FASD RESPECT ACT BACKGROUND & RATIONALE

✓ Fetal Alcohol Spectrum Disorders (FASD) prevention and support programs first authorized in 1998 because of the 1996 Institute of Medicine (IOM) study that found that prenatal alcohol exposure causes far more harm than any other substance to the developing fetus.

✓ $27 million for FASD prevention and support programs appropriated in 2000 (FY2001) (see attached for more details)

✓ FASD authorization expired in 2007.

✓ Funding for FASD programs has dramatically declined to $11.5 million at CDC and $1 million at HRSA (see attached for more detail); funding at NIAAA for FASD research, which was not a part of the 1998 authorization, but under NIAAA’s authorization has remained steady with marginal increases through the years ($30+M – FY2023).

✓ Chief lead sponsor Senator Lisa Murkowski (R-AK) has introduced FASD re-authorization legislation every Congress except the 115th Congress.

✓ 117th Congress – FASD Respect Act (HR 4151/S 2278) introduced by Senators Lisa Murkowski and Amy Klobuchar (D-MN) and Representatives Betty McCollum (D-4-MN) and the late Don Young (R-AK) on June 21, 2021. By the conclusion of the 117th Congress, 76 members of the House and 10 of the Senate had signed on as co-sponsors. The legislation received over 200 national, state and local endorsements.

✓ Senate HELP Committee Majority Murray and Ranking member Burr staff drafted priority language at the end of the 117th Congress (see attached) and submitted this through the Hotline process and received no objections except for one Senator (Lee).

✓ FASD Respect Act 2.0 (priority language with technical amendments) will be introduced by Senators Murkowski and Klobuchar along with Representative Betty McCollum and a yet to be determined House Republican (previous co-sponsor of H.R. 4151).

✓ FASD priority language reauthorizes expired programs for FASD prevention, research and services and authorizes_________ FY2024- FY2028 funding for FASD prevention & intervention programs, including grants to build State and Tribal capacity and a FASSD Center for Excellence.

✓ Prenatal alcohol exposure and the disability of FASD is unrecognized and misunderstood by existing systems of care funded by the federal and state governments (health, education, substance use, mental health, justice, etc.) and as a result current funding streams do not address FASD (see attached for more detail); funding to states along with technical assistance from FASD Center of Excellence will help states systemically address FASD prevention, screening, identification, intervention, and support programs and to infuse, modify and adapt FASD-informed prevention, service and support programs into existing systems of care. Funding will help address diagnostic capacity and health inequities for this population.