

119TH CONGRESS
1ST SESSION

S. 139

To amend the Public Health Service Act to reauthorize and extend the Fetal Alcohol Spectrum Disorders Prevention and Services program, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JANUARY 16, 2025

Ms. MURKOWSKI (for herself, Ms. KLOBUCHAR, Mr. KING, Ms. HIRONO, Mr. MORAN, Ms. BALDWIN, Ms. CANTWELL, and Mr. CRAMER) 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 Spectrum Disorders 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, Services and Prevention Act” or the “FASD Re-
6 spect Act”.

1 **SEC. 2. SUPPORT FOR INDIVIDUALS AND FAMILIES IM-**
 2 **PACTED BY FETAL ALCOHOL SPECTRUM DIS-**
 3 **ORDER.**

4 (a) IN GENERAL.—Part O of title III of the Public
 5 Health Service Act (42 U.S.C. 280f et seq.) is amended—

6 (1) by amending the part heading to read as
 7 follows: “**FETAL ALCOHOL SPECTRUM DIS-**
 8 **ORDERS PREVENTION AND SERVICES PRO-**
 9 **GRAM**”;

10 (2) in section 399H (42 U.S.C. 280f)—

11 (A) in the section heading, by striking
 12 “**ESTABLISHMENT OF FETAL ALCOHOL**
 13 **SYNDROME PREVENTION**” and inserting
 14 “**FETAL ALCOHOL SPECTRUM DISORDERS**
 15 **PREVENTION, INTERVENTION,**”;

16 (B) by striking “Fetal Alcohol Syndrome
 17 and Fetal Alcohol Effect” each place it appears
 18 and inserting “FASD”;

19 (C) in subsection (a)—

20 (i) by amending the heading to read
 21 as follows: “IN GENERAL”;

22 (ii) in the matter preceding paragraph
 23 (1)—

24 (I) by inserting “or continue ac-
 25 tivities to support” after “shall estab-
 26 lish”;

1 (II) by striking “FASD” (as
 2 amended by subparagraph (B)) and
 3 inserting “fetal alcohol spectrum dis-
 4 orders (referred to in this section as
 5 ‘FASD’)”;

6 (III) by striking “prevention,
 7 intervention” and inserting “aware-
 8 ness, prevention, identification, inter-
 9 vention,”; and

10 (IV) by striking “that shall” and
 11 inserting “, which may”;

12 (iii) in paragraph (1)—

13 (I) in subparagraph (A)—

14 (aa) by striking “medical
 15 schools” and inserting “health
 16 professions schools”; and

17 (bb) by inserting “infants,”
 18 after “provision of services for”;
 19 and

20 (II) in subparagraph (D), by
 21 striking “medical and mental” and in-
 22 serting “agencies providing”;

23 (iv) in paragraph (2)—

24 (I) in the matter preceding sub-
 25 paragraph (A), by striking “a preven-

tion and diagnosis program to support clinical studies, demonstrations and other research as appropriate” and inserting “supporting and conducting research on FASD, as appropriate, including”;

(II) in subparagraph (B)—

(aa) by striking “prevention services and interventions for pregnant, alcohol-dependent women” and inserting “culturally and linguistically appropriate evidence-based or evidence-informed interventions and appropriate societal supports for preventing prenatal alcohol exposure, which may co-occur with exposure to other substances”; and

(bb) by striking “; and” and inserting a semicolon;

(v) by striking paragraph (3) and inserting the following:

“(3) integrating into surveillance a case definition for FASD and, in collaboration with other Federal and outside partners, supporting organizations

1 of appropriate medical and mental health profes-
 2 sionals in their development and refinement of evi-
 3 dence-based clinical diagnostic guidelines and cri-
 4 teria for all FASD; and

5 “(4) building State and Tribal capacity for the
 6 identification, treatment, and support of individuals
 7 with FASD and their families, which may include—

8 “(A) utilizing and adapting existing Fed-
 9 eral, State, or Tribal programs to include
 10 FASD identification and FASD-informed sup-
 11 port;

12 “(B) developing and expanding screening
 13 and diagnostic capacity for FASD;

14 “(C) developing, implementing, and evalu-
 15 ating targeted FASD-informed intervention
 16 programs for FASD;

17 “(D) increasing awareness of FASD;

18 “(E) providing training with respect to
 19 FASD for professionals across relevant sectors;
 20 and

21 “(F) disseminating information about
 22 FASD and support services to affected individ-
 23 uals and their families.”;

24 (D) in subsection (b)—

1 (i) by striking “described in section
2 399I”;

3 (ii) by striking “The Secretary” and
4 inserting the following:

5 “(1) IN GENERAL.—The Secretary”; and

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

8 “(2) ELIGIBLE ENTITIES.—To be eligible to re-
9 ceive a grant, or enter into a cooperative agreement
10 or contract, under this section, an entity shall—

11 “(A) be a State, Indian Tribe or Tribal or-
12 ganization, local government, scientific or aca-
13 demic institution, or nonprofit organization;
14 and

15 “(B) prepare and submit to the Secretary
16 an application at such time, in such manner,
17 and containing such information as the Sec-
18 retary may require, including a description of
19 the activities that the entity intends to carry
20 out using amounts received under this section.

21 “(3) ADDITIONAL APPLICATION CONTENTS.—
22 The Secretary may require that an eligible entity in-
23 clude in the application submitted under paragraph
24 (2)(B)—

1 “(A) a designation of an individual to
 2 serve as a FASD State or Tribal coordinator of
 3 activities such eligible entity proposes to carry
 4 out through a grant, cooperative agreement, or
 5 contract under this section; and

6 “(B) a description of an advisory com-
 7 mittee the entity will establish to provide guid-
 8 ance for the entity on developing and imple-
 9 menting a statewide or Tribal strategic plan to
 10 prevent FASD and provide for the identifica-
 11 tion, treatment, and support of individuals with
 12 FASD and their families.”; and

13 (E) by striking subsections (c) and (d);
 14 and

15 (F) by adding at the end the following:

16 “(c) DEFINITION OF FASD-INFORMED.—For pur-
 17 poses of this section, the term ‘FASD-informed’, with re-
 18 spect to support or an intervention program, means that
 19 such support or intervention program uses culturally and
 20 linguistically informed evidence-based or practice-based
 21 interventions and appropriate societal supports to support
 22 an improved quality of life for an individual with FASD
 23 and the family of such individual.”; and

1 (3) by striking sections 399I, 399J, and 399K
 2 (42 U.S.C. 280f–1, 280f–2, 280f–3) and inserting
 3 the following:

4 **“SEC. 399I. FETAL ALCOHOL SPECTRUM DISORDERS CEN-**
 5 **TERS FOR EXCELLENCE.**

6 “(a) IN GENERAL.—The Secretary shall, as appro-
 7 priate, award grants, cooperative agreements, or contracts
 8 to public or nonprofit private entities with demonstrated
 9 expertise in the prevention of, identification of, and inter-
 10 vention services with respect to, fetal alcohol spectrum dis-
 11 orders (referred to in this section as ‘FASD’) and other
 12 related adverse conditions. Such awards shall be for the
 13 purposes of establishing Fetal Alcohol Spectrum Disorders
 14 Centers for Excellence to build local, Tribal, State, and
 15 nationwide capacities to prevent the occurrence of FASD
 16 and other related adverse conditions, and to respond to
 17 the needs of individuals with FASD and their families by
 18 carrying out the programs described in subsection (b).

19 “(b) PROGRAMS.—An entity receiving an award
 20 under subsection (a) may use such award for the following
 21 purposes:

22 “(1) Initiating or expanding diagnostic capacity
 23 for FASD by increasing screening, assessment, iden-
 24 tification, and diagnosis.

1 “(2) Developing and supporting public aware-
2 ness and outreach activities, including the use of a
3 range of media and public outreach, to raise public
4 awareness of the risks associated with alcohol con-
5 sumption during pregnancy, with the goals of reduc-
6 ing the prevalence of FASD and improving the de-
7 velopmental, health (including mental health), and
8 educational outcomes of individuals with FASD and
9 supporting families caring for individuals with
10 FASD.

11 “(3) Acting as a clearinghouse for evidence-
12 based resources on FASD prevention, identification,
13 and culturally and linguistically appropriate best
14 practices, including the maintenance of a national
15 data-based directory on FASD-specific services in
16 States, Indian Tribes, and local communities, and
17 disseminating ongoing research and developing re-
18 sources on FASD to help inform systems of care for
19 individuals with FASD across their lifespan.

20 “(4) Increasing awareness and understanding
21 of efficacious, evidence-based screening tools and
22 culturally and linguistically appropriate evidence-
23 based intervention services and best practices, which
24 may include by conducting nationwide, regional,
25 State, Tribal, or peer cross-State webinars, work-

1 shops, or conferences for training community lead-
2 ers, medical and mental health and substance use
3 disorder professionals, education and disability pro-
4 fessionals, families, law enforcement personnel,
5 judges, individuals working in financial assistance
6 programs, social service personnel, child welfare pro-
7 fessionals, and other service providers.

8 “(5) Improving capacity for State, Tribal, and
9 local affiliates dedicated to FASD awareness, pre-
10 vention, and identification and family and individual
11 support programs and services.

12 “(6) Providing technical assistance to recipients
13 of grants, cooperative agreements, or contracts
14 under section 399H, as appropriate.

15 “(7) Carrying out other functions, as appro-
16 priate.

17 “(c) APPLICATION.—To be eligible for a grant, con-
18 tract, or cooperative agreement under this section, an enti-
19 ty shall submit to the Secretary an application at such
20 time, in such manner, and containing such information as
21 the Secretary may require.

22 “(d) SUBCONTRACTING.—A public or private non-
23 profit entity may carry out the following activities required
24 under this section through contracts or cooperative agree-

1 ments with other public and private nonprofit entities with
 2 demonstrated expertise in FASD:

3 “(1) Prevention activities.

4 “(2) Screening and identification.

5 “(3) Resource development and dissemination,
 6 training and technical assistance, administration,
 7 and support of FASD partner networks.

8 “(4) Intervention and treatment services.

9 **“SEC. 399J. AUTHORIZATION OF APPROPRIATIONS.**

10 “There are authorized to be appropriated to carry out
 11 this part such sums as may be necessary for each of fiscal
 12 years 2025 through 2029.”.

13 (b) REPORT.—Not later than 4 years after the date
 14 of enactment of this Act, the Secretary of Health and
 15 Human Services shall submit to the Committee on Health,
 16 Education, Labor, and Pensions of the Senate and the
 17 Committee on Energy and Commerce of the House of
 18 Representatives a report on the efforts of the Department
 19 of Health and Human Services to advance public aware-
 20 ness of, and facilitate the identification of best practices
 21 related to, fetal alcohol spectrum disorders identification,
 22 prevention, treatment, and support.

1 (c) TECHNICAL AMENDMENT.—Section 519D of the
2 Public Health Service Act (42 U.S.C. 290bb–25d) is re-
3 pealed.

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