

118TH CONGRESS
1ST SESSION

S. 1800

To amend the Public Health Service Act to reauthorize and extend the Fetal Alcohol Spectrum Disorders Prevention and Services program, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JUNE 1, 2023

Ms. MURKOWSKI (for herself, Ms. KLOBUCHAR, Mr. MORAN, and Mr. KING) 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 Spectrum Disorders 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, Services and Prevention Act” or the “FASD Re-
6 spect Act”.

1 **SEC. 2. HHS PROGRAM ON FETAL ALCOHOL SPECTRUM**
2 **DISORDERS.**

3 (a) IN GENERAL.—Part O of title III of the Public
4 Health Service Act (42 U.S.C. 280f et seq.) is amended—

5 (1) by amending the part heading to read as
6 follows: “**FETAL ALCOHOL SPECTRUM DIS-**
7 **ORDERS PREVENTION AND SERVICES PRO-**
8 **GRAM**”;

9 (2) in section 399H (42 U.S.C. 280f)—

10 (A) in the section heading, by striking
11 “**ESTABLISHMENT OF FETAL ALCOHOL**
12 **SYNDROME PREVENTION**” and inserting
13 “**FETAL ALCOHOL SPECTRUM DISORDERS**
14 **PREVENTION, INTERVENTION,**”;

15 (B) by striking “Fetal Alcohol Syndrome
16 and Fetal Alcohol Effect” each place it appears
17 and inserting “FASD”;

18 (C) in subsection (a)—

19 (i) by amending the heading to read
20 as follows: “IN GENERAL”;

21 (ii) in the matter preceding paragraph

22 (1)—

23 (I) by inserting “or continue ac-
24 tivities to support” after “shall estab-
25 lish”;

1 (II) by striking “FASD” (as
2 amended by subparagraph (B)) and
3 inserting “fetal alcohol spectrum dis-
4 orders (referred to in this section as
5 ‘FASD’)”;

6 (III) by striking “prevention,
7 intervention” and inserting “aware-
8 ness, prevention, identification, inter-
9 vention,”; and

10 (IV) by striking “that shall” and
11 inserting “, which may”;

12 (iii) in paragraph (1)—

13 (I) in subparagraph (A)—

14 (aa) by striking “medical
15 schools” and inserting “health
16 professions schools”; and

17 (bb) by inserting “infants,”
18 after “provision of services for”;
19 and

20 (II) in subparagraph (D), by
21 striking “medical and mental” and in-
22 serting “agencies providing”;

23 (iv) in paragraph (2)—

24 (I) in the matter preceding sub-
25 paragraph (A), by striking “a preven-

1 tion and diagnosis program to support
2 clinical studies, demonstrations and
3 other research as appropriate” and in-
4 serting “supporting and conducting
5 research on FASD, as appropriate, in-
6 cluding”;

7 (II) in subparagraph (B)—

8 (aa) by striking “prevention
9 services and interventions for
10 pregnant, alcohol-dependent
11 women” and inserting “culturally
12 and linguistically informed evi-
13 dence-based or practice-based
14 interventions and appropriate so-
15 cietal supports for preventing
16 prenatal alcohol exposure, which
17 may co-occur with exposure to
18 other substances”; and

19 (bb) by striking “; and” and
20 inserting a semicolon;

21 (v) by striking paragraph (3) and in-
22 serting the following:

23 “(3) integrating into surveillance practice an
24 evidence-based standard case definition for fetal al-
25 cohol syndrome and, in collaboration with other Fed-

1 eral and outside partners, support organizations of
2 appropriate medical and mental health professionals
3 in their development and refinement of evidence-
4 based clinical diagnostic guidelines and criteria for
5 all fetal alcohol spectrum disorders; and

6 “(4) building State and Tribal capacity for the
7 identification, treatment, and support of individuals
8 with FASD and their families, which may include—

9 “(A) utilizing and adapting existing Fed-
10 eral, State, or Tribal programs to include
11 FASD identification and FASD-informed sup-
12 port;

13 “(B) developing and expanding screening
14 and diagnostic capacity for FASD;

15 “(C) developing, implementing, and evalu-
16 ating targeted FASD-informed intervention
17 programs for FASD;

18 “(D) increasing awareness of FASD;

19 “(E) providing training with respect to
20 FASD for professionals across relevant sectors;
21 and

22 “(F) disseminating information about
23 FASD and support services to affected individ-
24 uals and their families.”;

25 (D) in subsection (b)—

1 (i) by striking “described in section
2 399I”;

3 (ii) by striking “The Secretary” and
4 inserting the following:

5 “(1) IN GENERAL.—The Secretary”; and

6 (iii) by adding at the end the fol-
7 lowing:

8 “(2) ELIGIBLE ENTITIES.—To be eligible to re-
9 ceive a grant, or enter into a cooperative agreement
10 or contract, under this section, an entity shall—

11 “(A) be a State, Indian Tribe or Tribal or-
12 ganization, local government, scientific or aca-
13 demic institution, or nonprofit organization;
14 and

15 “(B) 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 require, including a description of
19 the activities that the entity intends to carry
20 out using amounts received under this sec-
21 tion.”; and

22 (E) by striking subsections (c) and (d);
23 and

24 (F) by adding at the end the following:

1 of individuals with FASD and their families by carrying
2 out the programs described in subsection (b).

3 “(b) PROGRAMS.—An entity receiving an award
4 under subsection (a) may use such award for the following
5 purposes:

6 “(1) Initiating or expanding diagnostic capacity
7 for FASD by increasing screening, assessment, iden-
8 tification, and diagnosis.

9 “(2) Developing and supporting public aware-
10 ness and outreach activities, including the use of a
11 range of media and public outreach, to raise public
12 awareness of the risks associated with alcohol con-
13 sumption during pregnancy, with the goals of reduc-
14 ing the prevalence of FASD and improving the de-
15 velopmental, health (including mental health), and
16 educational outcomes of individuals with FASD and
17 supporting families caring for individuals with
18 FASD.

19 “(3) Acting as a clearinghouse for evidence-
20 based resources on FASD prevention, identification,
21 and culturally and linguistically informed best prac-
22 tices, including the maintenance of a national data-
23 based directory on FASD-specific services in States,
24 Indian Tribes, and local communities, and dissemi-
25 nating ongoing research and developing resources on

1 FASD to help inform systems of care for individuals
2 with FASD across their lifespan.

3 “(4) Increasing awareness and understanding
4 of efficacious, evidence-based FASD screening tools
5 and culturally- and linguistically-appropriate evi-
6 dence-based intervention services and best practices,
7 which may include by conducting national, regional,
8 State, Tribal, or peer cross-State webinars, work-
9 shops, or conferences for training community lead-
10 ers, medical and mental health and substance use
11 disorder professionals, education and disability pro-
12 fessionals, families, law enforcement personnel,
13 judges, individuals working in financial assistance
14 programs, social service personnel, child welfare pro-
15 fessionals, and other service providers.

16 “(5) Improving capacity for State, Tribal, and
17 local affiliates dedicated to FASD awareness, pre-
18 vention, and identification and family and individual
19 support programs and services.

20 “(6) Providing technical assistance to grantees
21 under section 399H, as appropriate.

22 “(7) Carrying out other functions, as appro-
23 priate.

24 “(c) APPLICATION.—To be eligible for a grant, con-
25 tract, or cooperative agreement under this section, an enti-

1 ty shall submit to the Secretary an application at such
2 time, in such manner, and containing such information as
3 the Secretary may require.

4 “(d) SUBCONTRACTING.—A public or private non-
5 profit entity may carry out the following activities required
6 under this section through contracts or cooperative agree-
7 ments with other public and private nonprofit entities with
8 demonstrated expertise in FASD:

9 “(1) Prevention activities.

10 “(2) Screening and identification.

11 “(3) Resource development and dissemination,
12 training and technical assistance, administration,
13 and support of FASD partner networks.

14 “(4) Intervention services.

15 **“SEC. 399J. AUTHORIZATION OF APPROPRIATIONS.**

16 “There are authorized to be appropriated to carry out
17 this part such sums as may be necessary for each of fiscal
18 years 2024 through 2028.”.

19 (b) REPORT.—Not later than 4 years after the date
20 of enactment of this Act, the Secretary of Health and
21 Human Services shall submit to the Committee on Health,
22 Education, Labor, and Pensions of the Senate and the
23 Committee on Energy and Commerce of the House of
24 Representatives a report on the efforts of the Department
25 of Health and Human Services to advance public aware-

- 1 ness on, and facilitate the identification of best practices
- 2 related to, fetal alcohol spectrum disorders identification,
- 3 prevention, treatment, and support.

