

116TH CONGRESS
1ST SESSION

S. _____

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

Ms. MURKOWSKI (for herself and Ms. KLOBUCHAR) introduced the following bill; which was read twice and referred to the Committee on

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, Prevention, and Services Act”.

1 **SEC. 2. PROGRAMS FOR FETAL ALCOHOL SPECTRUM DIS-**
2 **ORDERS.**

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 by striking section 399H and inserting the following:

6 **“SEC. 399H. PROGRAMS FOR FETAL ALCOHOL SPECTRUM**
7 **DISORDERS.**

8 “(a) DEFINITION.—In this part, the terms ‘fetal alco-
9 hol spectrum disorders’ and ‘FASD’ mean the range of
10 effects that can occur in an individual who is prenatally
11 exposed to alcohol. Such effects may include physical,
12 mental, behavioral, and learning disabilities, with possible
13 lifelong implications.

14 “(b) RESEARCH ON FETAL ALCOHOL SPECTRUM
15 DISORDERS AND RELATED CONDITIONS.—

16 “(1) IN GENERAL.—The Secretary, acting
17 through the Director of the National Institutes of
18 Health and in coordination with the Interagency Co-
19 ordinating Committee on Fetal Alcohol Spectrum
20 Disorders under section 399H–1, shall—

21 “(A) establish a research agenda for
22 FASD; and

23 “(B) award grants, contracts, or coopera-
24 tive agreements to public or private nonprofit
25 entities to pay all or part of carrying out re-
26 search under such agenda.

1 “(2) TYPES OF RESEARCH.—In carrying out
2 paragraph (1), the Secretary, acting through the Di-
3 rector of the National Institute of Alcohol Abuse and
4 Alcoholism (referred to in this part as the ‘Director
5 of the Institute’), shall continue to conduct and ex-
6 pand national and international research in coordi-
7 nation with other Federal agencies that includes—

8 “(A) the most promising avenues of re-
9 search in FASD diagnosis, intervention, and
10 prevention;

11 “(B) factors that may mitigate the effects
12 of fetal alcohol exposure; and

13 “(C) other research that the Director of
14 the Institute determines to be appropriate with
15 respect to conditions that develop as a result of
16 in-utero substance exposure.

17 “(c) SURVEILLANCE, PUBLIC HEALTH RESEARCH,
18 AND PREVENTION ACTIVITIES.—

19 “(1) IN GENERAL.—The Secretary, acting
20 through the Director of the National Center on
21 Birth Defects and Developmental Disabilities of the
22 Centers for Disease Control and Prevention, shall
23 facilitate surveillance, public health research, and
24 prevention of FASD in accordance with this sub-
25 section.

1 “(2) SURVEILLANCE, PUBLIC HEALTH RE-
2 SEARCH, AND PREVENTION.—In carrying out this
3 subsection, the Secretary shall—

4 “(A) integrate into clinical practice the evi-
5 dence-based standard case definition for diag-
6 nosis of fetal alcohol syndrome and, in collabo-
7 ration with the Director of the Institute, the
8 Director of the Centers for Disease Control and
9 Prevention, the Interagency Coordinating Com-
10 mittee on Fetal Alcohol Spectrum Disorders es-
11 tablished under section 399H–1, researchers,
12 and other experts in the field, develop standard,
13 evidence-based clinical diagnostic guidelines,
14 and criteria for all other fetal alcohol spectrum
15 disorders;

16 “(B) conduct applied public health preven-
17 tion research to identify evidence-based strate-
18 gies for reducing alcohol-exposed pregnancies in
19 women at high risk for alcohol-exposed preg-
20 nancies;

21 “(C) disseminate and provide the necessary
22 training and support to implement evidence-
23 based strategies developed under subparagraph
24 (B) to—

1 “(i) hospitals, Federally-qualified
2 health centers, residential and outpatient
3 substance use treatment programs, and
4 other appropriate health care providers;

5 “(ii) educational settings;

6 “(iii) social work and child welfare of-
7 fices;

8 “(iv) foster care providers and adop-
9 tion agencies;

10 “(v) State offices and other agencies
11 providing services to individuals with dis-
12 abilities;

13 “(vi) mental health treatment facili-
14 ties; and

15 “(vii) other entities that the Secretary
16 determines to be appropriate;

17 “(D) conduct activities related to risk fac-
18 tor surveillance, including the biannual moni-
19 toring and reporting of alcohol consumption
20 among pregnant women and women of child-
21 bearing age;

22 “(E) disseminate and evaluate brief behav-
23 ioral intervention strategies and referrals aimed
24 at preventing alcohol-exposed pregnancies
25 among women of childbearing age in special set-

1 tings, including clinical primary health centers,
2 outpatient clinics, child welfare agencies, and
3 correctional facilities and recovery campuses;

4 “(F) disseminate comprehensive alcohol
5 and pregnancy and FASD information, re-
6 sources, and services to families and caregivers,
7 professionals, and the public; and

8 “(G) coordinate with affiliated State and
9 local systems and organizations on activities
10 with respect to the prevention of FASD and re-
11 lated conditions for pregnant mothers.

12 “(d) BUILDING STATE FASD SYSTEMS.—

13 “(1) IN GENERAL.—The Secretary, acting
14 through the Administrator of the Health Resources
15 and Services Administration, shall award grants,
16 contracts, or cooperative agreements to States for
17 the purpose of developing and implementing a state-
18 wide FASD strategic plan, establishing or expanding
19 statewide programs of surveillance, screening and di-
20 agnosis, prevention, and clinical intervention and
21 support for individuals with FASD and their fami-
22 lies.

23 “(2) ELIGIBILITY.—To be eligible to receive a
24 grant, contract, or cooperative agreement under
25 paragraph (1), a State shall prepare and submit to

1 the Secretary an application at such time, in such
2 manner, and containing such information as the Sec-
3 retary may require. The application shall include—

4 “(A) evidence of the establishment of a
5 State advisory group composed of State agen-
6 cies, local governmental entities, and Indian
7 Tribes and Tribal organizations; and

8 “(B) private sector stakeholders whose
9 purpose is to develop a statewide strategic plan
10 and make recommendations for the prevention
11 of FASD, screening and diagnosis, and clinical
12 intervention and support for individuals with
13 FASD and their families.

14 “(3) STRATEGIC PLAN.—The statewide stra-
15 tegic plan required under paragraph (1) shall in-
16 clude—

17 “(A) identification of existing State and
18 local programs and systems that could be used
19 to identify and assist individuals with FASD,
20 related conditions, and prevent alcohol con-
21 sumption during pregnancy;

22 “(B) identification of barriers to access to
23 FASD diagnostic services or to programs to as-
24 sist individuals with FASD or women at risk

1 for substance abuse and alcohol-exposed preg-
2 nancies; and

3 “(C) proposals to eliminate barriers to pre-
4 vention and treatment programs.

5 “(4) RESTRICTIONS ON AND USE OF FUNDS.—
6 Amounts received under a grant, contract, or cooper-
7 ative agreement under paragraph (1) shall be used
8 for one or more of the following activities:

9 “(A) Providing educational and supportive
10 services to families of individuals and families
11 with FASD.

12 “(B) Establishing a statewide surveillance
13 system.

14 “(C) Including FASD education in State,
15 medical, and health care (including mental
16 health care) university programs.

17 “(D) Collecting, analyzing, and inter-
18 preting data.

19 “(E) Developing, implementing, and evalu-
20 ating population-based and targeted prevention
21 programs for FASD, including public awareness
22 campaigns.

23 “(F) Referring individuals with FASD to
24 appropriate support services.

1 “(G) Implementing recommendations from
2 relevant agencies and organizations, including
3 the State advisory group, on the identification
4 and prevention of FASD, and intervention pro-
5 grams or services for individuals with FASD.

6 “(H) Providing training to health care (in-
7 cluding mental health care) providers on the
8 prevention, identification, and treatment of
9 FASD.

10 “(I) Disseminating information about
11 FASD and the availability of support services
12 to families and individuals with FASD.

13 “(J) Other activities, as the Secretary de-
14 termines appropriate.

15 “(5) OTHER CONTRACTS AND AGREEMENTS.—
16 A State may carry out activities under paragraph
17 (4) through contracts or cooperative agreements
18 with public and private nonprofit entities with a
19 demonstrated expertise in FASD prevention and
20 intervention services.

21 “(e) PROMOTING COMMUNITY PARTNERSHIPS.—

22 “(1) IN GENERAL.—The Secretary, acting
23 through the Administrator of Health and Resource
24 Services and Administration, shall award grants,
25 contracts, or cooperative agreements to eligible enti-

1 ties to enable such entities to establish, enhance, or
2 improve community partnerships for the purpose of
3 collaborating on common objectives and integrating
4 the services available to individuals with FASD such
5 as surveillance, screening, prevention, treatment,
6 and support services.

7 “(2) ELIGIBLE ENTITIES.—To be eligible to re-
8 ceive a grant, contract, or cooperative agreement
9 under paragraph (1), a entity shall—

10 “(A) be a public or private nonprofit enti-
11 ty, which may be—

12 “(i) a health care provider or health
13 professional;

14 “(ii) a primary or secondary school;

15 “(iii) a social work or child welfare of-
16 fice;

17 “(iv) an incarceration, detainment fa-
18 cility, or judicial system for juveniles and
19 adults;

20 “(v) an FASD organization, parent-
21 led group, or other organization that sup-
22 ports and advocates for individuals with
23 FASD;

24 “(vi) an Indian Tribe or Tribal orga-
25 nization;

1 “(vii) an early childhood intervention
2 facility;

3 “(viii) any other entity the Secretary
4 determines to be appropriate; or

5 “(ix) a consortium of any of the enti-
6 ties described in clauses (i) through (viii);
7 and

8 “(B) prepare and submit to the Secretary
9 an application at such time, in such manner,
10 and containing such information as the Sec-
11 retary may require, including assurances that
12 the entity submitting the application does, at
13 the time of application, or will, within a reason-
14 able amount of time from the date of applica-
15 tion, include substantive participation of a
16 broad range of entities that work with or pro-
17 vide services for individuals with FASD.

18 “(3) ACTIVITIES.—An eligible entity shall use
19 amounts received under a grant, contract, or cooper-
20 ative agreement under this subsection to carry out
21 one or more of the following activities:

22 “(A) Integrating FASD services into exist-
23 ing programs and services available in the com-
24 munity.

1 “(B) Conducting a needs assessment to
2 identify services that are not available in a com-
3 munity.

4 “(C) Developing and implementing com-
5 munity-based initiatives to prevent, screen, di-
6 agnose, treat, and provide support services to
7 individuals with FASD and their families.

8 “(D) Disseminating information about
9 FASD and the availability of support services.

10 “(E) Developing and implementing a com-
11 munity-wide public awareness and outreach
12 campaign focusing on the dangers of drinking
13 alcohol while pregnant.

14 “(F) Providing mentoring or other support
15 to families of individuals with FASD.

16 “(G) Other activities, as the Secretary de-
17 termines appropriate.

18 “(f) DEVELOPMENT OF BEST PRACTICES AND MOD-
19 ELS OF CARE.—

20 “(1) IN GENERAL.—The Secretary, in coordina-
21 tion with the Administrator of Health Resources
22 Services Administration, shall award grants to
23 States, Indian Tribes and Tribal organizations, non-
24 governmental organizations, and institutions of high-

1 er education for the establishment of pilot projects
2 to identify and implement best practices for—

3 “(A) providing early childhood intervention
4 or educating children with FASD, including—

5 “(i) activities and programs designed
6 specifically for the identification, treat-
7 ment, and education of such children; and

8 “(ii) curricula development and
9 credentialing of teachers, administrators,
10 and social workers who implement such
11 programs and provide early childhood
12 intervention;

13 “(B) educating judges, attorneys, proba-
14 tion officers, social workers, child advocates,
15 law enforcement officers, prison wardens, alter-
16 native incarceration administrators, and incar-
17 ceration officials on how to screen, identify,
18 treat, and support individuals with FASD with-
19 in the child welfare, juvenile, and criminal jus-
20 tice systems, including—

21 “(i) programs designed specifically for
22 the identification, treatment, and education
23 of individuals with FASD; and

24 “(ii) curricula development and
25 credentialing within the justice and child

1 welfare systems for individuals who imple-
2 ment such programs;

3 “(C) educating adoption or foster care
4 agency officials about available and necessary
5 services for children with FASD, including—

6 “(i) programs designed specifically for
7 screening and identification, treatment,
8 and education of individuals with FASD;
9 and

10 “(ii) education and training for poten-
11 tial adoptive or foster parents of a child
12 with FASD; and

13 “(D) educating health and mental health,
14 and substance use, providers about available
15 and necessary services for children with FASD,
16 including—

17 “(i) programs designed specifically for
18 screening and identification, and both
19 health and mental health treatment, of in-
20 dividuals with FASD; and

21 “(ii) curricula development and
22 credentialing within the health and mental
23 health and substance abuse systems for in-
24 dividuals who implement such programs.

1 “(2) APPLICATION.—To be eligible for a grant
2 under paragraph (1), an entity shall prepare and
3 submit to the Secretary an application at such time,
4 in such manner, and containing such information as
5 the Secretary may reasonably require.

6 “(g) TRANSITIONAL SERVICES.—

7 “(1) IN GENERAL.—The Secretary, in coordina-
8 tion with the Administrator of the Health Resources
9 and Services Administration, shall award demonstra-
10 tion grants, contracts, and cooperative agreements
11 to States, Indian Tribes and Tribal organizations,
12 and nongovernmental organizations for the purpose
13 of establishing integrated systems for providing
14 transitional services for adults affected by prenatal
15 alcohol exposure and evaluating the effectiveness of
16 such services.

17 “(2) APPLICATION.—To be eligible for a grant,
18 contract, or cooperative agreement under paragraph
19 (1), an entity shall prepare and submit to the Sec-
20 retary an application at such time, in such manner,
21 and containing such information as the Secretary
22 may reasonably require, including specific creden-
23 tials relating to education, skills, training, and con-
24 tinuing educational requirements relating to FASD.

1 “(3) ALLOWABLE USES.—An entity shall use
2 amounts received under a grant, contract, or cooper-
3 ative agreement under paragraph (1) [to carry out
4 one or more of the following activities]:

5 “(A) Provide housing assistance to, or spe-
6 cialized housing for, adults with FASD.

7 “(B) Provide vocational training and place-
8 ment services for adults with FASD.

9 “(C) Provide medication monitoring serv-
10 ices for adults with FASD.

11 “(D) Provide training and support to orga-
12 nizations providing family services or mental
13 health programs and other organizations that
14 work with adults with FASD.

15 “(E) Establish and evaluate housing mod-
16 els specially designed for adults with FASD.

17 “(F) Other services or programs, as the
18 Secretary determines appropriate.

19 “(h) AUTHORIZATION OF APPROPRIATIONS.—There
20 are authorized to be appropriated to carry out this section,
21 such sums as may be necessary for each of fiscal years
22 2020 through 2025.”.

23 (b) SERVICES FOR INDIVIDUALS WITH FETAL ALCO-
24 HOL SPECTRUM DISORDERS.—Subpart 2 of part B of title
25 V of the Public Health Service Act (42 U.S.C. 290bb–

1 21 et seq.) is amended by inserting after section 519B
2 the following:

3 **“SEC. 519C. SERVICES FOR INDIVIDUALS WITH FETAL AL-**
4 **COHOL SYNDROME.**

5 “(a) IN GENERAL.—The Secretary may make awards
6 of grants, cooperative agreements, or contracts to public
7 and nonprofit private entities, including Indian tribes and
8 tribal organizations, to provide services to individuals di-
9 agnosed with fetal alcohol syndrome or alcohol-related
10 birth defects.

11 “(b) USE OF FUNDS.—An award under subsection
12 (a) may, subject to subsection (d), be used to—

13 “(1) screen and test individuals to determine
14 the type and level of services needed;

15 “(2) develop a comprehensive plan for providing
16 services to the individual;

17 “(3) provide mental health counseling;

18 “(4) provide substance abuse prevention serv-
19 ices and treatment, if needed;

20 “(5) coordinate services with other social pro-
21 grams including social services, justice system, edu-
22 cational services, health services, mental health and
23 substance abuse services, financial assistance pro-
24 grams, vocational services and housing assistance
25 programs;

1 “(6) provide vocational services;

2 “(7) provide health counseling;

3 “(8) provide housing assistance;

4 “(9) parenting skills training;

5 “(10) overall case management;

6 “(11) supportive services for families of individ-

7 uals with Fetal Alcohol Syndrome and other pre-

8 natal alcohol-related disorders;

9 “(12) provide respite care for caretakers of in-

10 dividuals with Fetal Alcohol Syndrome and other

11 prenatal alcohol-related disorders;

12 “(13) recruit and train mentors for individuals

13 with Fetal Alcohol Syndrome and other prenatal al-

14 cohol-related disorders;

15 “(14) provide educational and supportive serv-

16 ices to families of individuals with Fetal Alcohol

17 Spectrum Disorders; and

18 “(15) provide other services and programs, to

19 the extent authorized by the Secretary after consid-

20 eration of recommendations made by the Inter-

21 agency Coordinating Committee on Fetal Alcohol

22 Spectrum Disorders.

23 “(c) REQUIREMENTS.—To be eligible to receive an

24 award under subsection (a), an applicant shall—

1 “(1) demonstrate that the program will be part
2 of a coordinated, comprehensive system of care for
3 such individuals;

4 “(2) demonstrate an established communication
5 with other social programs in the community includ-
6 ing social services, justice system, financial assist-
7 ance programs, health services, educational services,
8 mental health and substance abuse services, voca-
9 tional services and housing assistance services;

10 “(3) show a history of working with individuals
11 with fetal alcohol syndrome or alcohol-related birth
12 defects;

13 “(4) provide assurance that the services will be
14 provided in a culturally and linguistically appro-
15 priate manner; and

16 “(5) provide assurance that at the end of the
17 5-year award period, other mechanisms will be iden-
18 tified to meet the needs of the individuals and fami-
19 lies served under such award.

20 “(d) RELATIONSHIP TO PAYMENTS UNDER OTHER
21 PROGRAMS.—An award may be made under subsection (a)
22 only if the applicant involved agrees that the award will
23 not be expended to pay the expenses of providing any serv-
24 ice under this section to an individual to the extent that

1 payment has been made, or can reasonably be expected
2 to be made, with respect to such expenses—

3 “(1) under any State compensation program,
4 under an insurance policy, or under any Federal or
5 State health benefits program; or

6 “(2) by an entity that provides health services
7 on a prepaid basis.

8 “(e) DURATION OF AWARDS.—With respect to an
9 award under subsection (a), the period during which pay-
10 ments under such award are made to the recipient may
11 not exceed 5 years.

12 “(f) EVALUATION.—The Secretary shall evaluate
13 each project carried out under subsection (a) and shall dis-
14 seminate the findings with respect to each such evaluation
15 to appropriate public and private entities.

16 “(g) FUNDING.—

17 “(1) AUTHORIZATION OF APPROPRIATIONS.—
18 For the purpose of carrying out this section, there
19 are authorized to be appropriated such sums as may
20 be necessary for each of fiscal years 2020 through
21 2025.

22 “(2) ALLOCATION.—Of the amounts appro-
23 priated under paragraph (1) for a fiscal year, not
24 less than \$300,000 shall, for purposes relating to
25 fetal alcohol syndrome and alcohol-related birth de-

1 fects, be made available for collaborative, coordi-
2 nated interagency efforts with the National Institute
3 on Alcohol Abuse and Alcoholism, the Eunice Ken-
4 nedy Shriver National Institute of Child Health and
5 Human Development, the Health Resources and
6 Services Administration, the Agency for Healthcare
7 Research and Quality, the Centers for Disease Con-
8 trol and Prevention, the Department of Education,
9 and the Department of Justice.”.

10 (c) PREVENTION, INTERVENTION, AND SERVICES IN
11 THE EDUCATION SYSTEM.—

12 (1) GENERAL RULE.—The Secretary of Edu-
13 cation shall be the lead Federal official with respon-
14 sibility over education-related issues with respect to
15 children with fetal alcohol spectrum disorders.

16 (2) SPECIFIC RESPONSIBILITIES.—The Sec-
17 retary of Education shall direct the Office of Special
18 Education and Rehabilitative Services to—

19 (A) conduct and disseminate training on a
20 nationwide fetal alcohol spectrum disorders sur-
21 veillance campaign to local educational agencies
22 (as defined in section 8101 of the Elementary
23 and Secondary Education Act of 1965 (20
24 U.S.C. 7801)) and early childhood education
25 providers in collaboration with the National

1 Center on Birth Defects and Developmental
2 Disabilities under section 399H(b) of the Public
3 Health Service Act (as amended by subsection
4 (a));

5 (B) collect, collate, and disseminate
6 (through the internet website of the Depart-
7 ment of Education, at teacher-to-teacher work-
8 shops, and through other means) evidence-
9 based practices that are effective in the edu-
10 cation and support of children with fetal alcohol
11 syndrome disorders (including any special tech-
12 niques on how to assist children with fetal alco-
13 hol spectrum disorders in both special and tra-
14 ditional educational settings, and including such
15 practices that incorporate information con-
16 cerning the identification, behavioral supports,
17 teaching, and learning associated with fetal al-
18 cohol spectrum disorders) to—

19 (i) education groups such as the Na-
20 tional Association of School Boards, the
21 National Education Association, the Amer-
22 ican Federation of Teachers, the National
23 Association of Elementary School Prin-
24 cipals, and the National Association of
25 Secondary School Principals;

1 (ii) recipients of a grant under the
2 21st Century Community Learning Center
3 program established under part B of title
4 IV of the Elementary and Secondary Edu-
5 cation Act of 1965 (20 U.S.C. 7171 et
6 seq.) and other after school program per-
7 sonnel; and

8 (iii) Parent Teacher Associations,
9 Parent Information and Training Centers,
10 and other appropriate education organiza-
11 tions;

12 (C) ensure that, in administering the Indi-
13 viduals with Disabilities Education Act (20
14 U.S.C. 1400 et seq.), parents, educators, and
15 advocates for children with disabilities are
16 aware that children with fetal alcohol spectrum
17 disorders have the right to access general cur-
18 riculum under the least restrictive environment;

19 (D) collaborate with other Federal agencies
20 to include information or activities relating to
21 fetal alcohol spectrum disorders in programs re-
22 lated to maternal health, health education, and
23 sex education;

24 (E) collaborate with the Secretary of
25 Health and Human Services to ensure that

1 fetal alcohol spectrum disorders prevention
2 grants under section 399H of the Public Health
3 Service Act (as amended by subsection (a)) in-
4 clude education concerning fetal alcohol spec-
5 trum disorders in the sexual and health edu-
6 cation curricula of schools; and

7 (F) support efforts by peer advisory net-
8 works of adolescents in schools to discourage
9 the use of alcohol while pregnant or considering
10 getting pregnant.

11 (3) DEFINITION.—For purposes of this sub-
12 section, the term “fetal alcohol spectrum disorders”
13 has the meaning given such term in section 399H(a)
14 of the Public Health Service Act, as amended by
15 subsection (a).

16 (d) PREVENTION, INTERVENTION, AND SERVICES IN
17 THE JUSTICE SYSTEM.—The Attorney General shall di-
18 rect the Office of Juvenile Justice and Delinquency Pre-
19 vention to—

20 (1) develop screening procedures for juveniles
21 who violate laws as described in section 5031 of title
22 18, United States Code, juveniles with chronic tru-
23 ancy, and other individuals, and conduct training on
24 a nationwide fetal alcohol spectrum disorders sur-
25 veillance campaign for the Department of Justice in

1 collaboration with the efforts of the National Center
2 on Birth Defects and Developmental Disabilities
3 under section 399H(b) of the Public Health Service
4 Act (as amended by subsection (a));

5 (2) introduce training curricula on how to most
6 effectively identify and interact with individuals with
7 fetal alcohol spectrum disorders in both the juvenile
8 and adult justice systems, and investigate incor-
9 porating information about the identification, pre-
10 vention, and treatment of the disorders into justice
11 professionals' credentialing requirements;

12 (3) promote the tracking of individuals entering
13 the juvenile justice system with at-risk backgrounds
14 that indicates them as high probability for having a
15 fetal alcohol spectrum disorder, especially individuals
16 whose mothers have a record of heavy or binge
17 drinking during pregnancy as reported by the appro-
18 priate child protection agency;

19 (4) educate judges, attorneys, probation offi-
20 cers, child advocates, law enforcement officers, pris-
21 on wardens, alternative incarceration administrators,
22 and incarceration officials on how to treat, respond
23 to, and support individuals suffering from fetal alco-
24 hol spectrum disorders within the juvenile and adult
25 justice systems, including—

1 (A) programs designed specifically for the
2 identification, treatment, and education of such
3 children;

4 (B) curricula development and
5 credentialing of teachers, administrators, and
6 social workers who implement such programs;
7 and

8 (C) how fetal alcohol spectrum disorders
9 impact an individual's interaction with law en-
10 forcement and whether diversionary sentencing
11 options or fetal-alcohol-spectrum-disorder-in-
12 formed interventions and programs for such in-
13 dividuals are appropriate;

14 (5) conduct a study on the inadequacies of how
15 the current system processes children with certain
16 developmental delays and subsequently implement
17 alternative methods of incarceration and treatment
18 that are more effective for youth offenders identified
19 to have a fetal alcohol spectrum disorder; and

20 (6) collaborate with fetal alcohol spectrum dis-
21 orders professionals and implement transition pro-
22 grams for juveniles and adults with fetal alcohol
23 spectrum disorders who are released from incarcer-
24 ation.

1 (e) SUNSET PROVISION.—Section 399K of the Public
2 Health Service Act (42 U.S.C. 280f–3) is amended—

3 (1) by striking “National Task Force have been
4 appointed under section 399H(d)(1)” and inserting
5 “Interagency Coordinating Committee on Fetal Al-
6 cohool Spectrum Disorders under section 399H–
7 1(c)”; and

8 (2) by adding at the end the following: “Not
9 later than the date that is 4 years after all such
10 members have been appointed, the Secretary shall
11 issue to Congress recommendations on whether the
12 programs under this part should be extended.”.

13 **SEC. 3. INTERAGENCY COORDINATING COMMITTEE ON**
14 **FETAL ALCOHOL SPECTRUM DISORDERS.**

15 Part O of title III of the Public Health Service Act
16 (42 U.S.C. 280F et seq.), as amended by section 2(a),
17 is further amended by inserting after section 399H the
18 following:

19 **“SEC. 399H-1. INTERAGENCY COORDINATING COMMITTEE**
20 **ON FETAL ALCOHOL SPECTRUM DISORDERS.**

21 “(a) IN GENERAL.—The Secretary, acting through
22 the Director of the National Institute of Alcohol Abuse
23 and Alcoholism, shall maintain the ‘Interagency Coordi-
24 nating Committee on Fetal Alcohol Spectrum Disorders’
25 (referred to in this section as the ‘Committee’) with both

1 Federal and non-Federal members and a chairperson ap-
2 pointed by the Director, to coordinate and recommend ef-
3 forts within the Department of Health and Human Serv-
4 ices and other relevant Federal departments and agencies
5 concerning FASD.

6 “(b) RESPONSIBILITIES.—In carrying out its duties
7 under this section, the Committee shall—

8 “(1) monitor FASD research and services and,
9 to the extent practicable, services and support activi-
10 ties across all relevant Federal departments and
11 agencies, including coordination of Federal activities
12 with respect to FASD;

13 “(2) develop a summary of advances in FASD
14 research related to prevention, treatment, early
15 screening, diagnosis, and interventions;

16 “(3) make recommendations for the FASD re-
17 search agenda to the Director of the National Insti-
18 tute of Alcohol Abuse and Alcoholism, as described
19 in section 399H(b)(1)(A);

20 “(4) review the 2009 report of the National
21 Task Force on FAS entitled, ‘A Call to Action’, and
22 other reports on FASD and make recommendations
23 on a national strategic plan to reduce the prevalence
24 and the associated impact of FASD and improve the

1 quality of life for individuals living with FASD,
2 which shall include—

3 “(A) proposed Federal budgetary require-
4 ments for FASD research and related services
5 and support activities for individuals with
6 FASD;

7 “(B) recommendations to ensure that
8 FASD research, and services and support ac-
9 tivities to the extent practicable, of the Depart-
10 ment of Health and Human Services and of
11 other Federal departments and agencies are not
12 unnecessarily duplicative;

13 “(C) identification of gaps or barriers for
14 individuals living with, or impacted by, FASD
15 in accessing diagnostic, early intervention, and
16 support services;

17 “(D) identification of prevention strategies,
18 including education campaigns and options,
19 such as product warnings and other mecha-
20 nisms to raise awareness of the risks associated
21 with prenatal alcohol consumption;

22 “(E) identification of best practice ap-
23 proaches to reduce the incidence of FASD; and

24 “(F) identification of best practice ap-
25 proaches and models of care to increase support

1 and treat individuals with FASD, and their
2 families; and

3 “(5) submit to Congress and the President—

4 “(A) an update on the summary of ad-
5 vances described in paragraph (3), one year
6 after the date of enactment of the Advancing
7 FASD Research, Prevention, and Services Act;

8 “(B) an update to the national strategic
9 plan described in paragraph (4), including any
10 progress made in achieving the objectives out-
11 lined in such strategic plan, one year after the
12 date of enactment of the Advancing FASD Re-
13 search, Prevention, and Services Act; and

14 “(C) a final report that provides a sum-
15 mary of advances described in paragraph (3)
16 and an update to the national strategic plan de-
17 scribed in paragraph (4), not later than Sep-
18 tember 30, 2025.

19 “(c) MEMBERSHIP.—The Committee shall be com-
20 posed of representatives as described in paragraphs (1)
21 and (2).

22 “(1) FEDERAL MEMBERSHIP.—Members of the
23 Committee shall include representatives of the fol-
24 lowing Federal agencies:

1 “(A) The National Institute on Alcohol
2 Abuse and Alcoholism.

3 “(B) The Centers for Disease Control and
4 Prevention.

5 “(C) The Health Resources and Services
6 Administration.

7 “(D) Other agencies with responsibilities
8 for FASD, substance use prevention and treat-
9 ment, maternal health, child health and welfare,
10 and rehabilitative services, which may include
11 Federal agencies that interact with individuals
12 with FASD in the educational and correctional
13 systems.

14 “(2) NON-FEDERAL MEMBERS.—Additional
15 non-Federal public and private sector members of
16 the Committee shall be appointed by the Director of
17 the National Institute on Alcohol Abuse and Alco-
18 holism, including—

19 “(A) one individual with FASD or a par-
20 ent or legal guardian of an individual with
21 FASD;

22 “(B) one representative of the National
23 Organization on Fetal Alcohol Syndrome and
24 one representative of a leading statewide advo-

1 eacy and service organization for individuals
2 with FASD;

3 “(C) one representative of the FASD Cen-
4 ter of Excellence established under section
5 399H–2, and one representative of a State ad-
6 visory group engaged in building a State FASD
7 system pursuant to section 399H(d); and

8 “(D) multiple individuals with expertise on
9 FASD who will serve as representatives of pri-
10 vate sector organizations that engage on FASD
11 issues on behalf of pediatricians, obstetricians
12 and gynecologists, mental health care providers,
13 family court judges, juvenile judges and justice
14 programming and services, and special edu-
15 cation and social work professionals.

16 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
17 are authorized to be appropriated to carry out this section
18 such sums as may be necessary for each of fiscal years
19 2020 through 2025.”.

20 **SEC. 4. FASD CENTER OF EXCELLENCE.**

21 (a) IN GENERAL.—Part O of title III of the Public
22 Health Service Act (42 U.S.C. 280f et seq.), as amended
23 by section 3, is further amended by inserting after section
24 399H–1 the following:

1 **“SEC. 399H-2. FASD CENTER OF EXCELLENCE.**

2 “(a) IN GENERAL.—The Secretary, in consultation
3 with the Assistant Secretary for Mental Health and Sub-
4 stance Use, the Administrator of the Health Research and
5 Services Administration, and the Director of the Centers
6 for Disease Control and Prevention, shall make an award
7 of a grant, cooperative agreement, or contract to a public
8 or nonprofit entity with demonstrated expertise in FASD
9 awareness, prevention and intervention services. Such
10 award shall be for the purpose of establishing an FASD
11 Center of Excellence to build local, State, and national ca-
12 pacities to prevent the occurrence of FASD, including dis-
13 orders and birth defects related to combined abuse of alco-
14 hol and other substances, and to respond to the needs of
15 individuals and their families that carry out the following:

16 “(1) Initiating or expanding diagnostic capacity
17 of FASD by increasing screening, identification, and
18 diagnosis of individuals with FASD in clinical prac-
19 tices, educational settings, child welfare, and juvenile
20 and correctional systems.

21 “(2) Providing an internet-based resource cen-
22 ter that disseminates ongoing technical assistance,
23 resource development, and peer and cross-State
24 training on FASD.

25 “(3) Conducting media outreach and media
26 training to raise public awareness of the risks associ-

1 ated with alcohol consumption during pregnancy
2 with the purpose of reducing the prevalence of
3 FASD.

4 “(4) Acting as a clearinghouse on FASD pre-
5 vention and intervention practices and services and
6 maintaining a national resource directory.

7 “(5) Developing and disseminating information
8 and resources for training community leaders, men-
9 tal health and substance abuse professionals, fami-
10 lies, law enforcement personnel, judges, health pro-
11 fessionals, persons working in financial assistance
12 programs, social service personnel, child welfare pro-
13 fessionals, and other service providers on the impli-
14 cations of FASD and the early identification of and
15 referral for such conditions.

16 “(6) Building capacity for State and local affili-
17 ates dedicated to FASD awareness and prevention
18 efforts.

19 “(7) Supporting a speakers bureau and other
20 public awareness activities, including social media,
21 for enhanced FASD awareness and prevention ef-
22 forts.

23 “(8) Providing technical assistance to commu-
24 nities for replicating exemplary comprehensive sys-

1 tems of care for individuals with FASD developed
2 under section 399H(e).

3 “(9) Providing technical assistance to commu-
4 nities for replicating best practice pilot projects de-
5 veloped under section 399H(f).

6 “(10) Providing technical assistance to States
7 in developing statewide FASD strategic plans, estab-
8 lishing or expanding statewide programs of surveil-
9 lance, screening and diagnosis, prevention, and clin-
10 ical intervention and support for individuals with
11 FASD and their families under section 399H(d).

12 “(11) Developing a comprehensive FASD data-
13 base of clinics across the United States, in accord-
14 ance with applicable privacy requirements.

15 “(12) Carrying out other functions, to the ex-
16 tent authorized by the Secretary, after consideration
17 of recommendations of the Interagency Coordinating
18 Committee on Fetal Alcohol Spectrum Disorders in
19 the national strategic plan under section 399H-
20 1(b)(4).

21 “(b) APPLICATION.—To be eligible for a grant, con-
22 tract, or cooperative agreement under paragraph (1), an
23 entity shall prepare and submit to the Secretary an appli-
24 cation at such time, in such manner, and containing such
25 information as the Secretary may reasonably require, in-

1 cluding specific credentials relating to FASD resource de-
2 velopment and dissemination, care coordination and the
3 coordination of clinical services, technical assistance, ad-
4 ministration of partner networks, and other such FASD-
5 specific expertise.

6 “(c) SUBCONTRACTING.—A public or private non-
7 profit may carry out the activities under subsection (a)
8 through contracts or cooperative agreements with other
9 public and private nonprofit entities with demonstrated ex-
10 pertise in FASD prevention and intervention services.

11 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
12 are authorized to be appropriated to carry out this section
13 such sums as may be necessary for each of fiscal years
14 2020 through 2025.”.

15 (b) CONFORMING AMENDMENT.—Section 519D of
16 the Public Health Service Act (42 U.S.C. 290bb–25d) is
17 repealed.

18 **SEC. 5. AUTHORIZATION OF APPROPRIATIONS.**

19 Section 399J of the Public Health Service Act (42
20 U.S.C. 280f–2) is amended—

21 (1) in subsection (a), by striking “\$27,000,000
22 for each of the fiscal years 1999 through 2003” and
23 inserting “\$42,000,000 for fiscal year 2021 and
24 such sums as may be necessary for each of fiscal
25 years 2022 through 2025”; and

1 (2) by amending subsection (b), to read as fol-
2 lows:

3 “(b) INTERAGENCY COORDINATING COMMITTEE ON
4 FETAL ALCOHOL SPECTRUM DISORDERS.—From
5 amounts appropriated for a fiscal year under subsection
6 (a), the Secretary may use not to exceed \$2,000,000 of
7 such amounts for the operations of the Interagency Co-
8 ordinating Committee on Fetal Alcohol Spectrum Dis-
9 orders under section 399H-1.”.