

103<sup>D</sup> CONGRESS  
2<sup>D</sup> SESSION

# H. R. 3783

To amend the Public Health Service Act to provide a comprehensive program for the prevention of Fetal Alcohol Syndrome, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 2, 1994

Mr. RICHARDSON (for himself, Mr. KENNEDY, Mrs. MORELLA, Mr. SYNAR, Mr. BEREUTER, and Mr. MORAN) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## **A BILL**

To amend the Public Health Service Act to provide a comprehensive program for the prevention of Fetal Alcohol Syndrome, 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Comprehensive Fetal  
3 Alcohol Syndrome Prevention Act”.

4 **SEC. 2. FINDINGS.**

5 Congress finds that—

6 (1) Fetal Alcohol Syndrome is the leading  
7 known cause of mental retardation, and it is 100  
8 percent preventable;

9 (2) each year, more than 5,000 infants are born  
10 in the United States with Fetal Alcohol Syndrome,  
11 suffering irreversible physical and mental damage;

12 (3) 50,000 more infants are born each year  
13 with lesser, though still serious, alcohol-related birth  
14 defects, known as Fetal Alcohol Effects;

15 (4) Fetal Alcohol Syndrome is a national prob-  
16 lem, it can impact any child, family, or community,  
17 but its threat to American Indians and Alaska Na-  
18 tives is especially alarming;

19 (5) in some American Indian communities,  
20 where alcohol dependency rates reach 50 percent  
21 and above, the chances of a newborn suffering Fetal  
22 Alcohol Syndrome or Fetal Alcohol Effects are 30  
23 times greater than national averages;

24 (6) researchers have determined that the possi-  
25 bility of giving birth to a baby with Fetal Alcohol  
26 Syndrome or Fetal Alcohol Effects increases in pro-

1       portion to the amount and frequency of alcohol  
2       consumed by a pregnant woman, and that stopping  
3       alcohol consumption at any point in the pregnancy  
4       reduces the risks and the emotional, physical, and  
5       mental consequences of alcohol exposure to the baby;

6           (7) in addition to the immeasurable toll on  
7       Fetal Alcohol Syndrome and Fetal Alcohol Effects  
8       children and their families, Fetal Alcohol Syndrome  
9       and Fetal Alcohol Effects pose extraordinary finan-  
10      cial costs to the Nation, including the costs of health  
11      care, education, foster care, job training, and gen-  
12      eral support services for affected individuals;

13          (8) as a reliable comparison, delivery and care  
14      costs are four times greater for infants who were ex-  
15      posed to illicit substances than for infants with no  
16      indication of substance exposure, and over a lifetime,  
17      health care costs for one Fetal Alcohol Syndrome  
18      child are estimated, to be at least \$1,400,000; and

19          (9) we know of no safe dose of alcohol during  
20      pregnancy, or of any safe time to drink during preg-  
21      nancy, thus, it is in the best interest of the Nation  
22      for the Federal Government to take an active role in  
23      encouraging all women to abstain from alcohol con-  
24      sumption during pregnancy.

1 **SEC. 3. PURPOSE.**

2 It is the purpose of this Act to establish, within the  
3 Department of Health and Human Services, a comprehen-  
4 sive program to help prevent Fetal Alcohol Syndrome and  
5 Fetal Alcohol Effects nationwide. Such program shall—

6 (1) coordinate and support epidemiologic re-  
7 search concerning Fetal Alcohol Syndrome and Fetal  
8 Alcohol Effects;

9 (2) coordinate and support national, State, and  
10 community-based public awareness, prevention, and  
11 education programs on Fetal Alcohol Syndrome and  
12 Fetal Alcohol Effects; and

13 (3) foster coordination among all Federal agen-  
14 cies that conduct or support Fetal Alcohol Syndrome  
15 and Fetal Alcohol Effects research, programs, and  
16 surveillance and otherwise meet the general needs of  
17 populations actually or potentially impacted by Fetal  
18 Alcohol Syndrome and Fetal Alcohol Effects.

19 **SEC. 4. ESTABLISHMENT OF PROGRAM.**

20 Part B of title V of the Public Health Service Act  
21 (42 U.S.C. 290bb et seq.) is amended by adding at the  
22 end thereof the following new subpart:

1 “Subpart 4—Provisions Relating to Fetal Alcohol  
2 Syndrome and Fetal Alcohol Effects

3 **“SEC. 520E. ESTABLISHMENT OF FETAL ALCOHOL SYN-**  
4 **DROME PREVENTION PROGRAM.**

5 “(a) IN GENERAL.—The Secretary, acting through  
6 the Substance Abuse and Mental Health Services Admin-  
7 istration, the National Institutes of Health, the Centers  
8 for Disease Control and Prevention, and other relevant of-  
9 fices, shall establish a comprehensive program to help pre-  
10 vent Fetal Alcohol Syndrome and Fetal Alcohol Effects  
11 and coordinate Federal efforts to prevent Fetal Alcohol  
12 Syndrome and Fetal Alcohol Effects.

13 “(b) ELEMENTS OF PROGRAM.—Under the program  
14 established under subsection (a), the Secretary shall estab-  
15 lish a program that shall—

16 “(1) coordinate and support national and tar-  
17 geted public awareness, prevention, and education  
18 programs on Fetal Alcohol Syndrome and Fetal Al-  
19cohol Effects;

20 “(2) direct the Director of the Centers for Dis-  
21 ease Control and Prevention to coordinate and sup-  
22 port applied epidemiologic research concerning Fetal  
23 Alcohol Syndrome and Fetal Alcohol Effects;

24 “(3) direct the Director of the National Insti-  
25 tutes of Health to direct the National Institute on

1 Alcoholism and Alcohol Abuse to establish a pro-  
2 gram that shall conduct and support basic research  
3 targeted to developing data to improve prevention  
4 and treatment of Fetal Alcohol Syndrome and Fetal  
5 Alcohol Effects;

6 “(4) develop a plan to disseminate diagnostic  
7 criteria to health care and social services providers  
8 and carry out that plan; and

9 “(5) establish an Inter-Agency Task Force on  
10 Fetal Alcohol Syndrome and Fetal Alcohol Effects,  
11 which shall be chaired by the Associate Adminis-  
12 trator for Alcohol Prevention and Treatment of the  
13 Substance Abuse and Mental Health Services Ad-  
14 ministration, and which shall include representatives  
15 from all relevant agencies and offices within the De-  
16 partment of Health and Human Services (including  
17 the Indian Health Service and the Centers for Dis-  
18 ease Control and Prevention), Department of Agri-  
19 culture, Department of Education, Department of  
20 Defense, Department of the Interior (including the  
21 Bureau of Indian Affairs), Department of Justice,  
22 Bureau of Alcohol, Tobacco, and Firearms, Federal  
23 Trade Commission, and any other relevant Federal  
24 Agency.

1 **“SEC. 520F. EDUCATION AND PUBLIC AWARENESS.**

2 “The Secretary shall direct the Substance Abuse and  
3 Mental Health Services Administration to—

4 “(1) support, conduct and evaluate the effec-  
5 tiveness of—

6 “(A) training programs for health care  
7 providers, educators, school-based health care  
8 providers, social workers, child welfare workers  
9 and family members concerning the prevention,  
10 diagnosis, and treatment of Fetal Alcohol Syn-  
11 drome and Fetal Alcohol Effects;

12 “(B) prevention and education programs,  
13 including health education, and school-based  
14 clinic programs, for school-age children with re-  
15 spect to Fetal Alcohol Syndrome and Fetal Al-  
16 cohol Effects; and

17 “(C) public and community awareness pro-  
18 grams concerning Fetal Alcohol Syndrome and  
19 Fetal Alcohol Effects;

20 “(2) provide technical and consultative assist-  
21 ance to States, Indian tribal governments, local gov-  
22 ernments, school-based health care providers, sci-  
23 entific and academic institutions, and non-profit or-  
24 ganizations concerning the programs referred to in  
25 paragraph (1); and

1           “(3) award grants to and enter into cooperative  
2 agreements and contracts with States, Indian tribal  
3 governments, local governments, scientific and aca-  
4 demic institutions, entities that fund school-based  
5 clinics, and non-profit organizations for the purpose  
6 of—

7           “(A) enabling such entities to evaluate the  
8 effectiveness, with particular emphasis on the  
9 cultural sensitivity and age-appropriateness, of  
10 the prevention, education and community-based  
11 public awareness programs referred to in para-  
12 graph (1);

13           “(B) enabling such entities to provide  
14 training to health care providers, school nurses  
15 and other school health care providers, includ-  
16 ing school-based clinic health care providers,  
17 educators, family members, social workers, child  
18 welfare workers, and others in the prevention,  
19 diagnosis and treatment of Fetal Alcohol Syn-  
20 drome and Fetal Alcohol Effects;

21           “(C) educating children and youth, includ-  
22 ing pregnant and high-risk youth, concerning  
23 such syndrome and effects with priority given to  
24 those programs that are part of a sequential,

1 comprehensive school health education program;  
2 and

3 “(D) increasing public and community  
4 awareness concerning Fetal Alcohol Syndrome  
5 and Fetal Alcohol Effects through culturally  
6 sensitive projects, programs, and campaigns,  
7 and improving the understanding of the general  
8 public and targeted groups concerning the most  
9 effective methods for intervening with friends  
10 and family to prevent fetal exposure to alcohol.

11 **“SEC. 520G. APPLIED EPIDEMIOLOGIC RESEARCH AND PRE-**  
12 **VENTION PROGRAM.**

13 “The Secretary shall direct the Centers for Disease  
14 Control and Prevention and other appropriate agencies  
15 within the Department of Health and Human Services  
16 to—

17 “(1) conduct and support research on the  
18 causes, mechanisms, diagnostic methods, and treat-  
19 ment and prevention of Fetal Alcohol Syndrome and  
20 Fetal Alcohol Effects;

21 “(2) provide technical and consultative assist-  
22 ance and training to States, Indian tribal govern-  
23 ments, local governments, other public entities, sci-  
24 entific and academic institutions, and non-profit or-  
25 ganizations engaged in the conduct of—

1           “(A) Fetal Alcohol Syndrome prevention  
2 and early intervention programs; and

3           “(B) research relating to the causes, mech-  
4 anisms, diagnosis methods, treatment and pre-  
5 vention, of Fetal Alcohol Syndrome and Fetal  
6 Alcohol Effects; and

7           “(3) award grants to, and enter into coopera-  
8 tive agreements and contracts with States, Indian  
9 tribal governments, local governments, other public  
10 entities, scientific and academic institutions, and  
11 non-profit organizations to—

12           “(A) assist such entities in conducting in-  
13 novative demonstration and evaluation projects  
14 designed to determine effective strategies, in-  
15 cluding community-based prevention programs  
16 and multi-cultural education campaigns, for  
17 preventing and intervening in fetal exposure to  
18 alcohol;

19           “(B) improve and coordinate the surveil-  
20 lance and ongoing assessment methods imple-  
21 mented by such entities and the Federal Gov-  
22 ernment, with respect to Fetal Alcohol Syn-  
23 drome and Fetal Alcohol Effects for the pur-  
24 pose of—

1           “(i) tracking progress toward achiev-  
2           ing relevant Year 2000 Prevention Objec-  
3           tives, set forth by the Public Health Serv-  
4           ice in the Healthy People 2000: National  
5           Health Promotion and Disease Prevention  
6           Objectives;

7           “(ii) identifying successful, culturally  
8           sensitive prevention efforts; and

9           “(iii) identifying children who have  
10          symptoms of Fetal Alcohol Syndrome and  
11          Fetal Alcohol Effects and may need special  
12          health, education, and support services;

13          “(C) develop and evaluate effective age-ap-  
14          propriate and culturally-sensitive prevention  
15          programs for infants, children, adolescents, and  
16          adults identified as being at-risk of becoming  
17          chemically dependent on alcohol and associated  
18          with or developing Fetal Alcohol Syndrome and  
19          Fetal Alcohol Effects; and

20          “(D) facilitate coordination and collabora-  
21          tion among Federal, State, Tribal, and local  
22          Fetal Alcohol Syndrome prevention programs.

23 **“SEC. 520H. BASIC RESEARCH PROGRAM.**

24          “The Director of the National Institutes of Health  
25          shall direct the National Institute on Alcoholism and Alco-

1 hol Abuse to conduct and support research on services re-  
2 search and effective prevention treatments and interven-  
3 tions for pregnant alcohol dependent women and individ-  
4 uals with Fetal Alcohol Syndrome and Fetal Alcohol  
5 Effects.

6 **“SEC. 520I. DIAGNOSTIC CRITERIA FOR FETAL ALCOHOL**  
7 **SYNDROME AND FETAL ALCOHOL EFFECTS.**

8 “Not later than 90 days after the date of enactment  
9 of this subpart, the Secretary shall direct the appropriate  
10 agencies within the Department of Health and Human  
11 Services to—

12 “(1) develop a plan for widely-disseminating the  
13 Fetal Alcohol Syndrome/Fetal Alcohol Effects diag-  
14 nostic criteria developed by the Department of  
15 Health and Human Services under the ADAMHA  
16 Reorganization Act (Public Law 102–321) to health  
17 care providers, educators, social workers, child wel-  
18 fare workers, and other individuals within 16  
19 months of such date of enactment; and

20 “(2) disseminate the criteria described in para-  
21 graph (1) in accordance with the plan developed  
22 under paragraph (1).

1 **“SEC. 520J. INTER-AGENCY TASK FORCE ON FETAL ALCO-**  
2 **HOL SYNDROME AND FETAL ALCOHOL EF-**  
3 **FECTS.**

4 “(a) ESTABLISHMENT.—Not later than 30 days after  
5 the date of enactment of this subpart, the Secretary shall  
6 establish an Inter-Agency Task Force on Fetal Alcohol  
7 Syndrome and Fetal Alcohol Effects to foster coordination  
8 among all Federal agencies that conduct or support Fetal  
9 Alcohol Syndrome and Fetal Alcohol Effects research, pro-  
10 grams, and surveillance and otherwise meet the general  
11 needs of populations actually or potentially impacted by  
12 Fetal Alcohol Syndrome and Fetal Alcohol Effects.

13 “(b) MEMBERSHIP.—The Task Force established  
14 under subsection (a) shall—

15 “(1) be chaired by the Associate Administrator  
16 for Alcohol Prevention and Treatment of the Sub-  
17 stance Abuse and Mental Health Services Adminis-  
18 tration and staffed by the Administration; and

19 “(2) include representatives from all relevant  
20 agencies and offices within the Department of  
21 Health and Human Services, Department of Agri-  
22 culture, Department of Education, Department of  
23 Defense, Department of Interior, Department of  
24 Justice, Bureau of Alcohol, Tobacco and Firearms,  
25 Federal Trade Commission, and any other relevant  
26 Federal agency.

1       “(c) FUNCTIONS.—The Task Force established under  
2 subsection (a) shall—

3           “(1) coordinate all Federal programs and re-  
4 search concerning Fetal Alcohol Syndrome, Fetal Al-  
5 ccohol Effects, and other forms of maternal substance  
6 abuse, including those programs—

7           “(A) targeting individuals, families, and  
8 populations identified as being at risk of acquir-  
9 ing Fetal Alcohol Syndrome, Fetal Alcohol Ef-  
10 fects, or other maternal substance abuse; and

11           “(B) providing health, education, treat-  
12 ment, and social services to infants, children,  
13 and adults with Fetal Alcohol Syndrome, Fetal  
14 Alcohol Effects, and other drug exposures and  
15 their families; and

16           “(2) coordinate its efforts with existing Depart-  
17 ment of Health and Human Services task forces on  
18 substance abuse prevention and maternal and child  
19 health;

20           “(3) report on an annual basis to the Secretary  
21 and relevant Committees of Congress on the current  
22 and planned activities of the participating agencies.

1 **“SEC. 520K. ADMINISTRATIVE PROVISIONS WITH RESPECT**  
2 **TO GRANTS, COOPERATIVE AGREEMENTS**  
3 **AND CONTRACTS.**

4 “(a) ELIGIBILITY.—To be eligible to receive a grant,  
5 cooperative agreement or contract under this subpart, an  
6 entity shall—

7 “(1) be a State, Indian tribal government, local  
8 government, entity that funds a school-based health  
9 clinic scientific or academic institution or non-profit  
10 organization;

11 “(2) prepare and submit to the Secretary an  
12 application at such time, in such manner, and con-  
13 taining such information as the Secretary may pre-  
14 scribe, including a description of the activities that  
15 the entity intends to carry out using amounts re-  
16 ceived under a grant, cooperative agreement, or con-  
17 tract; and

18 “(3) provide assurances that amounts received  
19 under such grants, cooperative agreements or con-  
20 tracts will be used in accordance with this subpart.

21 “(b) MAINTENANCE OF EFFORT.—No grant, cooper-  
22 ative agreement, or contract may be awarded to an entity  
23 under this subpart unless the entity agrees to maintain  
24 the expenditures of the entity for activities of the type for  
25 which the amounts to be received under a grant, coopera-  
26 tive agreement, or contract are to be used, at a level equal

1 to not less than the level of such expenditures maintained  
2 by the entity for the fiscal year preceding the fiscal year  
3 for which the entity is applying to receive the grant, coop-  
4 erative agreement or contract.

5 “(c) AMOUNTS IN LIEU OF CASH.—At the request  
6 of a recipient of a grant, cooperative agreement, or con-  
7 tract under this subpart, the Secretary may reduce the  
8 amount provided under such grant, agreement, or contract  
9 by—

10 “(1) an amount equal to the fair market value  
11 of any supplies or equipment furnished the recipient;  
12 and

13 “(2) an amount equal to the amount of the pay,  
14 allowances, and travel expenses of any officer or em-  
15 ployee of the Federal Government which was de-  
16 tailed to the recipient and the amount of any other  
17 cost incurred in connection with the detail of such  
18 officer or employee.

19 **“SEC. 520L. AUTHORIZATION OF APPROPRIATIONS.**

20 “There are authorized to be appropriated to carry out  
21 this subpart, such sums as are necessary for each of the  
22 fiscal years 1994 through 1997.”.

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