

103D CONGRESS  
1ST SESSION

# S. 923

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 SENATE OF THE UNITED STATES

MAY 7 (legislative day, APRIL 19), 1993

Mr. DASCHLE (for himself, Mr. BINGAMAN, Mr. DECONCINI, Mr. CONRAD, Mr. CAMPBELL, Mr. STEVENS, Mr. INOUE, and Ms. MOSELEY-BRAUN) introduced the following bill; which was read twice and referred to the Committee on Labor and Human Resources

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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,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Comprehensive Fetal  
5 Alcohol Syndrome Prevention Act”.

6 **SEC. 2. FINDINGS.**

7 Congress finds that—

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

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

7 (3) 50,000 more infants are born each year  
8 with lesser, though still serious, alcohol-related birth  
9 defects, known as Fetal Alcohol Effects;

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

14 (5) in some American Indian communities,  
15 where alcohol dependency rates reach 50 percent  
16 and above, the chances of a newborn suffering Fetal  
17 Alcohol Syndrome or Fetal Alcohol Effects are 30  
18 times greater than national averages;

19 (6) researchers have determined that the possi-  
20 bility of giving birth to a baby with Fetal Alcohol  
21 Syndrome or Fetal Alcohol Effects increases in pro-  
22 portion to the amount and frequency of alcohol  
23 consumed by a pregnant woman, and that stopping  
24 alcohol consumption at any point in the pregnancy

1 reduces the risks and the emotional, physical, and  
2 mental consequences of alcohol exposure to the baby;

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

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

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

22 **SEC. 3. PURPOSE.**

23 It is the purpose of this Act to establish, within the  
24 Department of Health and Human Services, a comprehen-

1 sive program to help prevent Fetal Alcohol Syndrome and  
2 Fetal Alcohol Effects nationwide. Such program shall—

3 (1) coordinate and support applied epidemio-  
4 logic research concerning Fetal Alcohol Syndrome  
5 and Fetal Alcohol Effects;

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

10 (3) assist in establishing and conducting nation-  
11 wide Fetal Alcohol Syndrome and Fetal Alcohol Ef-  
12 fects surveillance and monitoring of prevention pro-  
13 grams; and

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

20 **SEC. 4. ESTABLISHMENT OF PROGRAM.**

21 Part B of title V of the Public Health Service Act  
22 (42 U.S.C. 290bb et seq.) is amended by adding at the  
23 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 Centers for Disease Control and Prevention, the Sub-  
7 stance Abuse and Mental Health Services Administration,  
8 the National Institutes of Health, 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) assist in establishing and conducting na-  
21 tionwide Fetal Alcohol Syndrome and Fetal Alcohol  
22 Effects surveillance and monitoring of prevention  
23 programs; and

1           “(3) coordinate and support applied epidemio-  
2           logic research concerning Fetal Alcohol Syndrome  
3           and Fetal Alcohol Effects;

4           “(4) direct the Director of the National Insti-  
5           tutes of Health to direct the National Institute on  
6           Alcoholism and Alcohol Abuse to establish a pro-  
7           gram that shall conduct and support basic research  
8           targeted to developing data to improve prevention  
9           and treatment of Fetal Alcohol Syndrome and Fetal  
10          Alcohol Effects;

11          “(5) convene a panel of national experts to de-  
12          velop diagnostic criteria for Fetal Alcohol Effects  
13          and review and update diagnostic criteria for Fetal  
14          Alcohol Syndrome, and develop a plan to dissemi-  
15          nate criteria to health care and social services pro-  
16          viders; and

17          “(6) establish an Inter-Agency Task Force on  
18          Fetal Alcohol Syndrome and Fetal Alcohol Effects,  
19          which shall be chaired by the Associate Adminis-  
20          trator for Alcohol Prevention and Treatment of the  
21          Substance Abuse and Mental Health Services Ad-  
22          ministration, and which shall include representatives  
23          from all relevant agencies and offices within the De-  
24          partment of Health and Human Services (including  
25          the Indian Health Service) Department of Agri-

1 culture, Department of Education, Department of  
2 Defense, Department of the Interior (including the  
3 Bureau of Indian Affairs), Department of Justice,  
4 Bureau of Alcohol, Tobacco, and Firearms, Federal  
5 Trade Commission, and any other relevant Federal  
6 Agency.

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

8 “The Secretary shall direct the Directors of the Cen-  
9 ters for Disease Control and Prevention and the Sub-  
10 stance Abuse and Mental Health Services Administration  
11 to—

12 “(1) support, conduct and evaluate the effec-  
13 tiveness of—

14 “(A) training programs for health care  
15 providers, educators, school-based health care  
16 providers, social workers, child welfare workers  
17 and family members concerning the prevention,  
18 diagnosis, and treatment of Fetal Alcohol Syn-  
19 drome and Fetal Alcohol Effects;

20 “(B) prevention and education programs,  
21 including health education, and school-based  
22 clinic programs, for school-age children with re-  
23 spect to Fetal Alcohol Syndrome and Fetal Al-  
24cohol Effects; and

1           “(C) public and community awareness pro-  
2           grams concerning Fetal Alcohol Syndrome and  
3           Fetal Alcohol Effects;

4           “(2) provide technical and consultative assist-  
5           ance to States, Indian tribal governments, local gov-  
6           ernments, school-based health care providers, sci-  
7           entific and academic institutions, and non-profit or-  
8           ganizations concerning the programs referred to in  
9           paragraph (1); and

10           “(3) award grants to and enter into cooperative  
11           agreements and contracts with States, Indian tribal  
12           governments, local governments, scientific and aca-  
13           demic institutions, entities that fund school-based  
14           clinics, and non-profit organizations for the purpose  
15           of—

16           “(A) enabling such entities to evaluate the  
17           effectiveness, with particular emphasis on the  
18           cultural sensitivity and age-appropriateness, of  
19           the prevention, education and community-based  
20           public awareness programs referred to in para-  
21           graph (1);

22           “(B) enabling such entities to provide  
23           training to health care providers, school nurses  
24           and other school health care providers, includ-  
25           ing school-based clinic health care providers,

1 educators, family members, social workers, child  
2 welfare workers, and others in the prevention,  
3 diagnosis and treatment of Fetal Alcohol Syn-  
4 drome and Fetal Alcohol Effects;

5 “(C) educating children and youth, includ-  
6 ing pregnant and high-risk youth, concerning  
7 such syndrome and effects through sequential  
8 school health education programs, with priority  
9 given to those programs that are part of a se-  
10 quential, comprehensive school health education  
11 program; and

12 “(D) increasing public and community  
13 awareness concerning Fetal Alcohol Syndrome  
14 and Fetal Alcohol Effects through culturally  
15 sensitive projects, programs, and campaigns,  
16 and improving the understanding of the general  
17 public and targeted groups concerning the most  
18 effective methods for intervening with friends  
19 and family to prevent fetal exposure to alcohol.

20 **“SEC. 520G. FETAL ALCOHOL SYNDROME AND FETAL ALCO-**  
21 **HOL EFFECTS SURVEILLANCE AND PREVEN-**  
22 **TION PROGRAM ASSESSMENT.**

23 “The Secretary shall—

1           “(1) develop, conduct, and evaluate Fetal Alco-  
2           hol Syndrome and Fetal Alcohol Effects surveillance  
3           and prevention programs;

4           “(2) provide technical and consultative assist-  
5           ance to States, Indian tribal governments, local gov-  
6           ernments, scientific and academic institutions, and  
7           non-profit organizations concerning the surveillance  
8           and assessment of the incidence of Fetal Alcohol  
9           Syndrome and Fetal Alcohol Effects and the assess-  
10          ment and evaluation of prevention, education, and  
11          public awareness programs with respect to Fetal Al-  
12          cohol Syndrome and Fetal Alcohol Effects; and

13          “(3) award grants to and enter into cooperative  
14          agreements and contracts with States and Indian  
15          tribal governments to—

16                 “(A) assist such States and Tribal govern-  
17                 ments in initiating and improving methods and  
18                 mechanisms needed to conduct effective Fetal  
19                 Alcohol Syndrome and Fetal Alcohol Effects  
20                 surveillance; and

21                 “(B) enable such States and Tribal govern-  
22                 ments to evaluate the effectiveness of commu-  
23                 nity-based Fetal Alcohol Syndrome prevention,  
24                 education, and public awareness projects.

1 **“SEC. 520H. APPLIED EPIDEMIOLOGIC RESEARCH AND PRE-**  
2 **VENTION PROGRAM.**

3 “The Secretary shall direct the appropriate agencies  
4 within the Department of Health and Human Services  
5 to—

6 “(1) conduct and support research on the  
7 causes, mechanisms, diagnostic methods, and treat-  
8 ment and prevention of Fetal Alcohol Syndrome and  
9 Fetal Alcohol Effects;

10 “(2) provide technical and consultative assist-  
11 ance and training to States, Indian tribal govern-  
12 ments, local governments, other public entities, sci-  
13 entific and academic institutions, and non-profit or-  
14 ganizations engaged in the conduct of—

15 “(A) Fetal Alcohol Syndrome prevention  
16 and early intervention programs; and

17 “(B) research relating to the causes, mech-  
18 anisms, diagnosis methods, treatment and pre-  
19 vention, of Fetal Alcohol Syndrome and Fetal  
20 Alcohol Effects; and

21 “(3) award grants to, and enter into coopera-  
22 tive agreements and contracts with States, Indian  
23 tribal governments, local governments, other public  
24 entities, scientific and academic institutions, and  
25 non-profit organizations to—

1           “(A) assist such entities in conducting in-  
2           novative demonstration and evaluation projects  
3           designed to determine effective strategies, in-  
4           cluding community-based prevention programs  
5           and multi-cultural education campaigns, for  
6           preventing and intervening in fetal exposure to  
7           alcohol;

8           “(B) improve and coordinate the surveil-  
9           lance and ongoing assessment methods imple-  
10          mented by such entities and the Federal Gov-  
11          ernment, with respect to Fetal Alcohol Syn-  
12          drome and Fetal Alcohol Effects for the pur-  
13          pose of—

14               “(i) tracking progress toward achiev-  
15               ing relevant Year 2000 Prevention Objec-  
16               tives, set forth by the Public Health Serv-  
17               ice in the Healthy People 2000: National  
18               Health Promotion and Disease Prevention  
19               Objectives;

20               “(ii) identifying successful, culturally  
21               sensitive prevention efforts; and

22               “(iii) identifying children who have  
23               symptoms of Fetal Alcohol Syndrome and  
24               Fetal Alcohol Effects and may need special  
25               health, education, and support services;

1           “(C) develop and evaluate effective age-appropriate and culturally-sensitive prevention programs for infants, children, adolescents, and adults identified as being at-risk of becoming chemically dependent on alcohol and associated with or developing Fetal Alcohol Syndrome and Fetal Alcohol Effects; and

2           “(D) facilitate coordination and collaboration among Federal, State, Tribal, and local Fetal Alcohol Syndrome prevention programs.

3           **“SEC. 520I. BASIC RESEARCH PROGRAM.**

4           “The Director of the National Institutes of Health shall direct the National Institute on Alcoholism and Alcohol Abuse to conduct and support research on services research and effective prevention treatments and interventions for pregnant alcohol dependant women and individuals with Fetal Alcohol Syndrome and Fetal Alcohol Effects.

5           **“SEC. 520J. DIAGNOSTIC CRITERIA FOR FETAL ALCOHOL EFFECTS.**

6           “Not later than 90 days after the date of enactment of this subpart, the Secretary shall—

7           “(1) convene a panel of nationally-recognized experts to develop a set of diagnostic criteria for

1 Fetal Alcohol Effects and review and update diag-  
2 nostic criteria for Fetal Alcohol Syndrome; and

3 “(2) direct such panel to develop a plan for  
4 widely-disseminating the criteria to health care pro-  
5 viders, educators, social workers, child welfare work-  
6 ers, and other individuals within 16 months of such  
7 date of enactment.

8 **“SEC. 520K. INTER-AGENCY TASK FORCE ON FETAL ALCO-**  
9 **HOL SYNDROME AND FETAL ALCOHOL EF-**  
10 **FECTS.**

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

20 “(b) MEMBERSHIP.—The Task Force established  
21 under subsection (a) shall—

22 “(1) be chaired by the Associate Administrator  
23 for Alcohol Prevention and Treatment of the Sub-  
24 stance Abuse and Mental Health Services Adminis-  
25 tration and staffed by the Administration; and

1           “(2) include representatives from all relevant  
2 agencies and offices within the Department of  
3 Health and Human Services, Department of Agri-  
4 culture, Department of Education, Department of  
5 Defense, Department of Interior, Department of  
6 Justice, Bureau of Alcohol, Tobacco and Firearms,  
7 Federal Trade Commission, and any other relevant  
8 Federal agency.

9           “(c) FUNCTIONS.—The Task Force established under  
10 subsection (a) shall—

11           “(1) coordinate all Federal programs and re-  
12 search concerning Fetal Alcohol Syndrome, Fetal Al-  
13cohol Effects, and other forms of maternal substance  
14 abuse, including those programs—

15           “(A) targeting individuals, families, and  
16 populations identified as being at risk of acquir-  
17ing Fetal Alcohol Syndrome, Fetal Alcohol Ef-  
18fects, or other maternal substance abuse; and

19           “(B) providing health, education, treat-  
20ment, and social services to infants, children,  
21and adults with Fetal Alcohol Syndrome, Fetal  
22Alcohol Effects, and other drug exposures and  
23their families; and

24           “(2) coordinate its efforts with existing Depart-  
25ment of Health and Human Services task forces on

1 substance abuse prevention and maternal and child  
2 health;

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

6 **“SEC. 520L. ADMINISTRATIVE PROVISIONS WITH RESPECT**  
7 **TO GRANTS, COOPERATIVE AGREEMENTS**  
8 **AND CONTRACTS.**

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

12 “(1) be a State, Indian tribal government, local  
13 government, entity that funds a school-based health  
14 clinic scientific or academic institution or non-profit  
15 organization;

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

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

1       “(b) MAINTENANCE OF EFFORT.—No grant, cooper-  
2     ative agreement, or contract may be awarded to an entity  
3     under this subpart unless the entity agrees to maintain  
4     the expenditures of the entity for activities of the type for  
5     which the amounts to be received under a grant, coopera-  
6     tive agreement, or contract are to be used, at a level equal  
7     to not less than the level of such expenditures maintained  
8     by the entity for the fiscal year preceding the fiscal year  
9     for which the entity is applying to receive the grant, coop-  
10    erative agreement or contract.

11       “(c) AMOUNTS IN LIEU OF CASH.—At the request  
12    of a recipient of a grant, cooperative agreement, or con-  
13    tract under this subpart, the Secretary may reduce the  
14    amount provided under such grant, agreement, or contract  
15    by—

16           “(1) an amount equal to the fair market value  
17       of any supplies or equipment furnished the recipient;  
18       and

19           “(2) an amount equal to the amount of the pay,  
20       allowances, and travel expenses of any officer or em-  
21       ployee of the Federal Government which was de-  
22       tailed to the recipient and the amount of any other  
23       cost incurred in connection with the detail of such  
24       officer or employee.

1 **“SEC. 520M. AUTHORIZATION OF APPROPRIATIONS.**

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

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