate to State laws, regulations, other actions, and enforcement practices.

(ii) State Report content

The State Report shall include updates on State laws, regulations, and other actions, including those described in previous reports to Congress, including with respect to the following:

(I) Whether or not the State has comprehensive anti-underage drinking laws such as for the illegal sale, purchase, attempt to purchase, consumption, or possession of alcohol; illegal use of fraudulent ID; illegal furnishing or obtaining of alcohol for an individual under 21 years; the degree of strictness of the penalties for such offenses; and the prevalence of the enforcement of each of these infractions.

(II) Whether or not the State has comprehensive liability statutes pertaining to underage access to alcohol such as dram shop, social host, and house party laws, and the prevalence of enforcement of each of these laws.

(III) Whether or not the State encourages and conducts comprehensive enforcement efforts to prevent underage access to alcohol at retail outlets, such as random compliance checks and shoulder tap programs, and the number of

compliance checks within alcohol retail outlets measured against the number of total alcohol retail outlets in each State, and the result of such checks.

(IV) Whether or not the State encourages training on the proper selling and serving of alcohol for all sellers and servers of alcohol as a condition of employment.

(V) Whether or not the State has policies and regulations with regard to direct sales to consumers and home delivery of alcoholic beverages.

(VI) Whether or not the State has programs or laws to deter adults from purchasing alcohol for minors; and the number of adults targeted by these programs.

(VII) Whether or not the State has enacted graduated drivers licenses and the extent of those provisions.

(VIII) Whether or not the State has adopted any other policies consistent with evidence-based practices related to the prevention of underage alcohol use, which may include any such practices described in relevant reports issued by the Surgeon General and practices related to youth exposure to alcohol-related products and information.

(IX) A description of the degree to which the practices of local jurisdictions within the State vary from one another.

(3) Authorization of appropriations

There is authorized to be appropriated to carry out this subsection \$1,000,000 for each of fiscal years 2023 through 2027.

(d) National media campaign to prevent underage drinking

(1) In general

The Secretary, in consultation with the National Highway Traffic Safety Administration, shall develop or continue an intensive, multi-faceted national media campaign aimed at adults to reduce underage drinking.

(2) Purpose

The purpose of the national media campaign described in this section shall be to achieve the following objectives:

(A) Promote community awareness of, and a commitment to, reducing underage drinking.

(B) Encourage activities, including activities carried out by adults, that inhibit the illegal use of alcohol by youth.

(C) Discourage activities, including activities carried out by adults, that promote the illegal use of alcohol by youth.

(3) Components

When implementing the national media campaign described in this section, the Secretary shall—

(A) educate the public about the public health and safety benefits of evidence-based strategies to reduce underage drinking, including existing laws related to the minimum legal drinking age, and engage the public and parents in the implementation of such strategies;

(B) educate the public about the negative consequences of underage drinking;

(C) identify specific actions by adults to discourage or inhibit underage drinking;

(D) discourage adult conduct that tends to facilitate underage drinking;

(E) establish collaborative relationships with local and national organizations and institutions to further the goals of the campaign and assure that the messages of the campaign are disseminated from a variety of sources;

(F) conduct the campaign through multi-media sources; and

(G) take into consideration demographics and other relevant factors to most effectively reach target audiences.

(4) Consultation requirement

In developing and implementing the national media campaign described in this section, the Secretary shall review recommendations for reducing underage drinking, including those published by the National Academies of Sciences, Engineering, and Medicine and the Surgeon General. The Secretary shall also consult with interested parties including the alcohol beverage industry, medical, public health, and consumer and parent groups, law enforcement, institutions of higher education, community-based organizations and coalitions, and other relevant stakeholders.

(5) Annual report

The Secretary shall produce an annual report on the progress of the development or implementation of the media campaign described in this subsection, including expenses and projected costs, and, as such information is available, report on the effectiveness of such campaign in affecting adult attitudes toward underage drinking and adult willingness to take actions to decrease underage drinking.

(6) Research on youth-oriented campaign

The Secretary may, based on the availability of funds, conduct or support research on the potential success of a youth-oriented national media campaign to reduce underage drinking. The Secretary shall report to Congress any such results and any related recommendations.

(7) Administration

The Secretary may enter into an agreement with another Federal agency to delegate the authority for execution and administration of the adult-oriented national media campaign.

(8) Authorization of appropriations

There is authorized to be appropriated to carry out this section \$2,500,000 for each of fiscal years 2023 through 2027.

(e) Community-based coalition enhancement grants to prevent underage drinking

(1) Authorization of program

The Assistant Secretary for Mental Health and Substance Use, in consultation with the Director of the Office of National Drug Control Policy, shall award enhancement grants to eligible entities to design, implement, evaluate, and disseminate comprehensive

strategies to maximize the effectiveness of community-wide approaches to preventing and reducing underage drinking. This subsection is subject to the availability of appropriations.

(2) Purposes

The purposes of this subsection are to—

(A) prevent and reduce alcohol use among youth in communities throughout the United States;

(B) strengthen collaboration among communities, the Federal Government, Tribal Governments, and State and local governments;

(C) enhance intergovernmental cooperation and coordination on the issue of alcohol use among youth;

(D) serve as a catalyst for increased citizen participation and greater collaboration among all sectors and organizations of a community that first demonstrates a long-term commitment to reducing alcohol use among youth;

(E) implement evidence-based strategies to prevent and reduce underage drinking in communities; and

(F) enhance, not supplant, effective local community initiatives for preventing and reducing alcohol use among youth.

(3) Application

An eligible entity desiring an enhancement grant under this subsection shall submit an application to the Assistant Secretary at such time, and in such manner, and accompanied by such information and assurances, as the Assistant Secretary may require. Each application shall include—

(A) a complete description of the entity's current underage alcohol use prevention initiatives and how the grant will appropriately enhance the focus on underage drinking issues; or

(B) a complete description of the entity's current initiatives, and how it will use the grant to enhance those initiatives by adding a focus on underage drinking prevention.

(4) Uses of funds

Each eligible entity that receives a grant under this subsection shall use the grant funds to carry out the activities described in such entity's application submitted pursuant to paragraph (3) and obtain specialized training and technical assistance by the entity funded under section 4 of Public Law 107-82, as amended (21 U.S.C. 1521 note). Grants under this subsection shall not exceed \$60,000 per year and may not exceed four years.

(5) Supplement not supplant

Grant funds provided under this subsection shall be used to supplement, not supplant, Federal and non-Federal funds available for carrying out the activities described in this subsection.

(6) Evaluation

Grants under this subsection shall be subject to the same evaluation requirements and procedures as the evaluation requirements and procedures imposed on recipients of drug-free community grants.

(7) Definitions

For purposes of this subsection, the term “eligible entity” means an organization that is currently receiving or has received grant funds under the Drug-Free Communities Act of 1997.

(8) Administrative expenses

Not more than 6 percent of a grant under this subsection may be expended for administrative expenses.

(9) Authorization of appropriations

There is authorized to be appropriated to carry out this subsection \$11,500,000 for each of fiscal years 2023 through 2027.

(f) Grants to organizations representing pediatric providers and other related health professionals to reduce underage drinking through screening and brief interventions**(1) In general**

The Secretary, acting through the Assistant Secretary for Mental Health and Substance Use, shall make awards to one or more entities representing pediatric providers and other related health professionals with demonstrated ability to increase among the members of such entities effective practices to reduce the prevalence of alcohol use among individuals under the age of 21, including college students.

(2) Purposes

Grants under this subsection shall be made to improve—

- (A) screening adolescents for alcohol use;
- (B) offering brief interventions to adolescents to discourage such use;
- (C) educating parents about the dangers of and methods of discouraging such use;
- (D) diagnosing and treating alcohol use disorders; and
- (E) referring patients, when necessary, to other appropriate care.

(3) Use of funds

An entity receiving a grant under this section may use the grant funding to promote the practices specified in paragraph (2) among its members by—

- (A) providing training to health care providers;
- (B) disseminating best practices, including culturally and linguistically appropriate best practices, and developing and distributing materials; and
- (C) supporting other activities as determined appropriate by the Assistant Secretary.

(4) Application

To be eligible to receive a grant under this subsection, an entity shall submit an application to the Assistant Secretary at such time, and in such manner, and accompanied by such information and assurances as the Secretary may require. Each application shall include—

- (A) a description of the entity;
- (B) a description of the activities to be completed that will promote the practices specified in paragraph (2);

(C) a description of the entity’s qualifications for performing such activities; and

(D) a timeline for the completion of such activities.

(5) Definitions

For the purpose of this subsection:

(A) Brief intervention

The term “brief intervention” means, after screening a patient, providing the patient with brief advice and other brief motivational enhancement techniques designed to increase the insight of the patient regarding the patient’s alcohol use, and any realized or potential consequences of such use to effect the desired related behavioral change.

(B) Screening

The term “screening” means using validated patient interview techniques to identify and assess the existence and extent of alcohol use in a patient.

(6) Authorization of appropriations

There is authorized to be appropriated to carry out this subsection \$3,000,000 for each of fiscal years 2023 through 2027.

(g) Data collection and research**(1) Additional research on underage drinking****(A) In general**

The Secretary shall, subject to the availability of appropriations, support the collection of data, and conduct or support research that is not duplicative of research currently being conducted or supported by the Department of Health and Human Services, on underage drinking, with respect to the following:

(i) The evaluation, which may include through the development of relevant capabilities of expertise within a State, of the effectiveness of comprehensive community-based programs or strategies and statewide systems to prevent and reduce underage drinking, across the underage years from early childhood to age 21, such as programs funded and implemented by governmental entities, public health interest groups and foundations, and alcohol beverage companies and trade associations.

(ii) Obtaining and reporting more precise information than is currently collected on the scope of the underage drinking problem and patterns of underage alcohol consumption, including improved knowledge about the problem and progress in preventing, reducing, and treating underage drinking, as well as information on the rate of exposure of youth to advertising and other media messages encouraging and discouraging alcohol consumption.

(iii) The development and identification of evidence-based or evidence-informed strategies to reduce underage drinking, which may include through translational research.

(iv) Improving and conducting public health data collection on alcohol use and alcohol-related conditions in States, which

may include by increasing the use of surveys, such as the Behavioral Risk Factor Surveillance System, to monitor binge and excessive drinking and related harms among individuals who are at least 18 years of age, but not more than 20 years of age, including harm caused to self or others as a result of alcohol use that is not duplicative of research currently being conducted or supported by the Department of Health and Human Services.

(B) Authorization of appropriations

There is authorized to be appropriated to carry out this paragraph \$5,000,000 for each of fiscal years 2023 through 2027.

(2) National Academies of Sciences, Engineering, and Medicine study

(A) In general

Not later than 12 months after December 29, 2022, the Secretary shall—

(i) contract with the National Academies of Sciences, Engineering, and Medicine to study developments in research on underage drinking and the implications of these developments; and

(ii) report to the Congress on the results of such review.

(B) Authorization of appropriations

There is authorized to be appropriated to carry out this paragraph \$500,000 for fiscal year 2023.

(July 1, 1944, ch. 373, title V, §519B, as added Pub. L. 106–310, div. B, title XXXI, §3109, Oct. 17, 2000, 114 Stat. 1182; amended Pub. L. 109–422, §2, Dec. 20, 2006, 120 Stat. 2890; Pub. L. 114–255, div. B, title VI, §6001(c), title IX, §9016, Dec. 13, 2016, 130 Stat. 1203, 1246; Pub. L. 117–328, div. FF, title I, §1215, Dec. 29, 2022, 136 Stat. 5662.)

Editorial Notes

REFERENCES IN TEXT

The Drug-Free Communities Act of 1997, referred to in subsec. (e)(7), is Pub. L. 105–20, June 27, 1997, 111 Stat. 224, which is classified principally to subchapter II (§1521 et seq.) of chapter 20 of Title 21, Food and Drugs. For complete classification of this Act to the Code, see Short Title of 1997 Amendment note set out under section 1501 of Title 21 and Tables.

AMENDMENTS

2022—Subsec. (a). Pub. L. 117–328, §1215(1), amended subsec. (a) generally. Prior to amendment, subsec. (a) defined “alcohol beverage industry”, “school-based prevention”, “youth”, and “IOM report”.

Subsecs. (c) to (g). Pub. L. 117–328, §1215(2), added subsecs. (c) to (g) and struck out former subsecs. (c) to (g) which related to interagency coordinating committee and annual report on State underage drinking prevention and enforcement activities, national media campaign to prevent underage drinking, interventions to prevent and reduce underage drinking, additional research on underage drinking, and reducing underage drinking through screening and brief intervention, respectively.

2016—Subsec. (c)(1)(B). Pub. L. 114–255, §6001(c)(1), substituted “Assistant Secretary for Mental Health and Substance Use” for “Administrator of the Substance Abuse and Mental Health Services Administration”.

Subsec. (c)(3). Pub. L. 114–255, §9016(1), substituted “each of the fiscal years 2018 through 2022.” for “fiscal

year 2007, and \$1,000,000 for each of the fiscal years 2008 through 2010.”

Subsec. (d)(4). Pub. L. 114–255, §9016(2), substituted “each of the fiscal years 2018 through 2022.” for “fiscal year 2007 and \$1,000,000 for each of the fiscal years 2008 through 2010.”

Subsec. (e)(1)(A). Pub. L. 114–255, §6001(c), substituted “Assistant Secretary for Mental Health and Substance Use” for “Administrator of the Substance Abuse and Mental Health Services Administration” and “Assistant Secretary” for “Administrator”.

Subsec. (e)(1)(C). Pub. L. 114–255, §6001(c)(2), substituted “Assistant Secretary” for “Administrator” in two places.

Subsec. (e)(1)(I). Pub. L. 114–255, §9016(3), substituted “each of the fiscal years 2018 through 2022.” for “fiscal year 2007, and \$5,000,000 for each of the fiscal years 2008 through 2010.”

Subsec. (f)(2). Pub. L. 114–255, §9016(4), substituted “\$3,000,000 for each of the fiscal years 2018 through 2022” for “\$6,000,000 for fiscal year 2007, and \$6,000,000 for each of the fiscal years 2008 through 2010.”

Subsec. (g). Pub. L. 114–255, §9016(5), added subsec. (g). 2006—Pub. L. 109–422 added subsecs. (a) to (f) and struck out former subsecs. (a) to (f), which related, respectively, to the Secretary’s authority to make grants, cooperative agreements, or contracts for programs to prevent underage drinking; eligibility requirements; evaluation; geographical distribution; duration of award; and authorization of appropriations.

§ 290bb–25c. Repealed. Pub. L. 114–255, div. B, title IX, § 9017, Dec. 13, 2016, 130 Stat. 1248

Section, act July 1, 1944, ch. 373, title V, §519C, as added Pub. L. 106–310, div. B, title XXXI, §3110, Oct. 17, 2000, 114 Stat. 1183; amended Pub. L. 110–154, §1(b)(9), Dec. 21, 2007, 121 Stat. 1827, related to services for individuals with fetal alcohol syndrome.

§ 290bb–25d. Centers of excellence on services for individuals with fetal alcohol syndrome and alcohol-related birth defects and treatment for individuals with such conditions and their families

(a) In general

The Secretary shall make awards of grants, cooperative agreements, or contracts to public or nonprofit private entities for the purposes of establishing not more than four centers of excellence to study techniques for the prevention of fetal alcohol syndrome and alcohol-related birth defects and adaptations of innovative clinical interventions and service delivery improvements for the provision of comprehensive services to individuals with fetal alcohol syndrome or alcohol-related birth defects and their families and for providing training on such conditions.

(b) Use of funds

An award under subsection (a) may be used to—

(1) study adaptations of innovative clinical interventions and service delivery improvements strategies for children and adults with fetal alcohol syndrome or alcohol-related birth defects and their families;

(2) identify communities which have an exemplary comprehensive system of care for such individuals so that they can provide technical assistance to other communities attempting to set up such a system of care;

(3) provide technical assistance to communities who do not have a comprehensive sys-