

105TH CONGRESS
1ST SESSION

S. 148

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

IN THE SENATE OF THE UNITED STATES

JANUARY 21, 1997

Mr. DASCHLE (for himself, Mr. CHAFEE, Mr. BINGAMAN, Mr. INOUE, Mrs. MURRAY, Mr. JOHNSON, Mr. CAMPBELL, and Mr. REID) 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.

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, up to 12,000 infants are born in
5 the United States with Fetal Alcohol Syndrome, suf-
6 fering 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) children of women who use alcohol while
11 pregnant have a significantly higher infant mortality
12 rate (13.3 per 1000) than children of those women
13 who do not use alcohol (8.6 per 1000);

14 (5) Fetal Alcohol Syndrome and Fetal Alcohol
15 Effects are national problems which can impact any
16 child, family, or community, but their threat to
17 American Indians and Alaska Natives is especially
18 alarming;

19 (6) 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 up to
23 30 times greater than national averages;

24 (7) in addition to the immeasurable toll on chil-
25 dren and their families, Fetal Alcohol Syndrome and

1 Fetal Alcohol Effects pose extraordinary financial
2 costs to the Nation, including the costs of health
3 care, education, foster care, job training, and gen-
4 eral support services for affected individuals;

5 (8) the total cost to the economy of Fetal
6 Alcohol Syndrome was approximately
7 \$2,500,000,000 in 1995, and over a lifetime, health
8 care costs for one Fetal Alcohol Syndrome child are
9 estimated to be at least \$1,400,000;

10 (9) researchers have determined that the possi-
11 bility of giving birth to a baby with Fetal Alcohol
12 Syndrome or Fetal Alcohol Effects increases in pro-
13 portion to the amount and frequency of alcohol
14 consumed by a pregnant woman, and that stopping
15 alcohol consumption at any point in the pregnancy
16 reduces the emotional, physical, and mental con-
17 sequences of alcohol exposure to the baby; and

18 (10) though approximately 1 out of every 5
19 pregnant women drink alcohol during their preg-
20 nancy, we know of no safe dose of alcohol during
21 pregnancy, or of any safe time to drink during preg-
22 nancy, thus, it is in the best interest of the Nation
23 for the Federal Government to take an active role in
24 encouraging all women to abstain from alcohol con-
25 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, support, and conduct basic and
7 applied epidemiologic research concerning Fetal Al-
8 cohol Syndrome and Fetal Alcohol Effects;

9 (2) coordinate, support, and conduct national,
10 State, and community-based public awareness, pre-
11 vention, and education programs on Fetal Alcohol
12 Syndrome and 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 Title III of the Public Health Service Act (42 U.S.C.
21 241 et seq.) is amended by adding at the end the follow-
22 ing:

1 **“PART O—FETAL ALCOHOL SYNDROME**

2 **PREVENTION PROGRAM**

3 **“SEC. 399G. ESTABLISHMENT OF FETAL ALCOHOL SYN-**
4 **DROME PREVENTION PROGRAM.**

5 “(a) FETAL ALCOHOL SYNDROME PREVENTION PRO-
6 GRAM.—The Secretary shall establish a comprehensive
7 Fetal Alcohol Syndrome and Fetal Alcohol Effects preven-
8 tion program that shall include—

9 “(1) an education and public awareness pro-
10 gram to—

11 “(A) support, conduct, and evaluate the ef-
12 fectiveness of—

13 “(i) training programs concerning the
14 prevention, diagnosis, and treatment of
15 Fetal Alcohol Syndrome and Fetal Alcohol
16 Effects;

17 “(ii) prevention and education pro-
18 grams, including school health education
19 and school-based clinic programs for
20 school-age children, concerning Fetal Alco-
21 hol Syndrome and Fetal Alcohol Effects;
22 and

23 “(iii) public and community awareness
24 programs concerning Fetal Alcohol Syn-
25 drome and Fetal Alcohol Effects;

1 “(B) provide technical and consultative as-
2 sistance to States, Indian tribal governments,
3 local governments, scientific and academic insti-
4 tutions, and nonprofit organizations concerning
5 the programs referred to in subparagraph (A);
6 and

7 “(C) award grants to, and enter into coop-
8 erative agreements and contracts with, States,
9 Indian tribal governments, local governments,
10 scientific and academic institutions, and non-
11 profit organizations for the purpose of—

12 “(i) evaluating the effectiveness, with
13 particular emphasis on the cultural com-
14 petency and age-appropriateness, of pro-
15 grams referred to in subparagraph (A);

16 “(ii) providing training in the preven-
17 tion, diagnosis, and treatment of Fetal Al-
18 cohol Syndrome and Fetal Alcohol Effects;

19 “(iii) educating school-age children,
20 including pregnant and high-risk youth,
21 concerning Fetal Alcohol Syndrome and
22 Fetal Alcohol Effects, with priority given
23 to programs that are part of a sequential,
24 comprehensive school health education pro-
25 gram; and

1 “(iv) increasing public and community
2 awareness concerning Fetal Alcohol Syn-
3 drome and Fetal Alcohol Effects through
4 culturally competent projects, programs,
5 and campaigns, and improving the under-
6 standing of the general public and targeted
7 groups concerning the most effective inter-
8 vention methods to prevent fetal exposure
9 to alcohol;

10 “(2) an applied epidemiologic research and pre-
11 vention program to—

12 “(A) support and conduct research on the
13 causes, mechanisms, diagnostic methods, treat-
14 ment, and prevention of Fetal Alcohol Syn-
15 drome and Fetal Alcohol Effects;

16 “(B) provide technical and consultative as-
17 sistance and training to States, Tribal govern-
18 ments, local governments, scientific and aca-
19 demic institutions, and nonprofit organizations
20 engaged in the conduct of—

21 “(i) Fetal Alcohol Syndrome preven-
22 tion and early intervention programs; and

23 “(ii) research relating to the causes,
24 mechanisms, diagnosis methods, treatment,

1 and prevention of Fetal Alcohol Syndrome
2 and Fetal Alcohol Effects; and

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

8 “(i) conducting innovative demonstra-
9 tion and evaluation projects designed to
10 determine effective strategies, including
11 community-based prevention programs and
12 multicultural education campaigns, for pre-
13 venting and intervening in fetal exposure
14 to alcohol;

15 “(ii) improving and coordinating the
16 surveillance and ongoing assessment meth-
17 ods implemented by such entities and the
18 Federal Government with respect to Fetal
19 Alcohol Syndrome and Fetal Alcohol Ef-
20 fects;

21 “(iii) developing and evaluating effec-
22 tive age-appropriate and culturally com-
23 petent prevention programs for children,
24 adolescents, and adults identified as being
25 at-risk of becoming chemically dependent

1 on alcohol and associated with or develop-
2 ing Fetal Alcohol Syndrome and Fetal Al-
3cohol Effects; and

4 “(iv) facilitating coordination and col-
5 laboration among Federal, State, local gov-
6 ernment, Indian tribal, and community-
7 based Fetal Alcohol Syndrome prevention
8 programs;

9 “(3) a basic research program to support and
10 conduct basic research on services and effective pre-
11 vention treatments and interventions for pregnant
12 alcohol-dependent women and individuals with Fetal
13 Alcohol Syndrome and Fetal Alcohol Effects;

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

21 “(5) the establishment, in accordance with sub-
22 section (b), of an interagency task force on Fetal Al-
23cohol Syndrome and Fetal Alcohol Effects to foster
24 coordination among all Federal agencies that con-
25 duct or support Fetal Alcohol Syndrome and Fetal

1 Alcohol Effects research, programs, and surveillance,
2 and otherwise meet the general needs of populations
3 actually or potentially impacted by Fetal Alcohol
4 Syndrome and Fetal Alcohol Effects.

5 “(b) INTERAGENCY TASK FORCE.—

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

9 “(A) be chaired by the Secretary or a des-
10 ignee of the Secretary, and staffed by the Ad-
11 ministration; and

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

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

23 “(A) coordinate all Federal programs and
24 research concerning Fetal Alcohol Syndrome

1 and Fetal Alcohol Effects, including programs
2 that—

3 “(i) target individuals, families, and
4 populations identified as being at risk of
5 acquiring Fetal Alcohol Syndrome and
6 Fetal Alcohol Effects; and

7 “(ii) provide health, education, treat-
8 ment, and social services to infants, chil-
9 dren, and adults with Fetal Alcohol Syn-
10 drome and Fetal Alcohol Effects;

11 “(B) coordinate its efforts with existing
12 Department of Health and Human Services
13 task forces on substance abuse prevention and
14 maternal and child health; and

15 “(C) report on a biennial basis to the Sec-
16 retary and relevant committees of Congress on
17 the current and planned activities of the partici-
18 pating agencies.

19 “(c) SCIENTIFIC RESEARCH AND TRAINING.—The
20 Director of the National Institute on Alcohol Abuse and
21 Alcoholism, with the cooperation of members of the inter-
22 agency task force established under subsection (b), shall
23 establish a collaborative program to provide for the con-
24 duct and support of research, training, and dissemination

1 of information to researchers, clinicians, health profes-
2 sionals and the public, with respect to the cause, preven-
3 tion, diagnosis, and treatment of Fetal Alcohol Syndrome
4 and the related condition know as Fetal Alcohol Effects.

5 **“SEC. 399H. ELIGIBILITY.**

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

9 “(1) be a State, Indian tribal government, local
10 government, scientific or academic institution, or
11 nonprofit organization; and

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

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

19 “There are authorized to be appropriated to carry out
20 this part, such sums as are necessary for each of the fiscal
21 years 1997 through 2001.”.

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