We, the undersigned organizations, support The FASD Respect Act introduced in the Senate by Senators Murkowski and Klobuchar and in the House by Representatives Bacon and McCollum during the 118th Congressional session.

This vital legislation directs the Secretary of Health and Human Services to conduct a comprehensive fetal alcohol spectrum disorders (FASD) research, surveillance, public health prevention, and support agenda across the department’s agencies.

As the nation struggles with the hidden public health crisis resulting from prenatal alcohol exposure, we are encouraged by the action being taken to pass this vital legislation. In contrast to the attention to autism and the response to the opioid crisis, including neonatal abstinence syndrome (NAS) resulting from maternal opioid addiction, FASD is almost completely overlooked. NAS and the overdose epidemic are devastating and frightening. However, the current crisis is intermingled with the unnoticed tragedy of lost generations of Americans who were exposed to alcohol before birth and face lifelong suffering and impairment costly to them and society.

FASD is the nation’s most common preventable developmental disability affecting as many as 1 in 20 school age children underscoring the urgent need for diagnostic, clinical intervention, transitional and other support services for both children and adults. By comparison, the most recent estimate of the prevalence of autism spectrum disorder is one in 36, making FASD nearly twice as widespread. Expanded public awareness of the risks associated with prenatal alcohol exposure is also urgently needed as an increasing number of pregnant women, now 1 in 7, report alcohol consumption.

The FASD Respect Act is informed by effective programs in states such as Alaska and Minnesota. Among its provisions, the legislation proposes to build state FASD systems that would coordinate services among federal programs, state agencies, local systems of care and community-based organizations to deliver resources and measure outcomes, a collaboration proven effective in Minnesota. Alaska’s network of diagnostic clinics and referrals is another example of critically needed best practices that would be replicated along with evidence-based models of care.

Because nearly half of adolescents and young adults with serious FASD impairments experience school disruption and encounter the justice system, addressing FASD requires strategies to coordinate information and services across affected community agencies, including agencies providing health, social services such as foster care, adoption, and social work, agencies providing, and agencies involved in education, vocational training and civil and criminal justice. The FASD Respect Act provides HHS the authorization to do that.

FASD United and the undersigned organizations wholeheartedly support The FASD Respect Act. The legislation will accelerate scientific discoveries, increase prevention and access to therapeutic rehabilitation services for pregnant women with alcohol use disorders and provide meaningful resources and relief to individuals and families living with the disorders. We thank you for your attention to FASD and welcome the opportunity to work with you to ensure passage of this landmark legislation. If you have any questions, please contact Jennifer Wisdahl, FASD United Chief Operating Officer, at wisdahl@FASDUnited.org or (202) 785-4585.

Sincerely,

FASD United (formerly NOFAS)