

104TH CONGRESS
1ST SESSION

S. 170

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

IN THE SENATE OF THE UNITED STATES

JANUARY 5, 1995

Mr. DASCHLE (for himself, Mr. BINGAMAN, Mr. CAMPBELL, Mr. KERRY, Mr. REID, and Mr. INOUE) introduced the following bill; which was read twice and referred to the Committee on Labor and Human Resources

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) thousands more infants are born each year
8 with Fetal Alcohol Effects, which are lesser, though
9 still serious, alcohol-related birth defects;

10 (4) Fetal Alcohol Syndrome and Fetal Alcohol
11 Effects are national problems which can impact any
12 child, family, or community, but their threat to
13 American Indians and Alaska Natives is especially
14 alarming;

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

20 (6) in addition to the immeasurable toll on chil-
21 dren and their families, Fetal Alcohol Syndrome and
22 Fetal Alcohol Effects pose extraordinary financial
23 costs to the Nation, including the costs of health
24 care, education, foster care, job training, and gen-
25 eral support services for affected individuals;

1 (7) as a reliable comparison, delivery and care
2 costs are four times greater for infants who were ex-
3 posed to illicit substances than for infants with no
4 indication of substance exposure, and over a lifetime,
5 health care costs for one Fetal Alcohol Syndrome
6 child are estimated to be at least \$1,400,000;

7 (8) researchers have determined that the possi-
8 bility of giving birth to a baby with Fetal Alcohol
9 Syndrome or Fetal Alcohol Effects increases in pro-
10 portion to the amount and frequency of alcohol
11 consumed by a pregnant woman, and that stopping
12 alcohol consumption at any point in the pregnancy
13 reduces the risks and the emotional, physical, and
14 mental consequences of alcohol exposure to the baby;
15 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, support, and conduct basic and
 4 applied epidemiologic research concerning Fetal Al-
 5 cehol Syndrome and Fetal Alcohol Effects;

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

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

16 **SEC. 4. ESTABLISHMENT OF PROGRAM.**

17 Title III of the Public Health Service Act (42 U.S.C.
 18 241 et seq.) is amended by adding at the end thereof the
 19 following new part:

20 **“PART O—FETAL ALCOHOL SYNDROME**
 21 **PREVENTION PROGRAM**

22 **“SEC. 399G. ESTABLISHMENT OF FETAL ALCOHOL SYN-**
 23 **DROME PREVENTION PROGRAM.**

24 “(a) FETAL ALCOHOL SYNDROME PREVENTION PRO-
 25 GRAM.—The Secretary shall establish a comprehensive

1 Fetal Alcohol Syndrome and Fetal Alcohol Effects preven-
2 tion program that shall include—

3 “(1) an education and public awareness pro-
4 gram to—

5 “(A) support, conduct, and evaluate the ef-
6 fectiveness of—

7 “(i) training programs concerning the
8 prevention, diagnosis, and treatment of
9 Fetal Alcohol Syndrome and Fetal Alcohol
10 Effects;

11 “(ii) prevention and education pro-
12 grams, including school health education
13 and school-based clinic programs for
14 school-age children, concerning Fetal Alco-
15 hol Syndrome and Fetal Alcohol Effects;
16 and

17 “(iii) public and community awareness
18 programs concerning Fetal Alcohol Syn-
19 drome and Fetal Alcohol Effects;

20 “(B) provide technical and consultative as-
21 sistance to States, Indian tribal governments,
22 local governments, scientific and academic insti-
23 tutions, and nonprofit organizations concerning
24 the programs referred to in subparagraph (A);
25 and

1 “(C) award grants to, and enter into coop-
2 erative agreements and contracts with, States,
3 Indian tribal governments, local governments,
4 scientific and academic institutions, and non-
5 profit organizations for the purpose of—

6 “(i) evaluating the effectiveness, with
7 particular emphasis on the cultural com-
8 petency and age-appropriateness, of pro-
9 grams referred to in subparagraph (A);

10 “(ii) providing training in the preven-
11 tion, diagnosis, and treatment of Fetal Al-
12 cohol Syndrome and Fetal Alcohol Effects;

13 “(iii) educating school-age children,
14 including pregnant and high-risk youth,
15 concerning Fetal Alcohol Syndrome and
16 Fetal Alcohol Effects, with priority given
17 to programs that are part of a sequential,
18 comprehensive school health education pro-
19 gram; and

20 “(iv) increasing public and community
21 awareness concerning Fetal Alcohol Syn-
22 drome and Fetal Alcohol Effects through
23 culturally competent projects, programs,
24 and campaigns, and improving the under-
25 standing of the general public and targeted

1 groups concerning the most effective inter-
2 vention methods to prevent fetal exposure
3 to alcohol;

4 “(2) an applied epidemiologic research and pre-
5 vention program to—

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

10 “(B) provide technical and consultative as-
11 sistance and training to States, Tribal govern-
12 ments, local governments, scientific and aca-
13 demic institutions, and nonprofit organizations
14 engaged in the conduct of—

15 “(i) Fetal Alcohol Syndrome preven-
16 tion and early intervention programs; and

17 “(ii) research relating to the causes,
18 mechanisms, diagnosis methods, treatment,
19 and prevention of Fetal Alcohol Syndrome
20 and Fetal Alcohol Effects; and

21 “(C) award grants to, and enter into coop-
22 erative agreements and contracts with, States,
23 Indian tribal governments, local governments,
24 scientific and academic institutions, and non-
25 profit organizations for the purpose of—

1 “(i) conducting innovative demonstra-
2 tion and evaluation projects designed to
3 determine effective strategies, including
4 community-based prevention programs and
5 multicultural education campaigns, for pre-
6 venting and intervening in fetal exposure
7 to alcohol;

8 “(ii) improving and coordinating the
9 surveillance and ongoing assessment meth-
10 ods implemented by such entities and the
11 Federal Government with respect to Fetal
12 Alcohol Syndrome and Fetal Alcohol Ef-
13 fects;

14 “(iii) developing and evaluating effec-
15 tive age-appropriate and culturally com-
16 petent prevention programs for children,
17 adolescents, and adults identified as being
18 at-risk of becoming chemically dependent
19 on alcohol and associated with or develop-
20 ing Fetal Alcohol Syndrome and Fetal Al-
21 cohol Effects; and

22 “(iv) facilitating coordination and col-
23 laboration among Federal, State, local gov-
24 ernment, Indian tribal, and community-

1 based Fetal Alcohol Syndrome prevention
2 programs;

3 “(3) a basic research program to support and
4 conduct basic research on services and effective pre-
5 vention treatments and interventions for pregnant
6 alcohol-dependent women and individuals with Fetal
7 Alcohol Syndrome and Fetal Alcohol Effects;

8 “(4) a procedure for disseminating the Fetal
9 Alcohol Syndrome and Fetal Alcohol Effects diag-
10 nostic criteria developed pursuant to section 705 of
11 the ADAMHA Reorganization Act (42 U.S.C. 485n
12 note) to health care providers, educators, social
13 workers, child welfare workers, and other individ-
14 uals; and

15 “(5) the establishment, in accordance with sub-
16 section (b), of an interagency task force on Fetal Al-
17 cohol Syndrome and Fetal Alcohol Effects to foster
18 coordination among all Federal agencies that con-
19 duct or support Fetal Alcohol Syndrome and Fetal
20 Alcohol Effects research, programs, and surveillance,
21 and otherwise meet the general needs of populations
22 actually or potentially impacted by Fetal Alcohol
23 Syndrome and Fetal Alcohol Effects.

24 “(b) INTERAGENCY TASK FORCE.—

1 “(1) MEMBERSHIP.—The Task Force estab-
2 lished pursuant to paragraph (5) of subsection (a)
3 shall—

4 “(A) be chaired by the Secretary or a des-
5 ignee of the Secretary, and staffed by the Ad-
6 ministration; and

7 “(B) include representatives from all rel-
8 evant agencies and offices within the Depart-
9 ment of Health and Human Services, the De-
10 partment of Agriculture, the Department of
11 Education, the Department of Defense, the De-
12 partment of the Interior, the Department of
13 Justice, the Department of Veterans Affairs,
14 the Bureau of Alcohol, Tobacco and Firearms,
15 the Federal Trade Commission, and any other
16 relevant Federal agency.

17 “(2) FUNCTIONS.—The Task Force shall—

18 “(A) coordinate all Federal programs and
19 research concerning Fetal Alcohol Syndrome
20 and Fetal Alcohol Effects, including programs
21 that—

22 “(i) target individuals, families, and
23 populations identified as being at risk of
24 acquiring Fetal Alcohol Syndrome and
25 Fetal Alcohol Effects; and

1 “(ii) provide health, education, treat-
2 ment, and social services to infants, chil-
3 dren, and adults with Fetal Alcohol Syn-
4 drome and Fetal Alcohol Effects;

5 “(B) coordinate its efforts with existing
6 Department of Health and Human Services
7 task forces on substance abuse prevention and
8 maternal and child health; and

9 “(C) report on a biennial basis to the Sec-
10 retary and relevant committees of Congress on
11 the current and planned activities of the partici-
12 pating agencies.

13 **“SEC. 399H. ELIGIBILITY.**

14 “To be eligible to receive a grant, or enter into a co-
15 operative agreement or contract under this part, an entity
16 shall—

17 “(1) be a State, Indian tribal government, local
18 government, scientific or academic institution, or
19 nonprofit organization; and

20 “(2) prepare and submit to the Secretary an
21 application at such time, in such manner, and con-
22 taining such information as the Secretary may pre-
23 scribe, including a description of the activities that
24 the entity intends to carry out using amounts re-
25 ceived under this part.

1 **“SEC. 399I. AUTHORIZATION OF APPROPRIATIONS.**

2 “There are authorized to be appropriated to carry out
3 this part, such sums as are necessary for each of the fiscal
4 years 1995 through 1998.”.

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