

112TH CONGRESS
2D SESSION

S. 2262

To amend the Public Health Service Act to reauthorize and extend the Fetal Alcohol Syndrome prevention and services program, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MARCH 29, 2012

Mr. JOHNSON of South Dakota (for himself, Ms. MURKOWSKI, Mr. INOUE, and Mr. BEGICH) 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 Syndrome 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”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

8 (1) Fetal Alcohol Spectrum Disorders (FASD)
9 are the spectrum of serious, life-long disorders

1 caused by prenatal exposure to alcohol, which in-
2 clude Fetal Alcohol Syndrome, Alcohol-Related
3 Neurodevelopmental Disorder, and Alcohol-Related
4 Birth Defects.

5 (2) In the decades that have passed since Fetal
6 Alcohol Syndrome was first recognized in the United
7 States, this fully preventable condition has continued
8 to affect American children and families.

9 (3) Prenatal alcohol exposure can cause brain
10 damage that produces cognitive and behavioral im-
11 pairments. Prenatal alcohol exposure can cause in-
12 tellectual disabilities or low IQ and difficulties with
13 learning, memory, attention, and problem solving. It
14 can also create problems with executive functioning
15 and adaptive behavior that impairs mental health
16 and social interaction. Prenatal alcohol exposure
17 does not always result in below average IQ or visible
18 birth defects, which makes Fetal Alcohol Spectrum
19 Disorders difficult to identify, leading to improper
20 treatment or denial of support services.

21 (4) Prenatal alcohol exposure also can cause
22 growth retardation, birth defects involving the heart,
23 kidney, vision and hearing, and a characteristic pat-
24 tern of facial abnormalities. Prenatal alcohol expo-
25 sure can also result in secondary behavioral charac-

1 teristics that may include mental health disorders
2 and learning and behavioral problems resulting in
3 disrupted school experience, trouble with the law, in-
4 carceration, inappropriate sexual behavior, alcohol or
5 drug problems, dependent living, and problems with
6 employment.

7 (5) According to the Substance Abuse and Men-
8 tal Health Services Administration, more than 1 in
9 5 women report drinking alcohol in the first tri-
10 mester of pregnancy, 1 in 14 in the second tri-
11 mester, and 1 in 20 in the third trimester, even
12 though there is no known safe level of alcohol con-
13 sumption during pregnancy.

14 (6) The incidence rate for all Fetal Alcohol
15 Spectrum Disorders is estimated in a publication of
16 the National Institute on Alcohol Abuse and Alco-
17 holism to be about 10 out of 1,000 births (1 percent
18 of births) or 40,000 newborns each year. It is esti-
19 mated that as many as 2 per 1,000, or 20 percent
20 of alcohol exposed newborns, have Fetal Alcohol
21 Syndrome, the most serious and identifiable of the
22 Fetal Alcohol Spectrum Disorders.

23 (7) As measured by the Fetal Alcohol Syn-
24 drome Surveillance Network, a partnership between
25 the Centers for Disease Control and Prevention and

1 5 different States, prevalence of Fetal Alcohol Spec-
2 trum Disorders can be even higher in certain popu-
3 lations, such as American Indians and Alaska Na-
4 tives, foster care children, adoptive children from the
5 United States and from countries where alcohol con-
6 sumption is more prevalent, and in certain areas,
7 such as those characterized by low socioeconomic
8 status.

9 (8) Fetal Alcohol Spectrum Disorders pose ex-
10 traordinary financial costs to the Nation, including
11 the cost of specialized health care, education, foster
12 care, incarceration, job training, and general support
13 services for individuals affected by Fetal Alcohol
14 Spectrum Disorders.

15 (9) Lifetime health costs for an individual with
16 Fetal Alcohol Syndrome ranges from \$860,000 to
17 \$4,000,000. The cost of Fetal Alcohol Syndrome in
18 the United States is estimated to be at least
19 \$6,000,000,000 in 2007. Total economic costs would
20 be even higher for all Fetal Alcohol Spectrum Dis-
21 orders.

22 (10) There is a great need for research, surveil-
23 lance, prevention, treatment, and support services
24 for individuals with Fetal Alcohol Spectrum Dis-
25 orders and their families.

1 (11) The National Institutes of Health, in co-
2 ordination with other Federal agencies, the Inter-
3 agency Coordinating Committee on Fetal Alcohol
4 Syndrome, and the National Task Force on Fetal
5 Alcohol Syndrome and Fetal Alcohol Effect, has an
6 opportunity to advance research on Fetal Alcohol
7 Spectrum Disorders in many areas, including the
8 following:

9 (A) The identification of the mechanisms
10 that produce the cognitive and behavioral prob-
11 lems associated with fetal alcohol exposure.

12 (B) The identification of a neurocognitive
13 and neurobehavioral phenotype for prenatal al-
14 cohol-related conditions other than Fetal Alco-
15 hol Syndrome.

16 (C) The identification of biological markers
17 that can be used to indicate fetal alcohol expo-
18 sure.

19 (D) The identification of fetal and mater-
20 nal risk factors that increase susceptibility to
21 Fetal Alcohol Spectrum Disorders.

22 (E) The investigation of behavioral and
23 pharmacotherapies for alcohol-dependent
24 women to determine new approaches for sus-
25 taining recovery.

1 (F) The development of scientific-based
2 pharmacologic and nutrient augmentation-based
3 pre- and post-natal interventions to antagonize
4 or mitigate the effects of prenatal alcohol expo-
5 sure.

6 (G) The development of neurocognitive
7 interventions to address deficits in
8 neurocognitive function for individuals with
9 Fetal Alcohol Spectrum Disorders.

10 (H) The development of standards for
11 measuring, reporting, and analyzing alcohol
12 consumption patterns in pregnant women.

13 (I) The development of enhanced techno-
14 logical approaches for the diagnosis of Fetal Al-
15cohol Spectrum Disorders including investiga-
16tion of prenatal ultrasound, non-invasive imag-
17ing, three-dimensional facial feature imaging
18and their application in telemedicine to aid in
19remote diagnosis.

20 (J) The evaluation of the role of alcohol in
21 Sudden Infant Death Syndrome (SIDS), unex-
22plained stillbirth, and premature birth.

23 (K) The collection and banking of biomate-
24rials for future analyses to aid in the identifica-
25tion of genetic and other biological and environ-

mental risk factors contributing in the development of Fetal Alcohol Spectrum Disorders.

(L) The identification of barriers to implementing alcohol screening in primary care and obstetric practice, and explore the acceptability of new screening technologies, such as computer assisted interviewing.

(M) The development of approaches for selected and indicated prevention, to decrease the potential for FASD births among the women at greatest risk for these disorders.

SEC. 3. PROGRAMS FOR FETAL ALCOHOL SPECTRUM DISORDERS.

Section 399H of the Public Health Service Act (42 U.S.C. 280f) is amended—

(1) by striking the section heading and inserting the following: “**SEC. 399H. PROGRAMS FOR FETAL ALCOHOL SPECTRUM DISORDERS.**”;

(2) by redesignating subsections (a) through (d) as subsections (h) through (k), respectively;

(3) by inserting after the section heading, the following:

“(a) RESEARCH ON FAS AND RELATED DISORDERS.—

1 “(1) IN GENERAL.—The Secretary, acting
2 through the Director of the National Institutes of
3 Health and in coordination with the Interagency Co-
4 ordinating Committee on Fetal Alcohol Syndrome,
5 shall—

6 “(A) establish a research agenda for Fetal
7 Alcohol Spectrum Disorders; and

8 “(B) award grants, contracts, or coopera-
9 tive agreements to public or private nonprofit
10 entities to pay all or part of carrying out re-
11 search under such agenda.

12 “(2) TYPES OF RESEARCH.—In carrying out
13 paragraph (1), the Secretary, acting through the Di-
14 rector of the National Institute of Alcohol Abuse and
15 Alcoholism, shall continue to conduct and expand
16 national and international research in coordination
17 with other Federal agencies that includes—

18 “(A) the most promising avenues of re-
19 search in Fetal Alcohol Spectrum Disorder di-
20 agnosis, intervention, and prevention;

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

23 “(C) other research that the Director de-
24 termines to be appropriate.

1 “(3) AUTHORIZATION OF APPROPRIATIONS.—

2 There are authorized to be appropriated to carry out
3 this subsection, such sums as may be necessary for
4 each of fiscal years 2013 through 2017.

5 “(b) SURVEILLANCE, PUBLIC HEALTH RESEARCH,
6 AND PREVENTION ACTIVITIES.—

7 “(1) IN GENERAL.—The Secretary, acting
8 through the Director of the National Center on
9 Birth Defects and Developmental Disabilities, shall
10 facilitate surveillance, public health research, and
11 prevention of Fetal Alcohol Spectrum Disorders as
12 provided for in this subsection.

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

16 “(A) integrate into clinical practice the
17 standard case definition for diagnosis of Fetal
18 Alcohol Syndrome and, in collaboration with the
19 National Institute on Alcohol Abuse and Alco-
20 holism, the Centers for Disease Control and
21 Prevention, researchers, and experts in the
22 field, develop a standard clinical case definition
23 for diagnostic guidelines and criteria for pre-
24 natal alcohol-related conditions other than Fetal
25 Alcohol Syndrome;

1 “(B) conduct applied public health preven-
2 tion research to identify evidence-based strate-
3 gies for reducing alcohol-exposed pregnancies in
4 women at high risk for alcohol-exposed preg-
5 nancies;

6 “(C) disseminate and provide the necessary
7 training and support to implement evidence-
8 based strategies developed under subparagraph
9 (A) to—

10 “(i) hospitals, federally qualified
11 health centers, outpatient programs, and
12 other appropriate health care providers;

13 “(ii) incarceration, detainment facili-
14 ties, and other judicial systems for juve-
15 niles and adults;

16 “(iii) educational settings;

17 “(iv) social work and child welfare of-
18 fices;

19 “(v) foster care providers and adop-
20 tion agencies;

21 “(vi) State offices and others pro-
22 viding services to individuals with disabil-
23 ities;

24 “(vii) alcoholism treatment facilities;
25 and

1 “(viii) other entities that the Sec-
 2 retary determines to be appropriate;

3 “(D) conduct activities related to risk fac-
 4 tor surveillance including the biannual moni-
 5 toring and reporting of alcohol consumption
 6 among pregnant women and women of child
 7 bearing age; and

8 “(E) disseminate and evaluate brief behav-
 9 ioral intervention strategies aimed at preventing
 10 alcohol-exposed pregnancies among women of
 11 childbearing age in special settings, including
 12 clinical primary health centers, outpatient clin-
 13 ics, and jail and recovery campuses.

14 “(3) AUTHORIZATION OF APPROPRIATION.—
 15 There are authorized to be appropriated to carry out
 16 this subsection, such sums as may be necessary for
 17 each of fiscal years 2013 through 2017.

18 “(c) BUILDING STATE FASD SYSTEMS.—

19 “(1) IN GENERAL.—The Secretary, acting
 20 through the Administrator of the Substance Abuse
 21 and Mental Health Services Administration, shall
 22 award grants, contracts, or cooperative agreements
 23 to States for the purpose of establishing or expand-
 24 ing statewide programs of surveillance, prevention,

1 and clinical intervention for individuals with Fetal
2 Alcohol Spectrum Disorders.

3 “(2) ELIGIBILITY.—To be eligible to receive a
4 grant, contract, or cooperative agreement under
5 paragraph (1) a State shall—

6 “(A) prepare and submit to the Secretary
7 an application at such time, in such manner,
8 and containing such information as the Sec-
9 retary may reasonably require;

10 “(B) develop and implement a statewide
11 strategic plan for preventing Fetal Alcohol
12 Spectrum Disorders and clinical intervention
13 for individuals with Fetal Alcohol Spectrum
14 Disorders;

15 “(C) consult with public and private non-
16 profit entities with relevant expertise on Fetal
17 Alcohol Spectrum Disorders within the State,
18 including—

19 “(i) parent-led groups and other orga-
20 nizations that support and advocate for in-
21 dividuals with Fetal Alcohol Spectrum Dis-
22 orders; and

23 “(ii) Indian tribes and tribal organiza-
24 tions; and

1 “(D) designate an individual to serve as
2 the coordinator of the State’s Fetal Alcohol
3 Spectrum Disorders program.

4 “(3) STRATEGIC PLAN.—The statewide stra-
5 tegic plan prepared under paragraph (2)(B) shall in-
6 clude—

7 “(A) the identification of existing State
8 programs and systems that could be used to
9 identify and assist individuals with Fetal Alco-
10 hol Spectrum Disorders and prevent alcohol
11 consumption during pregnancy, such as—

12 “(i) programs for the developmentally
13 disabled, the mentally ill, and individuals
14 with alcohol dependency;

15 “(ii) educational settings;

16 “(iii) incarceration, detention centers,
17 and judicial systems for juveniles and
18 adults;

19 “(iv) child welfare programs and so-
20 cial service programs; and

21 “(v) other programs or systems the
22 State determines to be appropriate;

23 “(B) the identification of any barriers for
24 individuals with Fetal Alcohol Spectrum Dis-
25 orders or women at risk for alcohol consump-

1 tion during pregnancy to access the programs
2 identified under subparagraph (A); and

3 “(C) proposals to eliminate barriers to pre-
4 vention and treatment programs and coordinate
5 the activities of such programs.

6 “(4) USE OF FUNDS.—Amounts received under
7 a grant, contract, or cooperative agreement under
8 paragraph (1) shall be used for 1 or more of the fol-
9 lowing activities:

10 “(A) Establishing a statewide surveillance
11 system.

12 “(B) Collecting, analyzing, and inter-
13 preting data.

14 “(C) Establishing a diagnostic center.

15 “(D) Developing, implementing, and evalu-
16 ating population-based and targeted prevention
17 programs for Fetal Alcohol Spectrum Dis-
18 orders, including public awareness campaigns.

19 “(E) Referring individuals with Fetal Alco-
20 hol Spectrum Disorders to appropriate support
21 services.

22 “(F) Implementing recommendations from
23 relevant agencies and organizations on the iden-
24 tification and prevention of Fetal Alcohol Spec-
25 trum Disorders, and clinical intervention for in-

1 dividuals with Fetal Alcohol Spectrum Dis-
2 orders.

3 “(G) Providing training to health care pro-
4 viders on the prevention, identification, and
5 treatment of Fetal Alcohol Spectrum Disorders.

6 “(H) Disseminating information about
7 Fetal Alcohol Spectrum Disorders and the
8 availability of support services to families of in-
9 dividuals with Fetal Alcohol Spectrum Dis-
10 orders.

11 “(I) Other activities determined appro-
12 priate by the Secretary.

13 “(5) MULTI-STATE PROGRAMS.—The Secretary
14 shall permit the formation of multi-State Fetal Alco-
15 hol Spectrum Disorders programs under this sub-
16 section.

17 “(6) OTHER CONTRACTS AND AGREEMENTS.—
18 A State may carry out activities under paragraph
19 (4) through contracts or cooperative agreements
20 with public and private non-profit entities with a
21 demonstrated expertise in Fetal Alcohol Spectrum
22 Disorders.

23 “(7) AUTHORIZATION OF APPROPRIATIONS.—
24 There are authorized to be appropriated to carry out

1 this subsection, such sums as may be necessary for
2 fiscal years 2013 through 2017.

3 “(d) PROMOTING COMMUNITY PARTNERSHIPS.—

4 “(1) IN GENERAL.—The Secretary shall award
5 grants, contracts, or cooperative agreements to eligi-
6 ble entities to enable such entities to establish, en-
7 hance, or improve community partnerships for the
8 purpose of collaborating on common objectives and
9 integrating the services available to individuals with
10 Fetal Alcohol Spectrum Disorders, such as surveil-
11 lance, prevention, treatment, and provision of sup-
12 port services.

13 “(2) ELIGIBLE ENTITIES.—To be eligible to re-
14 ceive a grant, contract, or cooperative agreement
15 under paragraph (1), an entity shall—

16 “(A) be a public or private nonprofit enti-
17 ty, including—

18 “(i) a health care provider or health
19 professional;

20 “(ii) a primary or secondary school;

21 “(iii) a social work or child welfare of-
22 fice;

23 “(iv) an incarceration, detainment fa-
24 cility, or judicial systems for juveniles and
25 adults;

1 “(v) a parent-led group or other orga-
2 nization that supports and advocates for
3 individuals with Fetal Alcohol Spectrum
4 Disorders;

5 “(vi) an Indian tribe or tribal organi-
6 zation;

7 “(vii) any other entity the Secretary
8 determines to be appropriate; or

9 “(viii) a consortium of any of the enti-
10 ties described in clauses (i) through (vii);
11 and

12 “(B) prepare and submit to the Secretary
13 an application at such time, in such manner,
14 and containing such information as the Sec-
15 retary may reasonably require, including assur-
16 ances that the entity submitting the application
17 does, at the time of application, or will, within
18 a reasonable amount of time from the date of
19 application, include substantive participation of
20 a broad range of entities that work with or pro-
21 vide services for individuals with Fetal Alcohol
22 Spectrum Disorders.

23 “(3) ACTIVITIES.—An eligible entity shall use
24 amounts received under a grant, contract, or cooper-

1 ative agreement under this subsection shall carry out
2 1 or more of the following activities:

3 “(A) Integrating Fetal Alcohol Spectrum
4 Disorders services into existing programs and
5 services available in the community.

6 “(B) Conducting a needs assessment to
7 identify services that are not available in a com-
8 munity.

9 “(C) Developing and implementing com-
10 munity-based initiatives to prevent, diagnose,
11 treat, and provide support services to individ-
12 uals with Fetal Alcohol Spectrum Disorders.

13 “(D) Disseminating information about
14 Fetal Alcohol Spectrum Disorders and the
15 availability of support services.

16 “(E) Developing and implementing a com-
17 munity-wide public awareness and outreach
18 campaign focusing on the dangers of drinking
19 alcohol while pregnant.

20 “(F) Providing mentoring or other support
21 to families of individuals with Fetal Alcohol
22 Spectrum Disorders.

23 “(G) Other activities determined appro-
24 priate by the Secretary.

1 “(4) AUTHORIZATION OF APPROPRIATION.—

2 There are authorized to be appropriated to carry out
3 this subsection, such sums as may be necessary for
4 each of fiscal years 2013 through 2017.

5 “(e) DEVELOPMENT OF BEST PRACTICES.—

6 “(1) IN GENERAL.—The Secretary, in coordina-
7 tion with the Administrator of the Substance Abuse
8 and Mental Health Services Administration, shall
9 award grants to States, Indian tribes and tribal or-
10 ganizations, and nongovernmental organizations for
11 the establishment of pilot projects to identify and
12 implement best practices for—

13 “(A) educating children with fetal alcohol
14 spectrum disorders, including—

15 “(i) activities and programs designed
16 specifically for the identification, treat-
17 ment, and education of such children; and

18 “(ii) curricula development and
19 credentialing of teachers, administrators,
20 and social workers who implement such
21 programs;

22 “(B) educating judges, attorneys, proba-
23 tion officers, child advocates, law enforcement
24 officers, prison wardens, alternative incarceration
25 administration administrators, and incarceration officials

on how to treat and support individuals suffering from Fetal Alcohol Spectrum Disorders within the criminal justice system, including—

“(i) programs designed specifically for the identification, treatment, and education of those with Fetal Alcohol Spectrum Disorders; and

“(ii) curricula development and credentialing within the justice system for individuals who implement such programs; and

“(C) educating adoption or foster care agency officials about available and necessary services for children with Fetal Alcohol Spectrum Disorders, including—

“(i) programs designed specifically for the identification, treatment, and education of those with Fetal Alcohol Spectrum Disorders; and

“(ii) education and training for potential parents of an adopted child with Fetal Alcohol Spectrum Disorders.

“(2) APPLICATION.—To be eligible for a grant under paragraph (1), an entity shall prepare and submit to the Secretary an application at such time,

1 in such manner, and containing such information as
2 the Secretary may reasonably require.

3 “(3) AUTHORIZATION OF APPROPRIATIONS.—

4 There are authorized to be appropriated to carry out
5 this subsection, such sums as may be necessary for
6 each of fiscal years 2013 through 2017.

7 “(f) TRANSITIONAL SERVICES.—

8 “(1) IN GENERAL.—The Secretary shall award
9 demonstration grants, contracts, and cooperative
10 agreements to States, Indian tribes and tribal orga-
11 nizations, and nongovernmental organizations for
12 the purpose of establishing integrated systems for
13 providing transitional services for those affected by
14 prenatal alcohol exposure and evaluating their effec-
15 tiveness.

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

1 “(3) ALLOWABLE USES.—An entity shall use
2 amounts received under a grant, contract, or cooper-
3 ative agreement under paragraph (1) to—

4 “(A) provide housing assistance to, or spe-
5 cialized housing for, adults with Fetal Alcohol
6 Spectrum Disorders;

7 “(B) provide vocational training and place-
8 ment services for adults with Fetal Alcohol
9 Spectrum Disorders;

10 “(C) provide medication monitoring serv-
11 ices for adults with Fetal Alcohol Spectrum
12 Disorders;

13 “(D) provide training and support to orga-
14 nizations providing family services or mental
15 health programs and other organizations that
16 work with adults with Fetal Alcohol Spectrum
17 Disorders; and

18 “(E) establish and evaluate housing models
19 specially designed for adults with Fetal Alcohol
20 Spectrum Disorders.

21 “(4) AUTHORIZATION OF APPROPRIATIONS.—
22 There are authorized to be appropriated to carry out
23 this subsection, such sums as may be necessary for
24 each of fiscal years 2013 through 2017.

1 “(g) FEDERALLY QUALIFIED HEALTH CENTER INI-
2 TIATIVE.—

3 “(1) IN GENERAL.—The Secretary, acting
4 through the Administrator of the Health Resources
5 and Services Administration, shall award grants to
6 federally qualified health centers acting in collabora-
7 tion with States, Indian tribes, tribal organizations,
8 and nongovernmental organizations, for the estab-
9 lishment of a 5-year demonstration program to im-
10 plement and evaluate a program to increase the
11 awareness and identification of Fetal Alcohol Spec-
12 trum Disorders in federally qualified health centers
13 and to refer affected individuals to appropriate sup-
14 port services.

15 “(2) APPLICATION.—To be eligible to receive a
16 grant under paragraph (1), a federally qualified
17 health center, or a State, Indian tribe, tribal organi-
18 zation, or nongovernment organization with a dem-
19 onstrated record of implementing Fetal Alcohol
20 Spectrum Disorders programming in federally quali-
21 fied health centers, shall prepare and submit to the
22 Administrator an application at such time, in such
23 manner, and containing such information as the Ad-
24 ministrator may reasonably require.

1 “(3) ACTIVITIES.—A federally qualified health
2 center, or other eligible entity, shall use amounts re-
3 ceived under a grant under paragraph (1) to—

4 “(A) provide training for health care pro-
5 viders on identifying and educating women who
6 are at risk for alcohol consumption during preg-
7 nancy;

8 “(B) provide training for health care pro-
9 viders on screening children for Fetal Alcohol
10 Spectrum Disorders;

11 “(C) educate health care providers and
12 other relevant federally qualified health center
13 workers on the support services available for
14 those with Fetal Alcohol Spectrum Disorders
15 and treatment services available for women at
16 risk for alcohol consumption during pregnancy;
17 and

18 “(D) implement a tracking system that
19 can identify the rates of Fetal Alcohol Spec-
20 trum Disorders by racial, ethnic, and economic
21 backgrounds.

22 “(4) SELECTION OF PARTICIPANTS.—The Ad-
23 ministrator shall determine the number of federally
24 qualified health centers that will participate in the
25 demonstration program under this subsection and

1 shall select participants, to the extent practicable,
2 that are located in different regions of the United
3 States and that serve a racially and ethnically di-
4 verse population.

5 “(5) AUTHORIZATION OF APPROPRIATIONS.—

6 There are authorized to be appropriated to carry out
7 this subsection, such sums as may be necessary for
8 each of fiscal years 2013 through 2017.

9 “(6) REPORT TO CONGRESS.—Not later than 1

10 year after completion of the demonstration program
11 under this subsection, the Administrator shall pre-
12 pare and submit to Congress a report on the results
13 of the demonstration program, including—

14 “(A) changes in the number of women
15 screened for and identified as at risk for alcohol
16 consumption during pregnancy;

17 “(B) changes in the number of individuals
18 identified as having a Fetal Alcohol Spectrum
19 Disorder; and

20 “(C) changes in the number of alcohol-con-
21 suming pregnant women and individuals with
22 Fetal Alcohol Spectrum Disorders who were re-
23 ferred to appropriate services.”;

24 (4) in subsection (h)(1) (as so redesignated)—

1 (A) in subparagraph (C), by striking
2 “and” after the semicolon;

3 (B) in subparagraph (D), by adding “and”
4 after the semicolon; and

5 (C) by adding at the end the following:

6 “(E) national public service announce-
7 ments to raise public awareness of the risks as-
8 sociated with alcohol consumption during preg-
9 nancy with the purpose of reducing the preva-
10 lence of Fetal Alcohol Spectrum Disorders, that
11 shall—

12 “(i) be developed, conducted, and
13 evaluated prior to broadcast by relevant
14 Federal agencies with the advice of the
15 Interagency Coordinating Committee on
16 Fetal Alcohol Syndrome taking into consid-
17 eration the expertise and experience of
18 other relevant Federal agencies;

19 “(ii) be broadcast through appropriate
20 media outlets, including the Internet, tele-
21 vision or radio, in a manner intended to
22 reach women at risk of alcohol consump-
23 tion during pregnancy; and

24 “(iii) be measured prior to broadcast
25 of the national public service announce-

ments to provide baseline data that will be
used to evaluate the effectiveness of the
announcements.”; and

(5) in subsection (k) (as so redesignated)—

(A) in paragraph (1), by striking “National Task Force on Fetal Alcohol Syndrome and Fetal Alcohol Effect” and inserting “National Task Force on Fetal Alcohol Spectrum Disorders”;

(B) in paragraph (3)—

(i) in subparagraph (B), by striking
“and” after the semicolon;

(ii) in subparagraph (C), by striking
the period and inserting a semicolon; and

(iii) by adding at the end the following:

“(D) explore the feasibility of whether Fetal Alcohol Syndrome and other prenatal alcohol disorders, or a subset of these disorders, should be included in the Diagnostic and Statistical Manual of Mental Disorders; and

“(E) in collaboration with the National Institute on Alcohol Abuse and Alcoholism, the Centers for Disease Control and Prevention, researchers, and experts in the field, develop a

1 standard clinical case definition for diagnostic
 2 guideline and criteria for prenatal alcohol-re-
 3 lated conditions other than Fetal Alcohol Syn-
 4 drome.”; and

5 (C) by striking “Fetal Alcohol Syndrome
 6 and Fetal Alcohol Effect” each place that such
 7 appears and inserting “Fetal Alcohol Spectrum
 8 Disorders”.

9 **SEC. 4. COORDINATION AMONG FEDERAL ENTITIES.**

10 Part O of title III of the Public Health Service Act
 11 (42 U.S.C. 280f et seq.) is amended by adding at the end
 12 the following:

13 **“SEC. 399K-1. COORDINATION AMONG FEDERAL ENTITIES.**

14 “(a) INTERAGENCY COORDINATING COMMITTEE ON
 15 FETAL ALCOHOL SYNDROME.—The Secretary, acting
 16 through the Director of the National Institute on Alcohol
 17 Abuse and Alcoholism, shall provide for the continuation
 18 of the Interagency Coordinating Committee on Fetal Alco-
 19 hol Syndrome so that such Committee may—

20 “(1) coordinate activities conducted by the Fed-
 21 eral Government on Fetal Alcohol Spectrum Dis-
 22 orders, including convening meetings, establishing
 23 work groups, sharing information, and facilitating
 24 and promoting collaborative projects among Federal
 25 agencies; and

1 “(2) develop, in consultation with the National
2 Task Force on Fetal Alcohol Spectrum Disorders,
3 priority areas for years 2013 through 2017 to guide
4 Federal programs and activities related to Fetal Al-
5 cohol Spectrum Disorders.

6 “(b) COORDINATION AMONG FEDERAL ENTITIES.—

7 “(1) IN GENERAL.—The Comptroller General of
8 the United States shall evaluate and make rec-
9 ommendations regarding the appropriate roles and
10 responsibilities of Federal entities with respect to
11 programs and activities related to Fetal Alcohol
12 Spectrum Disorders.

13 “(2) COVERED ENTITIES.—The Federal entities
14 under paragraph (1) shall include entities within the
15 National Institutes of Health, the Centers for Dis-
16 ease Control and Prevention, the Substance Abuse
17 and Mental Health Services Administration, the
18 Health Resources and Services Administration, the
19 Indian Health Service, the Agency for Healthcare
20 Research and Quality, the Interagency Coordinating
21 Committee on Fetal Alcohol Syndrome, the National
22 Task Force on Fetal Alcohol Spectrum Disorders, as
23 well as the Office of Special Education and Rehabili-
24 tative Services in the Department of Education and

1 the Office of Juvenile Justice and Delinquency Pre-
2 vention in the Department of Justice.

3 “(3) EVALUATION.—The evaluation conducted
4 by the Comptroller General under paragraph (1)
5 shall include—

6 “(A) an assessment of the current roles
7 and responsibilities of Federal entities with pro-
8 grams and activities related to Fetal Alcohol
9 Spectrum Disorders; and

10 “(B) an assessment of whether there is du-
11 plication in programs and activities, conflicting
12 roles and responsibilities, or lack of coordina-
13 tion among Federal entities.

14 “(4) RECOMMENDATION.—The Comptroller
15 General shall provide recommendations on the ap-
16 propriate roles and responsibilities of the Federal
17 entities described in paragraph (2) in order to maxi-
18 mize the effectiveness of Federal programs and ac-
19 tivities related to Fetal Alcohol Spectrum Disorders.

20 “(5) COMPLETION.—Not later than 1 year after
21 the date of enactment of the Advancing FASD Re-
22 search, Prevention, and Services Act, the Comp-
23 troller General shall complete the evaluation and
24 submit to Congress a report on the findings and rec-
25 ommendations made as a result of the evaluation.”.

1 **SEC. 5. SERVICES FOR INDIVIDUALS WITH FETAL ALCOHOL**
2 **SPECTRUM DISORDERS.**

3 Section 519C(b) of the Public Health Service Act (42
4 U.S.C. 290bb–25c(b)) is amended—

5 (1) in paragraph (11), by striking “and” after
6 the semicolon;

7 (2) by redesignating paragraph (12) as para-
8 graph (15); and

9 (3) by inserting after paragraph (11), the fol-
10 lowing:

11 “(12) provide respite care for caretakers of in-
12 dividuals with Fetal Alcohol Syndrome and other
13 prenatal alcohol-related disorders;

14 “(13) recruit and train mentors for individuals
15 with Fetal Alcohol Syndrome and other prenatal al-
16 cohol-related disorders;

17 “(14) provide educational and supportive serv-
18 ices to families of individuals with Fetal Alcohol
19 Spectrum Disorders; and”.

20 **SEC. 6. PREVENTION, INTERVENTION, AND SERVICES IN**
21 **THE EDUCATION SYSTEM.**

22 (a) GENERAL RULE.—The Secretary of Education
23 shall be the lead Federal official with responsibility over
24 education-related issues with respect to children with
25 Fetal Alcohol Spectrum Disorders.

1 (b) SPECIFIC RESPONSIBILITIES.—The Secretary of
2 Education shall direct the Office of Special Education and
3 Rehabilitative Services to—

4 (1) conduct and disseminate training on a na-
5 tionwide Fetal Alcohol Spectrum Disorders surveil-
6 lance campaign to local education agencies and early
7 childhood education providers in collaboration with
8 the National Center on Birth Defects and Develop-
9 mental Disabilities under section 399H(b) of the
10 Public Health Service Act (as added by this Act);

11 (2) collect, collate, and disseminate (through
12 the Internet Web site of the Department of Edu-
13 cation, at teacher-to-teacher workshops, and through
14 other means) evidence-based practices that are effec-
15 tive in the education and support of children with
16 Fetal Alcohol Syndrome Disorders, including any
17 special techniques on how to assist children with
18 Fetal Alcohol Spectrum Disorders, in both special
19 and traditional educational settings, such practices
20 to incorporate information concerning the identifica-
21 tion, behavioral supports, teaching, and learning as-
22 sociated with Fetal Alcohol Spectrum Disorders,
23 to—

24 (A) education groups such as the National
25 Association of School Boards, the National

1 Education Association, the American Federa-
 2 tion of Teachers, the National Association of
 3 Elementary School Principals, and the National
 4 Association of Secondary School Principals;

5 (B) 21st Century Community Learning
 6 Center program grantees and other after school
 7 program personnel; and

8 (C) Parent Teacher Associations, Parent
 9 Information and Training Centers, family aid
 10 programs, and other appropriate education or-
 11 ganizations;

12 (3) ensure that, in administering the Individ-
 13 uals with Disabilities Education Act, parents, edu-
 14 cators, and advocates for children with disabilities
 15 are aware that children with Fetal Alcohol Spectrum
 16 Disorders have the right to access general cur-
 17 riculum under the least restrictive environment;

18 (4) collaborate with other Federal agencies to
 19 include Fetal Alcohol Spectrum Disorders-related in-
 20 formation or activities in programs related to mater-
 21 nal health, health education, and sex education;

22 (5) collaborate with the Secretary of Health
 23 and Human Services to ensure that Fetal Alcohol
 24 Spectrum Disorders prevention grants under section
 25 399H of the Public Health Service Act include edu-

1 cation concerning Fetal Alcohol Spectrum Disorders
 2 in the sexual and health education curricula of
 3 schools; and

4 (6) support efforts by peer advisory networks of
 5 adolescents in schools organized to discourage the
 6 use of alcohol while pregnant or considering getting
 7 pregnant.

8 **SEC. 7. PREVENTION, INTERVENTION, AND SERVICES IN**
 9 **THE JUSTICE SYSTEM.**

10 The Attorney General shall direct the Office of Juve-
 11 nile Justice and Delinquency Prevention to—

12 (1) implement screening procedures and con-
 13 duct training on a nationwide Fetal Alcohol Spec-
 14 trum Disorders surveillance campaign for the De-
 15 partment of Justice in collaboration with the efforts
 16 of the National Center on Birth Defects and Devel-
 17 opmental Disabilities under section 399H(b) of the
 18 Public Health Service Act (as added by this Act);

19 (2) introduce training curricula on how to most
 20 effectively identify and interact with individuals with
 21 Fetal Alcohol Spectrum Disorders in both the juve-
 22 nile and adult justice systems, and investigate incor-
 23 porating information about the identification, pre-
 24 vention, and treatment of the disorders into justice
 25 professionals' credentialing requirements;

1 (3) promote the tracking of individuals entering
2 the juvenile justice system with at-risk backgrounds
3 that indicates them as high probability for having a
4 Fetal Alcohol Spectrum Disorder, especially those
5 individuals whose mothers have a record of heavy or
6 binge drinking during pregnancy as reported by the
7 appropriate child protection agency;

8 (4) educate judges, attorneys, probation offi-
9 cers, child advocates, law enforcement officers, pris-
10 on wardens, alternative incarceration administrators,
11 and incarceration officials on how to treat and sup-
12 port individuals suffering from Fetal Alcohol Spec-
13 trum Disorders within the juvenile and adult justice
14 systems, including—

15 (A) programs designed specifically for the
16 identification, treatment, and education of such
17 children; and

18 (B) curricula development and
19 credentialing of teachers, administrators, and
20 social workers who implement such programs;

21 (5) conduct a study on the inadequacies of how
22 the current system processes children with certain
23 developmental delays and subsequently implement
24 alternative methods of incarceration and treatment

1 that are more effective for youth offenders identified
2 to have a Fetal Alcohol Spectrum Disorder; and
3 (6) collaborate with Fetal Alcohol Spectrum
4 Disorders professionals and implement transition
5 programs for juveniles and adults with Fetal Alcohol
6 Spectrum Disorders who are released from incarceration.
7 ation.

8 **SEC. 8. MISCELLANEOUS PROVISIONS.**

9 (a) AUTHORIZATION OF APPROPRIATIONS.—Section
10 399J of the Public Health Service Act (42 U.S.C. 280f–
11 2) is amended by striking “the part” and all that follows
12 through the period and inserting “subsections (h) through
13 (k) of section 399H, \$27,000,000 for each of fiscal years
14 2013 through 2017”.

15 (b) REPEAL OF SUNSET.—Section 399K of the Pub-
16 lic Health Service Act (42 U.S.C. 280f–3) is repealed.

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