

109TH CONGRESS
1ST SESSION

S. 1722

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

SEPTEMBER 19, 2005

Ms. MURKOWSKI (for herself, Mr. JOHNSON, Mr. COLEMAN, Mr. DURBIN, Mr. DODD, and Mrs. MURRAY) 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:

1 (1) Fetal Alcohol Spectrum Disorders are the
2 spectrum of serious, life-long disorders caused by
3 prenatal exposure to alcohol, which include Fetal Al-
4cohol Syndrome, Alcohol-Related Neurodevelopmen-
5tal Disorder, and Alcohol-Related Birth Defects.

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

10 (3) Prenatal alcohol exposure can cause brain
11 damage that produces cognitive and behavioral im-
12pairments. Prenatal alcohol exposure can cause men-
13tal retardation or low IQ and difficulties with learn-
14ing, memory, attention, and problem-solving. It can
15also create problems with mental health and social
16interactions.

17 (4) Prenatal alcohol exposure also can cause
18 growth retardation, birth defects involving the heart,
19 kidney, vision and hearing, and a characteristic pat-
20tern of facial abnormalities.

21 (5) About 13 percent of women report using al-
22cohol during pregnancy even though there is no
23known safe level of alcohol consumption during preg-
24nancy.

1 (6) Estimates of individuals with Fetal Alcohol
2 Syndrome vary but are estimated to be between 0.5
3 and 2.0 per 1,000 births. The prevalence rate is con-
4 siderably higher for all Fetal Alcohol Spectrum Dis-
5 orders: about 10 out of 1,000 births (1 percent of
6 births).

7 (7) Prevalence of Fetal Alcohol Spectrum Dis-
8 orders can be even higher in certain populations,
9 such as Native Americans, and in certain areas,
10 such as those characterized by low socioeconomic
11 status.

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

18 (9) Lifetime health costs for an individual with
19 Fetal Alcohol Syndrome average \$860,000, and can
20 run as high as \$4,200,000. The direct and indirect
21 economic costs of Fetal Alcohol Syndrome in the
22 United States were \$5,400,000,000 in 2003. Total
23 economic costs would be even higher for all Fetal Al-
24 cohol Spectrum Disorders.

1 “(B) award grants, contracts, or coopera-
2 tive agreements to public or private nonprofit
3 entities to pay all or part of carrying out re-
4 search under such agenda.

5 “(2) TYPES OF RESEARCH.—In carrying out
6 paragraph (1), the Secretary, acting through the Di-
7 rector of the National Institute of Alcohol Abuse and
8 Alcoholism, shall conduct national and international
9 research in coordination with other Federal agencies
10 that includes—

11 “(A) the identification of the mechanisms
12 that produce the cognitive and behavioral prob-
13 lems associated with fetal alcohol exposure;

14 “(B) the development of a neurocognitive
15 phenotype for Fetal Alcohol Syndrome and Al-
16 cohol-Related Neurodevelopmental Disorder;

17 “(C) the identification of biological mark-
18 ers that can be used to indicate fetal alcohol ex-
19 posure;

20 “(D) the identification of fetal and mater-
21 nal risk factors that increase susceptibility to
22 Fetal Alcohol Spectrum Disorders;

23 “(E) the investigation of behavioral and
24 pharmacotherapies for alcohol-dependent

1 women to determine new approaches for sus-
2 taining recovery;

3 “(F) the development of scientific-based
4 therapeutic interventions for individuals with
5 Fetal Alcohol Spectrum Disorders;

6 “(G) the development of screening instru-
7 ments to identify women who consume alcohol
8 during pregnancy and the development of
9 standards for measuring, reporting, and ana-
10 lyzing alcohol consumption patterns in pregnant
11 women; and

12 “(H) other research that the Director de-
13 termines to be appropriate.

14 “(3) STUDY.—The Secretary, acting through
15 the Director of the National Institute of Mental
16 Health, shall—

17 “(A) conduct a study on the behavioral
18 disorders that may be associated with prenatal
19 alcohol exposure;

20 “(B) not later than 1 year after the date
21 of enactment of the Advancing FASD Research,
22 Prevention, and Services Act, submit to Con-
23 gress a report on the appropriateness of charac-
24 terizing Fetal Alcohol Spectrum Disorders and

1 their secondary behavioral disorders as mental
2 health disorders; and

3 “(C) conduct additional research on the
4 epidemiology of behavior disorders associated
5 with Fetal Alcohol Spectrum Disorders in col-
6 laboration with the Centers for Disease Control
7 and Prevention.

8 “(4) AUTHORIZATION OF APPROPRIATIONS.—
9 There are authorized to be appropriated to carry out
10 this subsection, such sums as may be necessary for
11 each of fiscal years 2006 through 2010.

12 “(b) SURVEILLANCE, IDENTIFICATION, AND PRE-
13 VENTION ACTIVITIES.—

14 “(1) IN GENERAL.—The Secretary, acting
15 through the Director of the National Center on
16 Birth Defects and Developmental Disabilities, shall
17 facilitate surveillance, identification, and prevention
18 of Fetal Alcohol Spectrum Disorders as provided for
19 in this subsection.

20 “(2) SURVEILLANCE, IDENTIFICATION, AND
21 PREVENTION.—In carrying out this subsection, the
22 Secretary shall—

23 “(A) develop and implement a uniform
24 surveillance case definition for Fetal Alcohol
25 Syndrome and a uniform surveillance case defi-

1 nition for Alcohol Related Neurodevelopmental
2 Disorder;

3 “(B) develop a comprehensive screening
4 process for Fetal Alcohol Spectrum Disorders
5 that covers different age, race, and ethnic
6 groups and is based on the uniform surveillance
7 case definitions developed under subparagraph
8 (A);

9 “(C) disseminate and provide the necessary
10 training and support for the screening process
11 developed under subparagraph (B) to—

12 “(i) hospitals, community health cen-
13 ters, outpatient programs, and other ap-
14 propriate health care providers;

15 “(ii) incarceration and detainment fa-
16 cilities;

17 “(iii) primary and secondary schools;

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

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

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

1 “(vii) other entities that the Secretary
2 determines to be appropriate;

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

8 “(E) conduct applied public health preven-
9 tion research and implement strategies for re-
10 ducing alcohol-exposed pregnancies in women at
11 high risk for alcohol-exposed pregnancies.

12 “(3) AUTHORIZATION OF APPROPRIATION.—
13 There are authorized to be appropriated to carry out
14 this subsection, such sums as may be necessary for
15 each of fiscal years 2006 through 2010.

16 “(c) BUILDING STATE FASD SYSTEMS.—

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

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

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

8 “(B) develop and implement a statewide
9 strategic plan for preventing and treating Fetal
10 Alcohol Spectrum Disorders;

11 “(C) consult with public and private non-
12 profit entities with relevant expertise on Fetal
13 Alcohol Spectrum Disorders within the State,
14 including—

15 “(i) parent-led groups and other orga-
16 nizations that support and advocate for in-
17 dividuals with Fetal Alcohol Spectrum Dis-
18 orders; and

19 “(ii) Indian tribes and tribal organiza-
20 tions; and

21 “(D) designate an individual to serve as
22 the coordinator of the State’s Fetal Alcohol
23 Spectrum Disorders program.

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

4 “(A) the identification of existing State
5 programs and systems that could be used to
6 identify and treat individuals with Fetal Alcohol
7 Spectrum Disorders and prevent alcohol con-
8 sumption during pregnancy, such as—

9 “(i) programs for the developmentally
10 disabled, the mentally ill, and individuals
11 with alcohol dependency;

12 “(ii) primary and secondary edu-
13 cational systems;

14 “(iii) judicial systems for juveniles
15 and adults;

16 “(iv) child welfare programs and so-
17 cial service programs; and

18 “(v) other programs or systems the
19 State determines to be appropriate;

20 “(B) the identification of any barriers for
21 individuals with Fetal Alcohol Spectrum Dis-
22 orders or women at risk for alcohol consump-
23 tion during pregnancy to access the programs
24 identified under subparagraph (A); and

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

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

8 “(A) Establishing a statewide surveillance
9 system.

10 “(B) Collecting, analyzing and interpreting
11 data.

12 “(C) Establishing a diagnostic center.

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

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

20 “(F) Developing and sharing best practices
21 for the prevention, identification, and treatment
22 of Fetal Alcohol Spectrum Disorders.

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

1 “(H) Disseminating information about
2 Fetal Alcohol Spectrum Disorders and the
3 availability of support services to families of in-
4 dividuals with Fetal Alcohol Spectrum Dis-
5 orders.

6 “(I) Other activities determined appro-
7 priate by the Secretary.

8 “(5) MULTI-STATE PROGRAMS.—The Secretary
9 shall permit the formation of multi-State Fetal Alco-
10 hol Spectrum Disorders programs under this sub-
11 section.

12 “(6) OTHER CONTRACTS AND AGREEMENTS.—
13 A State may carry out activities under paragraph
14 (4) through contacts or cooperative agreements with
15 public and private non-profit entities with a dem-
16 onstrated expertise in Fetal Alcohol Spectrum Dis-
17 orders.

18 “(7) AUTHORIZATION OF APPROPRIATIONS.—
19 There are authorized to be appropriated to carry out
20 this subsection, such sums as may be necessary for
21 fiscal years 2006 through 2010.

22 “(d) PROMOTING COMMUNITY PARTNERSHIPS.—

23 “(1) IN GENERAL.—The Secretary shall award
24 grants, contracts, or cooperative agreements to eligi-
25 ble entities to enable such entities to establish, en-

1 hance, or improve community partnerships for the
2 purpose of collaborating on common objectives and
3 integrating the services available to individuals with
4 Fetal Alcohol Spectrum Disorders, such as surveil-
5 lance, prevention, treatment, and provision of sup-
6 port services.

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

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

12 “(i) a health care provider or health
13 professional;

14 “(ii) a primary or secondary school;

15 “(iii) a social work or child welfare of-
16 fice;

17 “(iv) an incarceration or detainment
18 facility;

19 “(v) a parent-led group or other orga-
20 nization that supports and advocates for
21 individuals with Fetal Alcohol Spectrum
22 Disorders;

23 “(vi) an Indian tribe or tribal organi-
24 zation;

1 “(vii) any other entity the Secretary
2 determines to be appropriate; or

3 “(viii) a consortium of any of the enti-
4 ties described in clauses (i) through (vii);
5 and

6 “(B) 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, including assur-
10 ances that the entity submitting the application
11 does, at the time of application, or will, within
12 a reasonable amount of time from the date of
13 application, include substantive participation of
14 a broad range of entities that work with or pro-
15 vide services for individuals with Fetal Alcohol
16 Spectrum Disorders.

17 “(3) ACTIVITIES.—An eligible entity shall use
18 amounts received under a grant, contract, or cooper-
19 ative agreement under this subsection shall carry out
20 1 or more of the following activities:

21 “(A) Identifying and integrating existing
22 programs and services available in the commu-
23 nity for individuals with Fetal Alcohol Spec-
24 trum Disorders.

1 “(B) Conducting a needs assessment to
2 identify services that are not available in a com-
3 munity.

4 “(C) Developing and implementing com-
5 munity-based initiatives to prevent, diagnose,
6 treat, and provide support services to individ-
7 uals with Fetal Alcohol Spectrum Disorders.

8 “(D) Disseminating information about
9 Fetal Alcohol Spectrum Disorders and the
10 availability of support services.

11 “(E) Developing and implementing a com-
12 munity-wide public awareness and outreach
13 campaign focusing on the dangers of drinking
14 alcohol while pregnant.

15 “(F) Providing mentoring or other support
16 to families of individuals with Fetal Alcohol
17 Spectrum Disorders.

18 “(G) Other activities determined appro-
19 priate by the Secretary.

20 “(4) AUTHORIZATION OF APPROPRIATION.—
21 There are authorized to be appropriated to carry out
22 this subsection, such sums as may be necessary for
23 each of fiscal years 2006 through 2010.

24 “(e) DEVELOPMENT OF BEST PRACTICES.—

1 “(1) IN GENERAL.—The Secretary, in coordina-
2 tion with the National Task Force on Fetal Alcohol
3 Spectrum Disorders, shall award grants to States,
4 Indian tribes and tribal organizations, and non-
5 governmental organizations for the establishment of
6 pilot projects to identify and implement best prac-
7 tices for—

8 “(A) educating children with fetal alcohol
9 spectrum disorders, including—

10 “(i) activities and programs designed
11 specifically for the identification, treat-
12 ment, and education of such children; and

13 “(ii) curricula development and
14 credentialing of teachers, administrators,
15 and social workers who implement such
16 programs;

17 “(B) educating judges, attorneys, child ad-
18 vocates, law enforcement officers, prison war-
19 dens, alternative incarceration administrators,
20 and incarceration officials on how to treat and
21 support individuals suffering from Fetal Alcohol
22 Spectrum Disorders within the criminal justice
23 system, including—

24 “(i) programs designed specifically for
25 the identification, treatment, and education

1 of those with Fetal Alcohol Spectrum Dis-
2 orders; and

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

7 “(C) educating adoption or foster care
8 agency officials about available and necessary
9 services for children with fetal alcohol spectrum
10 disorders, including—

11 “(i) programs designed specifically for
12 the identification, treatment, and education
13 of those with Fetal Alcohol Spectrum Dis-
14 orders; and

15 “(ii) education and training for poten-
16 tial parents of an adopted child with Fetal
17 Alcohol Spectrum Disorders.

18 “(2) APPLICATION.—To be eligible for a grant
19 under paragraph (1), an entity shall prepare and
20 submit to the Secretary an application at such time,
21 in such manner, and containing such information as
22 the Secretary may reasonably require.

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

1 this subsection, such sums as may be necessary for
2 each of fiscal years 2006 through 2010.

3 “(f) TRANSITIONAL SERVICES.—

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

12 “(2) APPLICATION.—To be eligible for a grant,
13 contract, or cooperative agreement under paragraph
14 (1), an entity shall prepare and submit to the Sec-
15 retary an application at such time, in such manner,
16 and containing such information as the Secretary
17 may reasonably require.

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

21 “(A) provide housing assistance to adults
22 with Fetal Alcohol Spectrum Disorders;

23 “(B) provide vocational training and place-
24 ment services for adults with Fetal Alcohol
25 Spectrum Disorders;

1 “(C) provide medication monitoring serv-
2 ices for adults with Fetal Alcohol Spectrum
3 Disorders; and

4 “(D) provide training and support to orga-
5 nizations providing family services or mental
6 health programs and other organizations that
7 work with adults with Fetal Alcohol Spectrum
8 Disorders.

9 “(4) AUTHORIZATION OF APPROPRIATIONS.—
10 There are authorized to be appropriated to carry out
11 this subsection, such sums as may be necessary for
12 each of fiscal years 2006 through 2010.

13 “(g) COMMUNITY HEALTH CENTER INITIATIVE.—

14 “(1) IN GENERAL.—The Secretary, acting
15 through the Administrator of the Health Resources
16 and Services Administration, shall award grants to
17 community health centers acting in collaboration
18 with States, Indian tribes, tribal organizations, and
19 nongovernmental organizations, for the establish-
20 ment of a 5-year demonstration program under the
21 direction of the Interagency Coordinating Committee
22 on Fetal Alcohol Syndrome to implement and evalu-
23 ate a program to increase awareness and identifica-
24 tion of Fetal Alcohol Spectrum Disorders in commu-

1 nity health centers and to refer affected individuals
2 to appropriate support services.

3 “(2) APPLICATION.—To be eligible to receive a
4 grant under paragraph (1), a community health cen-
5 ter shall prepare and submit to the Administrator an
6 application at such time, in such manner, and con-
7 taining such information as the Administrator may
8 reasonably require.

9 “(3) ACTIVITIES.—A community health center
10 shall use amounts received under a grant under
11 paragraph (1) to—

12 “(A) provide training for health care pro-
13 viders on identifying and educating women who
14 are at risk for alcohol consumption during preg-
15 nancy;

16 “(B) provide training for health care pro-
17 viders on screening children for Fetal Alcohol
18 Spectrum Disorders;

19 “(C) educate health care providers and
20 other relevant community health center workers
21 on the support services available for those with
22 Fetal Alcohol Spectrum Disorders and treat-
23 ment services available for women at risk for al-
24cohol consumption during pregnancy; and

1 “(D) implement a tracking system that
2 can identify the rates of Fetal Alcohol Spec-
3 trum Disorders by racial, ethnic, and economic
4 backgrounds.

5 “(4) SELECTION OF PARTICIPANTS.—The Ad-
6 ministrator shall determine the number of commu-
7 nity health centers that will participate in the dem-
8 onstration program under this subsection and shall
9 select participants, to the extent practicable, that are
10 located in different regions of the United States and
11 that serve a racially and ethnically diverse popu-
12 lation.

13 “(5) AUTHORIZATION OF APPROPRIATIONS.—
14 There are authorized to be appropriated to carry out
15 this subsection, such sums as may be necessary for
16 each of fiscal years 2006 through 2010.

17 “(6) REPORT TO CONGRESS.—Not later than 1
18 year after completion of the demonstration program
19 under this subsection, the Administrator shall pre-
20 pare and submit to Congress a report on the results
21 of the demonstration program, including—

22 “(A) changes in the number of women
23 screened for and identified as at risk for alcohol
24 consumption during pregnancy;

1 “(B) changes in the number of individuals
2 identified as having a Fetal Alcohol Spectrum
3 Disorder; and

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

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

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

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

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

14 “(E) national public service announce-
15 ments to raise public awareness of the risks as-
16 sociated with alcohol consumption during preg-
17 nancy with the purpose of reducing the preva-
18 lence of Fetal Alcohol Spectrum Disorders, that
19 shall—

20 “(i) be conducted by relevant Federal
21 agencies under the coordination of the
22 Interagency Coordinating Committee on
23 Fetal Alcohol Syndrome;

24 “(ii) be developed by the appropriate
25 Federal agencies, as determined by the

1 Interagency Coordinating Committee on
2 Fetal Alcohol Syndrome taking into consid-
3 eration the expertise and experience of
4 other relevant Federal agencies, and shall
5 test and evaluate the public service an-
6 nouncement’s effectiveness prior to broad-
7 casting the announcements nationally;

8 “(iii) be broadcast through appro-
9 priate media outlets, including television or
10 radio, in a manner intended to reach
11 women at risk of alcohol consumption dur-
12 ing pregnancy; and

13 “(iv) be measured prior to broadcast
14 of the national public service announce-
15 ments to provide baseline data that will be
16 used to evaluate the effectiveness of the
17 announcements.”; and

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

19 (A) in paragraph (1), by striking “Na-
20 tional Task Force on Fetal Alcohol Syndrome
21 and Fetal Alcohol Effect” and inserting “Na-
22 tional Task Force on Fetal Alcohol Spectrum
23 Disorders”;

24 (B) in paragraph (3)—

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

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

5 (iii) by adding at the end the fol-
6 lowing:

7 “(D) develop, in collaboration with the
8 Interagency Coordinating Committee on Fetal
9 Alcohol Syndrome, a report that identifies and
10 describes the 10 most important actions that
11 must be taken to reduce prenatal alcohol expo-
12 sure and all its adverse outcomes, and that
13 shall—

14 “(i) describe the state of the current
15 epidemiology of Fetal Alcohol Spectrum
16 Disorders, risk factors, and successful ap-
17 proaches in policy and services that have
18 reduced alcohol-exposed pregnancies and
19 outcomes;

20 “(ii) identify innovative approaches
21 that have worked in related areas such as
22 tobacco control or HIV prevention that
23 may provide models for Fetal Alcohol
24 Spectrum Disorders prevention;

1 “(iii) recommend short-term and long-
 2 term action plans for achieving the
 3 Healthy 2010 Objectives for the United
 4 States, such as increasing abstinence from
 5 alcohol among pregnant women and reduc-
 6 ing the occurrence of Fetal Alcohol Syn-
 7 drome; and

8 “(iv) recommend in coordination with
 9 the National Institute on Mental Health
 10 whether Fetal Alcohol Syndrome and other
 11 prenatal alcohol disorders, or a subset of
 12 these disorders, should be included in the
 13 Diagnostic and Statistical Manual of Men-
 14 tal Disorders.”; and

15 (C) by striking “Fetal Alcohol Syndrome
 16 and Fetal Alcohol Effect” each place that such
 17 appears and inserting “Fetal Alcohol Spectrum
 18 Disorders”.

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

20 Part O of title III of the Public Health Service Act
 21 (42 U.S.C. 280f et seq.) is amended by adding at the end
 22 the following:

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

24 “(a) INTERAGENCY COORDINATING COMMITTEE ON
 25 FETAL ALCOHOL SYNDROME.—The Secretary, acting

1 through the Director of the National Institute on Alcohol
2 Abuse and Alcoholism, shall provide for the continuation
3 of the Interagency Coordinating Committee on Fetal Alco-
4 hol Syndrome so that such Committee may—

5 “(1) coordinate activities conducted by the Fed-
6 eral Government on Fetal Alcohol Spectrum Dis-
7 orders, including convening meetings, establishing
8 work groups, sharing information, and facilitating
9 and promoting collaborative projects among Federal
10 agencies; and

11 “(2) develop, in consultation with the National
12 Task Force on Fetal Alcohol Spectrum Disorders,
13 priority areas for years 2006 through 2010 to guide
14 Federal programs and activities related to Fetal Al-
15cohol Spectrum Disorders.

16 “(b) COORDINATION AMONG FEDERAL ENTITIES.—

17 “(1) IN GENERAL.—The Comptroller General of
18 the United States shall evaluate and make rec-
19 ommendations regarding the appropriate roles and
20 responsibilities of Federal entities with respect to
21 programs and activities related to Fetal Alcohol
22 Spectrum Disorders.

23 “(2) COVERED ENTITIES.—The Federal entities
24 under paragraph (1) shall include entities within the
25 National Institutes of Health, the Centers for Dis-

1 ease Control and Prevention, the Substance Abuse
2 and Mental Health Services Administration, the
3 Health Resources and Services Administration, the
4 Indian Health Service, the Agency for Healthcare
5 Research and Quality, the Interagency Coordinating
6 Committee on Fetal Alcohol Syndrome, the National
7 Task Force on Fetal Alcohol Spectrum Disorders, as
8 well as the Office of Special Education and Rehabili-
9 tative Services in the Department of Education and
10 the Office of Juvenile Justice and Delinquency Pre-
11 vention in the Department of Justice.

12 “(3) EVALUATION.—The evaluation conducted
13 by the Comptroller General under paragraph (1)
14 shall include—

15 “(A) an assessment of the current roles
16 and responsibilities of Federal entities with pro-
17 grams and activities related to Fetal Alcohol
18 Spectrum Disorders; and

19 “(B) an assessment of whether there is du-
20 plication in programs and activities, conflicting
21 roles and responsibilities, or lack of coordina-
22 tion among Federal entities.

23 “(4) RECOMMENDATION.—The Comptroller
24 General shall provide recommendations on the ap-
25 propriate roles and responsibilities of the Federal

1 entities described in paragraph (2) in order to maxi-
2 mize the effectiveness of Federal programs and ac-
3 tivities related to Fetal Alcohol Spectrum Disorders.

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

10 **SEC. 5. SERVICES FOR INDIVIDUALS WITH FETAL ALCOHOL**
11 **SYNDROME.**

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

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

16 (2) by redesignating paragraph (12) as para-
17 graph (15); and

18 (3) by inserting after paragraph (11), the fol-
19 lowing:

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

23 “(13) recruit and train mentors for adolescents
24 with Fetal Alcohol Syndrome and other prenatal al-
25 cohol-related disorders;

1 “(14) provide educational and supportive serv-
2 ices to families of individuals with Fetal Alcohol
3 Spectrum Disorders; and”.

4 **SEC. 6. PREVENTION, INTERVENTION, AND SERVICES IN**
5 **THE EDUCATION SYSTEM.**

6 The Secretary of Education shall direct the Office of
7 Special Education and Rehabilitative Services to—

8 (1) implement screening procedures and con-
9 duct training on a nationwide Fetal Alcohol Spec-
10 trum Disorders surveillance campaign for the edu-
11 cational system in collaboration with the efforts of
12 the National Center on Birth Defects and Develop-
13 mental Disabilities under section 399H(b) of the
14 Public Health Service Act (as added by this Act);

15 (2) introduce curricula previously developed by
16 the National Center on Birth Defects and Develop-
17 mental Disabilities and the Substance Abuse and
18 Mental Health Services Administration on how to
19 most effectively educate and support children with
20 Fetal Alcohol Spectrum Disorders in both special
21 education and traditional education settings, and in-
22 vestigate incorporating information about the identi-
23 fication, prevention, and treatment of the Disorders
24 into teachers’ credentialing requirements;

1 (3) integrate any special techniques on how to
2 deal with Fetal Alcohol Spectrum Disorders children
3 into parent-teacher or parent-administrator inter-
4 actions, including after-school programs, special
5 school services, and family aid programs;

6 (4) collaborate with other Federal agencies to
7 introduce a standardized educational unit within
8 schools' existing sexual and health education cur-
9 ricula, or create one if needed, on the deleterious ef-
10 fects of prenatal alcohol exposure; and

11 (5) organize a peer advisory network of adoles-
12 cents in schools to discourage the use of alcohol
13 while pregnant or considering getting pregnant.

14 **SEC. 7. PREVENTION, INTERVENTION, AND SERVICES IN**
15 **THE JUSTICE SYSTEM.**

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

18 (1) implement screening procedures and con-
19 duct training on a nationwide Fetal Alcohol Spec-
20 trum Disorders surveillance campaign for the justice
21 system in collaboration with the efforts of the Na-
22 tional Center on Birth Defects and Developmental
23 Disabilities under section 399H(b) of the Public
24 Health Service Act (as added by this Act);

1 (2) introduce training curricula, in collaboration
2 with the National Center on Birth Defects and De-
3 velopmental Disabilities and the Substance Abuse
4 and Mental Health Services Administration, on how
5 to most effectively identify and interact with individ-
6 uals with Fetal Alcohol Spectrum Disorders in both
7 the juvenile and adult justice systems, and inves-
8 tigate incorporating information about the identifica-
9 tion, prevention, and treatment of the disorders into
10 justice professionals' credentialing requirements;

11 (3) promote the tracking of individuals entering
12 the juvenile justice system with at-risk backgrounds
13 that indicates them as high probability for having a
14 Fetal Alcohol Spectrum Disorder, especially those
15 individuals whose mothers have a high record of
16 drinking during pregnancy as reported by the appro-
17 priate child protection agency;

18 (4) educate judges, attorneys, child advocates,
19 law enforcement officers, prison wardens, alternative
20 incarceration administrators, and incarceration offi-
21 cials on how to treat and support individuals suf-
22 fering from Fetal Alcohol Spectrum Disorders within
23 the criminal justice system, including—

1 (A) programs designed specifically for the
2 identification, treatment, and education of such
3 children; and

4 (B) curricula development and
5 credentialing of teachers, administrators, and
6 social workers who implement such programs;

7 (5) conduct a study on the inadequacies of how
8 the current system processes children with certain
9 developmental delays and subsequently develop alter-
10 native methods of incarceration and treatment that
11 are more effective for youth offenders identified to
12 have a Fetal Alcohol Spectrum Disorder; and

13 (6) develop transition programs for individuals
14 with Fetal Alcohol Spectrum Disorders who are re-
15 leased from incarceration.

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

17 (a) **AUTHORIZATION OF APPROPRIATIONS.**—Section
18 399J of the Public Health Service Act (42 U.S.C. 280f–
19 2) is amended by striking “the part” and all that follows
20 through the period and inserting “subsections (h) through
21 (k) of section 399H, \$27,000,000 for each of fiscal years
22 2006 through 2010”.

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

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