



FASD PROGRAM AUTHORIZATIONS AND FUNDING

FASD AUTHORIZATION

FETAL ALCOHOL SYNDROME PREVENTION AND CONTROL ACT OF 1998-AUTHORIZATION OF FAS PROGRAMS

Authorization: The Institute of Medicine made recommendations for a broad federal response that formed the basis of the Fetal Alcohol Syndrome Prevention and Control Act of 1998 (Pub. L. 105–168, §1(b), Apr. 21, 1998, 112 Stat. 43.) This act authorized \$27 million for a National Task Force on FAS and grant programs at the Centers for Disease Control and Prevention (CDC), and the Substance Abuse and Mental Health Services Administration (SAMHSA).

FASD PROGRAM APPROPRIATIONS

FY2001

\$25 million for FY2001 and such sums as necessary for FY 2002 and 2003

Substance Abuse & Mental Health Services Administration (SAMHSA)

FASD Center for Excellence tasked to explore innovative delivery strategies and develop comprehensive systems of care for FASD prevention and treatment.

FY01-FY02-\$15 million

FY03 - FY13 – \$9.8 million (average annual appropriation)

FY14 - \$998,000

FY15 - \$1 million

FY16 - \$0

Center for Disease Control and Prevention (CDC) - FASD research, prevention, and surveillance.

FY01-FY013 - \$10 million FY14-FY2015-\$10.5 million FY16-FY2022 -\$11 million FY2023-\$11.5 million

Health Resources Services Administration

FY2005 - \$840,000 created a FASD alcohol screening, intervention, and referral initiative among federally qualified community health centers at the HRSA Bureau of Primary Health Care.







FY2006-2007 -\$840,000 - project was moved to the Bureau of Maternal and Child Health

FY2008 - \$972,000

FY2009-FY2018 - \$486,000

FY2019 - FY2022 - \$1 million

CURRENT (FY2023) FUNDING

Centers for Disease Control, National Center on Birth Defects and Developmental Disabilities (CDC) Federal Code authorization §247b–4 funding (\$11.5 million - FY2023)

CDC uses a comprehensive approach to address FASD and the prevention of prenatal alcohol exposure. This includes assessing trends in alcohol and polysubstance use in pregnancy, monitoring healthcare provider behaviors related to alcohol screening and brief intervention (SBI) and collaborating with partners across the nation to implement evidence-based strategies to reduce alcohol use during pregnancy and develop and disseminate FASD training and educational resources.

Programs and Grantees

- 1. Alcohol Use, Screening, and Brief Intervention Among Pregnant Persons ~ \$3.5 million Grantees:
 - Abt Associates, Rockville, MD
 - Boston Medical Center Corporation, Boston, MA
 - Henry Ford Health System, Detroit, MI
- 2. Preventing Alcohol Use During Pregnancy ~ \$5.5 million (Includes: National Partnerships to Address Prenatal Alcohol and Other Substance Use and Fetal Alcohol Spectrum Disorders; I-FASD: Understanding Clinical Data and Pathways to Inform Surveillance of Children with Fetal Alcohol Spectrum Disorders; and Prenatal Alcohol and Other Drug Exposures in Child Welfare Descriptive Study and Toolkit Project – collaboration with Administration and Children & Families]

Grantees:

- American Academy of Family Physicians, Leawood, KS
- American Academy of Pediatrics, Chicago, IL



1054 31st St NW, Suite 204 Washington, D.C. 20007 (202)785-4585 www.FASDUnited.org





- American College of Obstetricians and Gynecologists, Washington, D.C.
- Emory University, Atlanta, GA
- FASD United (formerly National Organization on Fetal Alcohol Syndrome), Washington, D.C.
- James Bell Associates, Arlington, VA
- Minnesota Department of Health, St. Paul, MN
- Montana State University, Bozeman, MT
- Oak Ridge Associated Universities, Knoxville, TN
- University of Alaska, Anchorage, AK
- University of Nevada, Reno Board of Regents, Reno, NV
- University of Texas, Austin, TX
- 3. Monitoring Alcohol Use Among Women of Childbearing Age ~ 2 million Behavioral Risk Factor Surveillance System (BRFSS)

Health Resources and Services Administration (HRSA)

Funding for FASD screening and intervention (\$1 million - FY2023) HRSA funding.

National Institute on Alcohol Abuse and Alcoholism (NIAAA)

FASD research has continued with appropriated funds from the National Institute of Health (\$30 million - purpose of Institute §285n (b) (3)(B)). NIAAA plays a leadership role in the ICCFASD and in the research arena in general. This institution distributes approximately \$30 million per year in FASD related grants

ICCFASD

ICCFASD was created, in October 1996, in response to a report by an expert committee of the Institute of Medicine (IOM). The IOM report, issued in 1996, is titled Fetal Alcohol Syndrome: Diagnosis, Epidemiology, Prevention, and Treatment (Stratton et al, 1996). The report recommended that the National Institute on Alcohol Abuse and Alcoholism (NIAAA) chair a federal effort to coordinate Fetal Alcohol Syndrome (FAS) activities since the responsibility for addressing the many issues relevant to FAS transcends the mission and resources of any single agency or program. The ICCFASD is chaired by the Deputy Director of the NIAAA. ICCFASD fosters improved communication, cooperation, and collaboration among disciplines and federal agencies that address issues related to prenatal alcohol exposure.

