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(Original Signature of Member)

117TH CONGRESS
1ST SESSION

H. R. _____

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 HOUSE OF REPRESENTATIVES

Ms. McCOLLUM introduced the following bill; which was referred to the Committee on _____

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”.

7 **SEC. 2. FINDINGS.**

8 Congress finds as follows:

1 (1) Fetal Alcohol Spectrum Disorders (referred
2 to in this section as “FASD”), is a serious and com-
3 plex public health issue impacting individuals, fami-
4 lies, and communities throughout the United States,
5 regardless of race, sex, culture, or geography. This
6 Act provides an opportunity for our Nation to ex-
7 plore strategies to not only prevent the adverse ef-
8 fects of prenatal alcohol exposure (referred to in this
9 section as “PAE”) but heal individual, historical,
10 and cultural traumas.

11 (2) Exposure to alcohol has long-lasting con-
12 sequences for a developing fetus, which may lead to
13 a range of life-long physical, mental, social, and
14 emotional problems. There is no known safe amount
15 of alcohol use during pregnancy or while trying to
16 get pregnant. There is also no safe time during
17 pregnancy to drink. All types of alcohol are equally
18 harmful, including all wines and beer.

19 (3) The most recent prevalence study identified
20 as many as 1 in 20 first graders across the country
21 are affected by PAE. Given that nearly 45 percent
22 of pregnancies are unintended and women often
23 don’t know that they are pregnant until they are 6
24 weeks along or more, it’s easy to understand how a
25 woman could drink alcohol while expecting. Research

1 shows that solely focusing on individual women’s be-
2 havior as FASD prevention strategy perpetuates
3 stigma and blame on biological mothers, individuals
4 impacted by FASD, and the condition itself.

5 (4) Although research shows that white, college-
6 educated, middle- to upper-class women are the most
7 likely group to drink during pregnancy, one of the
8 common misnomers about FASD is that it is an “in-
9 digenous issue”. Continued surveillance, stigmatiza-
10 tion, and stereotyping of Indigenous populations
11 may contribute to the misbelief that FASD is over-
12 represented in these communities.

13 (5) In their recent landmark survey, “Lay of
14 the Land: Equality vs Equity”, the FASD Change-
15 makers, comprised of young adults with FASD, doc-
16 umented the social determinants of health that lead
17 to the detrimental health disparities people with
18 FASD often endure, including victimization result-
19 ing in incarceration, homelessness, reduced access to
20 health care, vulnerabilities to substance misuse, and
21 unemployment.

22 (6) The higher prevalence of FASD in criminal
23 justice and foster care systems has been docu-
24 mented. Nearly 1 out of 4 children in juvenile cor-
25 rections has FASD, and prevalence estimates among

1 children in the foster care systems range from 23
2 percent to 60 percent. Prevalence in adult correc-
3 tions ranges from 11 percent to 25 percent.

4 (7) The National Academy of Medicine rec-
5 ommendations for a broad Federal response formed
6 the basis of the Fetal Alcohol Syndrome and Fetal
7 Alcohol Effect Prevention and Services Act of 1998
8 that authorized \$27,000,000 for a National Task
9 Force on Fetal Alcohol Syndrome and grant pro-
10 grams at the National Institute on Alcohol Abuse
11 and Alcoholism, the Centers for Disease Control and
12 Prevention, and the Substance Abuse and Mental
13 Health Services Administration.

14 (8) In 2009, the National Task Force on Fetal
15 Alcohol Syndrome reported FASD diagnostic capac-
16 ity and FASD-informed services insufficient in the
17 United States, resulting in countless individuals with
18 FASD remaining unrecognized or misdiagnosed.

19 (9) Despite PAE remaining the leading pre-
20 ventable cause of birth defects and
21 neurodevelopmental disabilities in the United States,
22 the authority for the National Task Force on Fetal
23 Alcohol Syndrome expired, SAMHSA funding for
24 FASD ended in 2015, and other Federal and State
25 FASD-related funding declined.

1 (10) FASD is preventable. Although there is no
2 cure for individuals impacted by FASD, research
3 shows that intervention services and supports that
4 include social, environmental, and educational strate-
5 gies can prevent subsequent trauma to the indi-
6 vidual, the individual’s caregivers, and society.

7 (11) Building coordinated State and Tribal
8 FASD systems of care that offer integrated cul-
9 turally-appropriate services and supports grounded
10 in best practices can mitigate the harms created by
11 historical and cultural trauma.

12 **SEC. 3. PROGRAMS FOR FETAL ALCOHOL SPECTRUM DIS-**
13 **ORDERS.**

14 (a) IN GENERAL.—Part O of title III of the Public
15 Health Service Act (42 U.S.C. 280f et seq.) is amended
16 by striking section 399H and inserting the following:

17 **“SEC. 399H. PROGRAMS FOR FETAL ALCOHOL SPECTRUM**
18 **DISORDERS.**

19 “(a) DEFINITION.—In this part—

20 “(1) the term ‘fetal alcohol spectrum disorders’
21 or ‘FASD’ means diagnosable developmental disabil-
22 ities of a broad range of neurodevelopmental and
23 physical effects that result from prenatal exposure to
24 alcohol. The effects may include lifelong physical,
25 mental, behavioral, social and learning disabilities,

1 and other problems that impact daily functioning
2 (such as living independently or holding a job), as
3 well as overall health and well-being; and

4 “(2) the terms ‘Indian Tribe’ and ‘Tribal orga-
5 nization’ have the meanings given the terms ‘Indian
6 tribe’ and ‘tribal organization’ in section 4 of the In-
7 dian Self-Determination and Education Assistance
8 Act.

9 “(b) RESEARCH ON FETAL ALCOHOL SPECTRUM
10 DISORDERS AND RELATED CONDITIONS.—

11 “(1) IN GENERAL.—The Secretary, acting
12 through the Director of the National Institutes of
13 Health, shall—

14 “(A) establish a research program for
15 FASD; and

16 “(B) award grants, contracts, or coopera-
17 tive agreements to public or private nonprofit
18 entities to pay all or part of carrying out re-
19 search under such research program.

20 “(2) TYPES OF RESEARCH.—In carrying out
21 paragraph (1), the Secretary, acting through the Di-
22 rector of the National Institute on Alcohol Abuse
23 and Alcoholism (referred to in this section as the
24 ‘Director of the Institute’), shall continue to conduct
25 and expand national and international research in

1 consultation with other Federal agencies and outside
2 partners that includes—

3 “(A) the most promising avenues of re-
4 search in FASD diagnosis, intervention, and
5 prevention;

6 “(B) factors that may mitigate the effects
7 of prenatal alcohol and other substance expo-
8 sure including culturally relevant factors and
9 social determinants of health; and

10 “(C) other research that the Director of
11 the Institute determines to be appropriate with
12 respect to conditions that develop as a result of
13 prenatal alcohol and other substance exposure.

14 “(3) AUTHORIZATION OF APPROPRIATIONS.—
15 To carry out this subsection, there is authorized to
16 be appropriated \$30,000,000 for each of fiscal years
17 2022 through 2027.

18 “(c) SURVEILLANCE, PUBLIC HEALTH RESEARCH,
19 AND PREVENTION ACTIVITIES.—

20 “(1) IN GENERAL.—The Secretary, acting
21 through the Director of the National Center on
22 Birth Defects and Developmental Disabilities of the
23 Centers for Disease Control and Prevention, shall
24 facilitate surveillance, public health research, and

1 prevention of FASD in accordance with this sub-
2 section.

3 “(2) SURVEILLANCE, PUBLIC HEALTH RE-
4 SEARCH AND PREVENTION.—In carrying out this
5 subsection, the Secretary shall—

6 “(A) integrate into surveillance practice an
7 evidence-based standard case definition for fetal
8 alcohol syndrome and, in collaboration with
9 other Federal and outside partners, support or-
10 ganizations of appropriate medical and mental
11 health professionals in their development and
12 refinement of evidence-based clinical diagnostic
13 guidelines and criteria for all fetal alcohol spec-
14 trum disorders;

15 “(B) disseminate and provide the nec-
16 essary training and support to appropriate med-
17 ical and mental health professionals on the
18 early identification of children with prenatal al-
19 cohol or other substance exposure as such chil-
20 dren may require ongoing developmental and
21 behavioral surveillance by their primary health
22 care clinician which continues throughout their
23 lifetime to access ongoing treatment and refer-
24 ral problems;

1 “(C) support applied public health preven-
2 tion research to identify culturally-appropriate
3 or evidence-based strategies for reducing alcohol
4 and other substance exposed pregnancies in
5 women at high risk of such pregnancies;

6 “(D) disseminate and provide the nec-
7 essary training and support to implement cul-
8 turally-appropriate or evidence-based strategies
9 developed under subparagraph (C) to—

10 “(i) hospitals, Federally-qualified
11 health centers, residential and outpatient
12 substance disorder treatment programs,
13 and other appropriate health care pro-
14 viders;

15 “(ii) educational settings;

16 “(iii) social work and child protection
17 service providers;

18 “(iv) foster care providers and adop-
19 tion agencies;

20 “(v) State or Tribal offices and other
21 agencies providing services to individuals
22 with disabilities;

23 “(vi) mental health treatment facili-
24 ties;

1 “(vii) Indian Tribes and Tribal orga-
2 nizations;

3 “(viii) military medical treatment fa-
4 cility described in section 1073d(c) of title
5 10, United States Code, and medical cen-
6 ters of the Department of Veterans Af-
7 fairs; and

8 “(ix) other entities that the Secretary
9 determines to be appropriate;

10 “(E) conduct activities related to risk fac-
11 tor surveillance;

12 “(F) disseminate and evaluate brief behav-
13 ioral intervention strategies and referrals aimed
14 at preventing alcohol and substance-exposed
15 pregnancies among women of childbearing age
16 in special settings, including clinical primary
17 health centers, outpatient clinics, child welfare
18 agencies, and correctional facilities and recovery
19 campuses;

20 “(G) document the FASD lived experience
21 and incorporate the perspectives of individuals
22 and their family members affected by FASD
23 and birth mothers of individuals with FASD in
24 the dissemination of information and resources;

1 “(H) disseminate comprehensive alcohol
2 and pregnancy and FASD information, re-
3 sources, and services to families and caregivers,
4 professionals, and the public through an estab-
5 lished national network of affiliated FASD or-
6 ganizations and through organizations serving
7 medical, behavioral health, addiction, disability,
8 education, legal and other professionals; and

9 “(I) coordinate FASD activities with affili-
10 ated State, Tribal and local systems and organi-
11 zations with respect to the prevention of alcohol
12 and other substance-exposed pregnancies.

13 “(3) AUTHORIZATION OF APPROPRIATIONS.—
14 To carry out this subsection, there is authorized to
15 be appropriated \$13,000,000 for each of fiscal years
16 2022 through 2027.

17 “(d) BUILDING STATE AND TRIBAL FASD SYS-
18 TEMS.—

19 “(1) IN GENERAL.—The Secretary, acting
20 through the Administrator of the Health Resources
21 and Services Administration, shall award grants,
22 contracts, or cooperative agreements to States and
23 Indian Tribes for the purpose of establishing ongo-
24 ing comprehensive and coordinated State and Tribal
25 FASD multidisciplinary, diverse coalitions to—

1 “(A) develop systems of care for—

2 “(i) the prevention of FASD and
3 other adverse conditions as a result of pre-
4 natal substance exposure; and

5 “(ii) the identification, treatment and
6 support of individuals with FASD or other
7 adverse conditions from prenatal substance
8 exposure and support for their families;

9 “(B) provide leadership and support in es-
10 tablishing, expanding or increasing State and
11 Tribal systems capacity in addressing FASD
12 and other adverse conditions as a result of pre-
13 natal substance exposure; and

14 “(C) update or develop implementing and
15 evaluating State and Tribal FASD strategic
16 plans to—

17 “(i) establish or expand State and
18 Tribal programs of surveillance, screening,
19 assessment, diagnosis, prevention of FASD
20 and other physical or neurodevelopmental
21 disabilities from prenatal substance expo-
22 sure;

23 “(ii) integrate programs related to
24 prevention of FASD and interventions ad-
25 dressing the adverse effects of prenatal al-

1 cohol and other substance exposure into
2 existing State and Tribal coordinated sys-
3 tems of care which focus on the social de-
4 terminants of health, including systemic
5 racism, access to the Medicare program
6 under title XVIII of the Social Security
7 Act or to the Medicaid program under title
8 XIX of such Act, maternal and early child-
9 hood health, economic security, food and
10 housing, education, justice and corrections,
11 mental health, substance use disorder,
12 child welfare, developmental disabilities,
13 and health care;

14 “(iii) identify across-the-lifetime
15 issues for individuals and families related
16 to FASD and other adverse conditions re-
17 lated to prenatal substance exposure, in-
18 cluding historical and cultural trauma,
19 child abuse and neglect, mental health and
20 substance use disorder; and

21 “(iv) identify systemic and other bar-
22 riers to the integration of prenatal alcohol
23 and substance exposure screening, assess-
24 ment and identification of FASD into ex-

1 isting systems of care for individuals and
2 families.

3 “(2) ELIGIBILITY.—To be eligible to receive a
4 grant, contract, or cooperative agreement under
5 paragraph (1), a State, an Indian Tribe, a Tribal or-
6 ganization, or a State-Tribal collaborative (referred
7 to in this paragraph as an ‘eligible entity’) shall pre-
8 pare and submit to the Secretary an application at
9 such time, in such manner, and containing such in-
10 formation as the Secretary may require, including—

11 “(A) evidence that the eligible entity des-
12 ignated in the application have or will have au-
13 thority to implement programs described in this
14 subsection;

15 “(B) evidence of the establishment of a
16 State or Tribal FASD Advisory Group of State
17 agencies or Tribal entities and, if available, a
18 State affiliate of the National Organization on
19 Fetal Alcohol Syndrome or similar Tribal or
20 statewide FASD advocacy organization, to pro-
21 vide the leadership in building State or Tribal
22 capacity in addressing prenatal alcohol and
23 other substance exposure, including FASD pre-
24 vention, identification, and intervention activi-
25 ties and programming, including—

1 “(i) the formation of a FASD advi-
2 sory coalition of diverse, public and private
3 representatives from multiple disciplines
4 that may include—

5 “(I) State agencies or Tribal en-
6 tities that are responsible for health,
7 human services, corrections, edu-
8 cation, housing, developmental disabil-
9 ities, substance use disorder, child
10 welfare, juvenile and adult justice sys-
11 tems, mental health and any other
12 agency related to the adverse social
13 impact of prenatal alcohol and other
14 substance exposures;

15 “(II) public and private sector
16 stakeholders, including individuals
17 with FASD and their caretakers and
18 entities that work with or provide
19 services or support for individuals
20 with FASD and their families, such as
21 community-based agencies, law en-
22 forcement, the judiciary, probation of-
23 ficers, medical and mental health pro-
24 viders, substance use disorder coun-
25 selors, educators, child welfare profes-

1 sionals, and other entities that ad-
2 dress individual, family, community
3 and society issues related to prenatal
4 alcohol and other substance exposure
5 throughout an individual’s lifespan;
6 and

7 “(ii) the development of a State or
8 Tribal strategic plan that—

9 “(I) contains recommendations,
10 action steps, and deliverables for im-
11 proving social determinants of health;

12 “(II) recommends actions for
13 prevention of FASD and other condi-
14 tions related to prenatal substance ex-
15 posure;

16 “(III) integrates culturally-appro-
17 priate, best practices or evidence-
18 based practices on screening, identi-
19 fication and treatment into existing
20 systems of care;

21 “(IV) provides for FASD-in-
22 formed clinical and therapeutic inter-
23 ventions;

24 “(V) provides for FASD-in-
25 formed supports and services for fam-

1 ilies and individuals with FASD and
2 other conditions from prenatal sub-
3 stance exposure across their lifetimes;
4 “(VI) identifies—
5 “(aa) existing FASD or
6 other programs related to pre-
7 natal substance exposures in the
8 State or Indian Tribe, includ-
9 ing—
10 “(AA) FASD primary,
11 secondary and tertiary pre-
12 vention programs;
13 “(BB) prenatal screen-
14 ing, assessment or diag-
15 nostic services; and
16 “(CC) support and
17 service programs for individ-
18 uals with FASD and their
19 families; and
20 “(bb) existing State, local,
21 and Tribal programs, systems,
22 and funding streams that could
23 be used to identify and assist in-
24 dividuals with FASD and other
25 conditions related to substance

1 exposed pregnancies, and prevent
2 prenatal exposure to alcohol and
3 other harmful substances;

4 “(cc) barriers to providing
5 FASD diagnostic services or pro-
6 grams to assist individuals with
7 FASD or reducing alcohol and
8 substance exposed pregnancies
9 for women at risk for alcohol or
10 other substance exposed preg-
11 nancies, and recommendations to
12 reduce or eliminate such barriers;

13 “(dd) barriers to FASD pre-
14 vention, screening, assessment,
15 identification, and treatment pro-
16 grams and to the provision of
17 FASD-informed support services
18 and accommodations across the
19 lifespan, and recommendations to
20 reduce or eliminate such barriers;

21 “(VII) integrates a public-private
22 partnership of State, Tribal, and local
23 communities to develop a comprehen-
24 sive FASD-informed and engaged sys-
25 tems of care approach that addresses

1 social determinants of health, includ-
2 ing systemic racism on health out-
3 comes, economic security, food and
4 housing; education, justice, and health
5 care challenges experienced by individ-
6 uals who have been diagnosed with
7 FASD or other conditions as result of
8 prenatal substance exposure;

9 “(VIII) describes programs of
10 surveillance, screening, assessment
11 and diagnosis, prevention, clinical
12 intervention and therapeutic and other
13 supports and services for individuals
14 with FASD and their families;

15 “(IX) recognizes the impact of
16 historical, cultural, and other trauma
17 of individuals in the design and appli-
18 cation of all programming; and

19 “(X) recognizes the lived experi-
20 ences of birth mothers and those with
21 FASD and their families in the design
22 and application of all programming.

23 “(3) RESTRICTIONS ON AND USE OF FUNDS.—
24 Amounts received under a grant, contract, or cooper-

1 ative agreement under this subsection shall be used
2 for one or more of the following activities:

3 “(A) Establishing or increasing diagnostic
4 capacity in the State or Indian Tribe to meet
5 the estimated prevalence needs of the State or
6 Indian Tribe’s FASD population.

7 “(B) Providing educational and supportive
8 services to individuals with FASD and other
9 conditions related to prenatal substance expo-
10 sure and their families.

11 “(C) Establishing a FASD statewide sur-
12 veillance system.

13 “(D) Including FASD information in State
14 medical and mental health care and education
15 programs at schools of higher education.

16 “(E) Collecting, analyzing, and inter-
17 preting data.

18 “(F) Replicating culturally-aware or best
19 practice FASD prevention programs, including
20 case-management models for pregnant or par-
21 enting women with alcohol and other substance
22 use disorders.

23 “(G) Training of primary care and other
24 providers in screening for prenatal alcohol and
25 other substance exposure in prenatal, pediatric,

1 early childhood or other child or teenage check-
2 up settings.

3 “(H) Developing, implementing, and evalu-
4 ating population-based and targeted prevention
5 programs for FASD, including public awareness
6 campaigns.

7 “(I) Increasing capacity of the State or In-
8 dian Tribe to deliver housing, economic and
9 food security services to adults impacted by
10 FASD or other conditions related to prenatal
11 substance exposure.

12 “(J) Referring individuals with FASD and
13 other conditions related to prenatal substance
14 exposure to appropriate FASD-informed sup-
15 port services.

16 “(K) Providing for State and Tribal FASD
17 coordinators.

18 “(L) Providing training to health care (in-
19 cluding mental health care) providers on the
20 prevention, identification and treatment of
21 FASD and other conditions related to prenatal
22 substance exposure across the lifespan.

23 “(M) Providing training to education, jus-
24 tice, and social service system professionals to

1 become FASD-informed and FASD-engaged in
2 their practices.

3 “(N) Including FASD in training for
4 workforce development and disability accessi-
5 bility.

6 “(O) Supporting peer-to-peer certification
7 programs for individuals with FASD.

8 “(P) Developing FASD-informed certifi-
9 cation programs.

10 “(Q) Disseminating information about
11 FASD and other conditions related to prenatal
12 substance exposure and the availability of sup-
13 port services to families and individuals with
14 FASD and other adverse conditions related to
15 prenatal substance exposure.

16 “(R) Implementing recommendations from
17 relevant agencies and organizations, including
18 the State or Tribal FASD advisory group, on
19 the identification and prevention of FASD,
20 intervention programs or services for individuals
21 with FASD and their families.

22 “(S) Other activities, as the Secretary de-
23 termines appropriate or as recommended by the
24 National Advisory Council on FASD under sec-
25 tion 399H-1.

1 “(4) OTHER CONTRACTS AND AGREEMENTS.—
2 A State may carry out activities under paragraph
3 (3) through contracts or cooperative agreements
4 with another State or an Indian Tribe, and with
5 public, private for-profit or nonprofit entities with a
6 demonstrated expertise in FASD and other condi-
7 tions related to prenatal substance exposure preven-
8 tion, screening and diagnosis, or intervention serv-
9 ices.

10 “(5) REPORT TO CONGRESS.—Not later than 2
11 years after the date on which amounts are first ap-
12 propriated under paragraph (6), the Secretary shall
13 prepare and submit to the Committee on Health,
14 Education, Labor, and Pensions of the Senate and
15 the Committee on Energy and Commerce of the
16 House of Representatives a report that contains a
17 description of programs carried out under this sec-
18 tion. At a minimum, the report shall contain—

19 “(A) information concerning the number of
20 States receiving grants;

21 “(B) State and Tribal FASD diagnostic
22 capacity and barriers to achieving diagnostic ca-
23 capacity based on State FASD surveillance data
24 or the most recent estimated prevalence of
25 FASD in the United States;

1 “(C) information concerning systemic or
2 other barriers to screening for prenatal alcohol
3 and other substance exposure in existing sys-
4 tems of care, including—

5 “(i) the child welfare system;

6 “(ii) maternal and early child health
7 care and alcohol and other substance use
8 disorder treatment programs;

9 “(iii) primary or secondary education
10 systems; and

11 “(iv) juvenile and adult systems of
12 justice;

13 “(D) information concerning existing
14 State, Tribal, local government or community
15 programs and systems of care and funding
16 streams that could be used to identify and as-
17 sist individuals with FASD and other conditions
18 related to substance exposed pregnancies and
19 the degree to which such programs are FASD-
20 informed or to which there are systemic or
21 other barriers preventing their use; and

22 “(E) information concerning existing
23 State, Tribal, local government or community
24 primary, tertiary, or secondary prevention pro-

1 grams on prenatal exposure to alcohol and
2 other harmful prenatal substances.

3 “(6) AUTHORIZATION OF APPROPRIATIONS.—

4 “(A) IN GENERAL.—To carry out this sub-
5 section, there is authorized to be appropriated
6 \$32,000,000 for each of fiscal years 2022
7 through 2027.

8 “(B) ADMINISTRATIVE AND EMPLOYMENT
9 EXPENSES.—Of the amount appropriated for a
10 fiscal year under subparagraph (A),
11 \$12,000,000 shall be allocated to States and
12 Indian Tribes for purposes of covering adminis-
13 trative costs and supporting the employment of
14 FASD State and Tribal coordinators.

15 “(C) TRIBAL SET ASIDE.—Up to 20 per-
16 cent of the grants, contracts, or cooperative
17 agreements awarded under this subsection shall
18 be reserved for Indian Tribes and Tribal orga-
19 nizations.

20 “(e) PROMOTING COMMUNITY PARTNERSHIPS.—

21 “(1) IN GENERAL.—The Secretary, acting
22 through the Administrator of Health Resources and
23 Services Administration, shall award grants, con-
24 tracts, or cooperative agreements to eligible entities
25 to enable such entities to establish, enhance, or im-

1 prove community partnerships for the purpose of
2 collaborating on common objectives and integrating
3 culturally-appropriate best practice services available
4 to individuals with FASD and other conditions re-
5 lated to prenatal substance exposure such as surveil-
6 lance, screening, assessment, diagnosis, prevention,
7 treatment, and support services.

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

11 “(A) be a public or private nonprofit entity
12 that is—

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

15 “(ii) a primary or secondary school;

16 “(iii) a social work or child protection
17 service provider;

18 “(iv) an incarceration facility, or
19 State or local judicial system for juveniles
20 and adults;

21 “(v) an FASD organization, parent-
22 led group, or other organization that sup-
23 ports and advocates for individuals with
24 FASD and their families;

1 “(vi) an Indian Tribe or Tribal orga-
2 nization;

3 “(vii) an early childhood intervention
4 facility;

5 “(viii) any other entity the Secretary
6 determines to be appropriate; or

7 “(ix) a consortium of any of the enti-
8 ties described in clauses (i) through (viii);
9 and

10 “(B) prepare and submit to the Secretary
11 an application at such time, in such manner,
12 and containing such information as the Sec-
13 retary may require, including assurances that
14 the entity submitting the application does, at
15 the time of application, or will, within a reason-
16 able amount of time from the date of applica-
17 tion, provide evidence of substantive participa-
18 tion with a broad range of entities that work
19 with or provide services for individuals with
20 FASD.

21 “(3) ACTIVITIES.—An eligible entity shall use
22 amounts received under a grant, contract, or cooper-
23 ative agreement under this subsection to carry out
24 one or more of the following activities relating to

1 FASD and other conditions related to prenatal sub-
2 stance exposure:

3 “(A) Integrating FASD-informed and cul-
4 turally-appropriate practices into existing pro-
5 grams and services available in the community.

6 “(B) Conducting a needs assessment to
7 identify services that are not available in a com-
8 munity.

9 “(C) Developing and implementing cul-
10 turally-appropriate, community-based initiatives
11 to prevent FASD, and to screen, assess, diag-
12 nose, treat, and provide FASD-informed sup-
13 port services to individuals with FASD and
14 their families.

15 “(D) Disseminating information about
16 FASD and the availability of support services.

17 “(E) Developing and implementing a com-
18 munity-wide public awareness and outreach
19 campaign focusing on the dangers of drinking
20 alcohol while pregnant.

21 “(F) Providing mentoring or other support
22 to individuals with FASD and their families.

23 “(G) Other activities, as the Secretary de-
24 termines appropriate, or in consideration of rec-
25 ommendations from the National Advisory

1 Council on FASD established under section
2 399H-1.

3 “(4) AUTHORIZATION OF APPROPRIATIONS.—
4 To carry out this subsection, there is authorized to
5 be appropriated \$5,000,000 for each of fiscal years
6 2022 through 2027.

7 “(f) DEVELOPMENT OF BEST PRACTICES AND MOD-
8 ELS OF CARE.—

9 “(1) IN GENERAL.—The Secretary, in coordina-
10 tion with the Administrator of Health Resources and
11 Services Administration, shall award grants to
12 States, Indian Tribes and Tribal organizations, non-
13 governmental organizations, and institutions of high-
14 er education for the establishment of pilot projects
15 to identify and implement culturally-appropriate best
16 practices for—

17 “(A) providing intervention and education
18 of children with FASD, including—

19 “(i) activities and programs designed
20 specifically for the identification, treat-
21 ment, and education of such children; and

22 “(ii) curricula development and
23 credentialing of teachers, administrators,
24 and social workers who implement such

1 programs and provide childhood interven-
2 tions;

3 “(B) educating professionals within the
4 child welfare, juvenile and adult criminal justice
5 systems, including judges, attorneys, probation
6 officers, social workers, child advocates, medical
7 and mental health professionals, substance
8 abuse professionals, law enforcement officers,
9 prison wardens or other incarceration adminis-
10 trators, and administrators of developmental
11 disability, mental health and alternative incar-
12 ceration facilities on how to screen, assess,
13 identify, treat and support individuals with
14 FASD or similar conditions related to prenatal
15 substance exposure within these systems, in-
16 cluding—

17 “(i) programs designed specifically for
18 the identification, assessment, treatment,
19 and education of individuals with FASD;
20 and

21 “(ii) curricula development and
22 credentialing within the adult and juvenile
23 justice and child welfare systems for indi-
24 viduals who implement such programs;

1 “(C) educating adoption or foster care
2 agency officials about available and necessary
3 services for children with FASD, including—

4 “(i) programs designed specifically for
5 screening, assessment and identification,
6 treatment, and education of individuals
7 with FASD; and

8 “(ii) on-going and consistent edu-
9 cation and training for potential adoptive
10 or foster parents of a child with FASD;

11 “(D) educating health and mental health
12 and substance use providers about available and
13 necessary services for children with FASD, in-
14 cluding—

15 “(i) programs designed specifically for
16 screening and identification, and both
17 health and mental health treatment, of in-
18 dividuals with FASD; and

19 “(ii) curricula development and
20 credentialing within the health and mental
21 health and substance abuse systems for in-
22 dividuals who implement such programs;
23 and

24 “(E) identifying and implementing cul-
25 turally-appropriate best practice models for re-

1 ducing alcohol and other substance exposed
2 pregnancies in women at high risk of such preg-
3 nancies.

4 “(2) APPLICATION.—To be eligible for a grant
5 under paragraph (1), an entity shall prepare and
6 submit to the Secretary an application at such time,
7 in such manner, and containing such information as
8 the Secretary may require.

9 “(3) AUTHORIZATION OF APPROPRIATIONS.—
10 To carry out this subsection, there is authorized to
11 be appropriated \$5,000,000 for each of fiscal years
12 2022 through 2027.

13 “(g) TRANSITIONAL SERVICES.—

14 “(1) IN GENERAL.—The Secretary, in coordina-
15 tion with the Administrator of the Health Resources
16 and Services Administration and the Administrator
17 of the Administration for Community Living, shall
18 award demonstration grants, contracts, and coopera-
19 tive agreements to States and local units of govern-
20 ment, Indian Tribes and Tribal organizations, and
21 nongovernmental organizations for the purpose of
22 establishing integrated systems for providing cul-
23 turally-appropriate best practice transitional services
24 for adults affected by prenatal alcohol or substance

1 exposure and evaluating the effectiveness of such
2 services.

3 “(2) APPLICATION.—To be eligible for a grant,
4 contract, or cooperative agreement under paragraph
5 (1), an entity shall prepare and submit to the Sec-
6 retary an application at such time, in such manner,
7 and containing such information as the Secretary
8 may reasonably require, including specific creden-
9 tials relating to education, skills, training, and con-
10 tinuing educational requirements relating to FASD.

11 “(3) ALLOWABLE USES.—An entity shall use
12 amounts received under a grant, contract, or cooper-
13 ative agreement under paragraph (1) to carry out
14 one or more of the following activities:

15 “(A) Provide housing assistance to, or spe-
16 cialized housing for, adults with FASD.

17 “(B) Provide FASD-informed vocational
18 training and placement services for adults with
19 FASD.

20 “(C) Provide medication monitoring serv-
21 ices for adults with FASD.

22 “(D) Provide FASD-informed training and
23 support to organizations providing family serv-
24 ices or mental health programs and other orga-
25 nizations that work with adults with FASD.

1 “(E) Establish and evaluate housing mod-
2 els specially designed for adults with FASD.

3 “(F) Recruit, train and provide mentors
4 for individuals with FASD.

5 “(G) Other services or programs, as the
6 Secretary determines appropriate.

7 “(4) AUTHORIZATION OF APPROPRIATIONS.—
8 To carry out this subsection, there is authorized to
9 be appropriated \$5,000,000 for each of fiscal years
10 2022 through 2027.

11 “(h) SERVICES FOR INDIVIDUALS WITH FETAL AL-
12 COHOL SPECTRUM DISORDERS.—

13 “(1) IN GENERAL.—The Secretary, in coordina-
14 tion the Assistant Secretary for Mental Health and
15 Substance Use, shall make awards of grants, cooper-
16 ative agreements, or contracts to public and non-
17 profit private entities, including Indian tribes and
18 tribal organizations, to provide FASD-informed cul-
19 turally-appropriate services to individuals with
20 FASD.

21 “(2) USE OF FUNDS.—An award under para-
22 graph (1) may, subject to paragraph (4), be used
23 to—

24 “(A) screen and test individuals to deter-
25 mine the type and level of services needed;

1 “(B) develop a FASD-informed com-
2 prehensive plan for providing services to the in-
3 dividuals;

4 “(C) provide FASD-informed mental
5 health counseling;

6 “(D) provide FASD-informed substance
7 abuse prevention services and treatment, if
8 needed;

9 “(E) coordinate services with other social
10 programs including social services, justice sys-
11 tem, educational services, health services, men-
12 tal health and substance abuse services, finan-
13 cial assistance programs, vocational services
14 and housing assistance programs;

15 “(F) provide FASD-informed vocational
16 services;

17 “(G) provide FASD-informed health coun-
18 seling;

19 “(H) provide FASD-informed housing as-
20 sistance;

21 “(I) conduct FASD-informed parenting
22 skills training;

23 “(J) develop and implement overall FASD-
24 informed case management;

1 “(K) provide supportive services for fami-
2 lies of individuals with FASD;

3 “(L) provide respite care for caretakers of
4 individuals with FASD;

5 “(M) recruit, train and provide mentors
6 for individuals with FASD;

7 “(N) provide FASD-informed educational
8 and supportive services to families of individ-
9 uals with FASD; and

10 “(O) provide other services and programs,
11 to the extent authorized by the Secretary after
12 consideration of recommendations made by the
13 National Advisory Council on FASD.

14 “(3) REQUIREMENTS.—To be eligible to receive
15 an award under paragraph (1), an applicant shall—

16 “(A) demonstrate that the program will be
17 part of a coordinated, comprehensive system of
18 care for such individuals;

19 “(B) demonstrate an established commu-
20 nication with other social programs in the com-
21 munity including social services, justice system,
22 financial assistance programs, health services,
23 educational services, mental health and sub-
24 stance abuse services, vocational services and
25 housing assistance services;

1 “(C) have a qualified staff of medical,
2 mental health or other professionals with a his-
3 tory of working with individuals with FASD;

4 “(D) provide assurance that the services
5 will be provided in a culturally and linguistically
6 appropriate manner; and

7 “(E) provide assurance that at the end of
8 the 5-year award period, other mechanisms will
9 be identified to meet the needs of the individ-
10 uals and families served under such award.

11 “(4) RELATIONSHIP TO PAYMENTS UNDER
12 OTHER PROGRAMS.—An award may be made under
13 paragraph (1) only if the applicant involved agrees
14 that the award will not be expended to pay the ex-
15 penses of providing any service under this section to
16 an individual to the extent that payment has been
17 made, or can reasonably be expected to be made,
18 with respect to such expenses—

19 “(A) under any State compensation pro-
20 gram, under an insurance policy, or under any
21 Federal or State or Tribal health benefits pro-
22 grams; or

23 “(B) by an entity that provides health
24 services on a prepaid basis.

1 “(5) DURATION OF AWARDS.—With respect to
2 any award under paragraph (1), the period during
3 which payments under such award are made to the
4 recipient may not exceed 5 years.

5 “(6) EVALUATION.—The Secretary shall evalu-
6 ate each project carried out under paragraph (1)
7 and shall disseminate the findings with respect to
8 each such evaluation to appropriate public and pri-
9 vate entities, including the National Advisory Coun-
10 cil on FASD.

11 “(7) FUNDING.—

12 “(A) AUTHORIZATION OF APPROPRIA-
13 TIONS.— For the purpose of carrying out this
14 subsection, there is authorized to be appro-
15 priated \$10,000,000 for each fiscal years 2022
16 through 2027.

17 “(B) ALLOCATION.—Of the amounts ap-
18 propriated under subparagraph (A) for a fiscal
19 year, not more than \$300,000 shall, for the
20 purposes relating to FASD, be made available
21 for collaborative, coordinated interagency ef-
22 forts with the National Institute on Alcohol
23 Abuse and Alcoholism, National Institute on
24 Mental Health, the Eunice Kennedy Shriver
25 National Institute of Child Health and Human

1 Development, the Health Resources and Serv-
2 ices Administration, the Agency for Healthcare
3 Research and Quality, the Administration for
4 Community Living, the Centers for Disease
5 Control and Prevention, the Department of
6 Education, the Department of Justice, and
7 other agencies, as determined by the Secretary.
8 Interagency collaborative efforts may include—
9 “(i) the evaluation of existing pro-
10 grams for efficacy;
11 “(ii) the development of new evidence-
12 based or best practice programs for pre-
13 vention of prenatal alcohol and other sub-
14 stance exposure, and interventions for indi-
15 viduals with FASD and their families;
16 “(iii) the facilitation of translation
17 and transition of existing evidence-based,
18 best practices or culturally-appropriate
19 prevention and intervention programs into
20 general and community practice; and
21 “(iv) engaging in Tribal consultation
22 to ensure that Indian Tribes and Tribal or-
23 ganizations are able to develop culturally-
24 appropriate services and interventions for
25 prenatal alcohol and other substance expo-

1 sure, and interventions for individuals with
2 FASD and other conditions related to pre-
3 natal substance exposure and their fami-
4 lies.”.

5 **SEC. 4. NATIONAL ADVISORY COUNCIL ON FSAD.**

6 Part O of title III of the Public Health Service Act
7 (42 U.S.C. 280f et seq.), as amended by section 2, is fur-
8 ther amended by inserting after section 339H the fol-
9 lowing:

10 **“SEC. 399H-1. NATIONAL ADVISORY COUNCIL ON FASD.**

11 “(a) IN GENERAL.—The Secretary shall establish an
12 advisory council to be known as the National Advisory
13 Council on FASD (referred to in this section as the ‘Coun-
14 cil’) to foster coordination and cooperation among all Fed-
15 eral and non-Federal members and their constituencies
16 that conduct or support FASD and other conditions re-
17 lated to prenatal substance exposure research, programs,
18 and surveillance, and otherwise meet the general needs of
19 populations actually or potentially impacted by FASD and
20 other conditions related to prenatal substance exposure.

21 “(b) MEMBERSHIP.—The Council shall be composed
22 of 23 members as described in paragraphs (1) and (2).

23 “(1) FEDERAL MEMBERSHIP.—Members of the
24 Council shall include representatives of the following
25 Federal agencies:

1 “(A) The National Institute on Alcohol
2 Abuse and Alcoholism.

3 “(B) The National Institute on Drug
4 Abuse.

5 “(C) The Centers for Disease Control and
6 Prevention.

7 “(D) The Health Resources and Services
8 Administration.

9 “(E) The Substance Abuse and Mental
10 Health Services Agency.

11 “(F) The Office of Special Education and
12 Rehabilitative Services.

13 “(G) The Office of Justice Programs.

14 “(H) The Indian Health Service.

15 “(I) The Interagency Coordinating Com-
16 mittee on Fetal Alcohol Spectrum Disorders.

17 “(J) The Agency for Healthcare Research
18 and Quality.

19 “(2) NON-FEDERAL MEMBERS.—Additional
20 non-Federal public and private sector members of
21 the Council shall be nominated by the Interagency
22 Coordinating Committee on Fetal Alcohol Spectrum
23 Disorders and appointed by the Secretary, and shall
24 be staffed by the Office of the Assistant Secretary
25 for Planning and Evaluation of the Department of

1 Health and Human Service. Such members shall in-
2 clude—

3 “(A) at least one individual with FASD or
4 a parent or legal guardian of an individual with
5 FASD;

6 “(B) at least one individual or a parent or
7 legal guardian of an individual with a condition
8 related to prenatal substance exposure;

9 “(C) at least one birth mother of an indi-
10 vidual with FASD;

11 “(D) at least one representative from the
12 FASD Study Group of the Research Society on
13 Alcoholism;

14 “(E) at least one representative of the Na-
15 tional Organization on Fetal Alcohol Syndrome;

16 “(F) at least one representative of a lead-
17 ing statewide advocacy and service organization
18 for individuals with FASD and their families;

19 “(G) at least one representative of the
20 FASD Center for Excellence established under
21 section 399H-3;

22 “(H) at least 2 representatives from State
23 or Tribal advisory groups receiving an award
24 under section 399H(d); and

1 “(I) representatives with interest and ex-
2 pertise in FASD from the private sector of pe-
3 diatricians, obstetricians and gynecologists, sub-
4 stance abuse and mental health care providers,
5 family and juvenile court judges and justice and
6 corrections programming and services, or spe-
7 cial education and social work professionals.

8 “(3) APPOINTMENT TIMING.—The members of
9 the Council described in paragraph (2) shall be ap-
10 pointed by the Secretary not later than 6 months
11 after the date of enactment of the Advancing FASD
12 Research, Services and Prevention Act.

13 “(c) FUNCTIONS.—The Council shall—

14 “(1) advise Federal, State, Tribal and local pro-
15 grams and research concerning FASD and other
16 conditions related to prenatal substance exposure,
17 including programs and research concerning edu-
18 cation and public awareness for relevant service pro-
19 viders, reducing the incidence of prenatal alcohol
20 and other substance exposure in pregnancies, med-
21 ical and mental diagnosis, interventions for women
22 at-risk of giving birth with FASD and beneficial
23 services and supports for individuals with FASD and
24 their families;

1 “(2) coordinate its efforts with the Interagency
2 Committee on Fetal Alcohol Spectrum Disorders;

3 “(3) develop a summary of advances in FASD
4 research related to prevention, treatment, screening,
5 diagnosis, and interventions;

6 “(4) make recommendations for the FASD re-
7 search program to the Director of the National In-
8 stitute of Alcohol Abuse and Alcoholism;

9 “(5) review the 2009 report of the National
10 Task Force on FAS entitled, ‘A Call to Action’ and
11 other reports on FASD and the adverse impact of
12 prenatal substance exposure;

13 “(6) develop a summary of advances in practice
14 and programs relevant to FASD prevention, treat-
15 ment, early screening, diagnosis, and interventions;

16 “(7) make recommendations on a national
17 agenda to reduce the prevalence and the associated
18 impact of FASD and other conditions related to pre-
19 natal substance exposure and improve the quality of
20 life of individuals and families impacted by FASD or
21 the adverse effects of prenatal substance exposure,
22 including—

23 “(A) proposed Federal budgetary require-
24 ments for FASD research and related services

1 and support activities for individuals with
2 FASD;

3 “(B) recommendations to ensure that
4 FASD research, and services and support ac-
5 tivities to the extent practicable, of the Depart-
6 ment of Health and Human Services and of
7 other Federal departments and agencies, are
8 not unnecessarily duplicative;

9 “(C) identification of existing Federal pro-
10 grams that could be used to identify and assist
11 individuals with FASD and other conditions re-
12 lated to substance exposed pregnancies;

13 “(D) identification of gaps or barriers for
14 individuals living with, or impacted by, FASD
15 in accessing diagnostic, early intervention, and
16 support services;

17 “(E) identification of prevention strategies,
18 including education campaigns and options,
19 such as product warnings and other mecha-
20 nisms to raise awareness of the risks associated
21 with prenatal alcohol consumption;

22 “(F) identification of current diagnostic
23 methods and practices for the identification of
24 FASD and identify gaps or barriers for achiev-
25 ing diagnostic capacity throughout the United

1 States based on current estimated prevalence of
2 FASD;

3 “(G) recommendations for research or
4 other measures to increase diagnostic capacity
5 to meet the needs of the estimated number of
6 individuals with FASD;

7 “(H) identification and enhancement of
8 culturally-appropriate or best practice ap-
9 proaches and models of care to reduce the inci-
10 dence of FASD; and

11 “(I) identification and enhancement of best
12 practice approaches and models of care to in-
13 crease support and treat individuals with
14 FASD, and to make recommendations for a
15 broad model comprehensive community ap-
16 proach to the overall problem of prenatal alco-
17 hol and other harmful substance exposure.

18 “(d) REPORT TO CONGRESS AND THE PRESIDENT.—
19 The Council shall submit to Congress and to the Presi-
20 dent—

21 “(1) an update on the summary of advances de-
22 scribed in paragraphs (3) and (6) of subsection (c),
23 not later than 2 years after the date of enactment
24 of the Advancing FASD Research, Services and Pre-
25 vention Act;

1 “(1) coordinate activities conducted by the Fed-
2 eral Government on FASD, including convening
3 meetings, establishing work groups, sharing informa-
4 tion, and facilitating and promoting collaborative
5 projects among Federal agencies, the National Advi-
6 sory Council on FASD established under section
7 399H–1, and outside partners;

8 “(2) support organizations of appropriate med-
9 ical and mental health professionals in their develop-
10 ment and refinement of evidence-based clinical diag-
11 nostic guidelines and criteria for all fetal alcohol
12 spectrum disorders in collaboration with other Fed-
13 eral and outside partners, and

14 “(3) develop priority areas considering rec-
15 ommendations from the National Advisory Council
16 on FASD.

17 “(b) MEMBERSHIP.—Members of the Committee
18 shall include representatives of the following Federal agen-
19 cies:

20 “(1) The National Institute on Alcohol Abuse
21 and Alcoholism.

22 “(2) The Centers for Disease Control and Pre-
23 vention.

24 “(3) The Health Resources and Services Ad-
25 ministration.

1 “(4) The Office of the Assistant Secretary for
2 Planning and Evaluation.

3 “(5) The Office of Juvenile Justice and Delin-
4 quency Prevention.

5 “(6) Office of Justice Programs of the Depart-
6 ment of Justice.

7 “(7) The Substance Abuse and Mental Health
8 Services Administration.

9 “(8) The Office of Special Education and Reha-
10 bilitation Services.

11 “(9) The National Institute on Drug Abuse.

12 “(10) The National Institute of Mental Health.

13 “(11) The Indian Health Service.

14 “(12) The Eunice Kennedy Shriver National
15 Institute of Child Health and Human Development.

16 “(13) Other Federal agencies with responsibil-
17 ities related to FASD prevention or treatment or
18 that interact with individuals with FASD, including
19 education and correctional systems, alcohol and sub-
20 stance use disorder prevention and treatment pro-
21 grams, maternal health, the Medicare and Medicaid
22 programs under titles XVIII and XIX, respectively,
23 of the Social Security Act, child health and welfare,
24 rehabilitative services, and labor and housing grant
25 or entitlement programs.

1 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
2 are authorized to be appropriated to carry out this section
3 \$1,000,000 for each of fiscal years 2022 through 2027.”.

4 **SEC. 6. FASD CENTER FOR EXCELLENCE.**

5 (a) IN GENERAL.—Part O of title III of the Public
6 Health Service Act (42 U.S.C. 280f et seq.), as amended
7 by section 4, is further amended by inserting after section
8 339H–2 the following:

9 **“SEC. 399H-2. FASD CENTER FOR EXCELLENCE.**

10 “(a) IN GENERAL.—The Secretary, acting through
11 the Administrator of the Health Resources and Services
12 Administration, and in consultation with the Assistant
13 Secretary for Mental Health and Substance Use, the Di-
14 rector of the Centers for Disease Control, and the Chair
15 of the Interagency Coordinating Committee on Fetal Alco-
16 hol Spectrum Disorders, shall award up to 4 grants, coop-
17 erative agreements, or contracts to public or nonprofit en-
18 tities with demonstrated expertise in FASD prevention,
19 identification, and intervention services and other adverse
20 conditions related to prenatal substance exposure. Such
21 awards shall be for the purposes of establishing a FASD
22 Center for Excellence to build local, Tribal, State, and na-
23 tional capacities to prevent the occurrence of FASD and
24 other adverse conditions related to exposure to substances,
25 and to respond to the needs of individuals with FASD and

1 their families by carrying out the programs described in
2 subsection (b).

3 “(b) PROGRAMS.—An entity receiving an award
4 under subsection (a) may use such award for any of the
5 following programs:

6 “(1) INCREASING FASD DIAGNOSTIC CAPAC-
7 ITY.—Initiating or expanding diagnostic capacity of
8 FASD by increasing screening, assessment, identi-
9 fication, and diagnosis in settings such as clinical
10 practices, educational settings, child welfare, and ju-
11 venile out-of-home placement facilities and adult cor-
12 rectional systems.

13 “(2) PUBLIC AWARENESS.—Developing and
14 supporting national public awareness and outreach
15 activities, including the use of all types of media and
16 public outreach, and the formation of a diverse
17 speakers bureau to raise public awareness of the
18 risks associated with alcohol consumption during
19 pregnancy with the purpose of reducing the preva-
20 lence of FASD and improving the quality of life for
21 those living with FASD and their families.

22 “(3) RESOURCES AND TRAINING.—

23 “(A) CLEARINGHOUSE.—Acting as a clear-
24 inghouse for resources on FASD prevention,
25 identification, and culturally-aware best prac-

1 tices, including the maintenance of a national
2 data-based directory on FASD-specific services
3 in States, Indian Tribes, and local communities.

4 “(B) INTERNET-BASED CENTER.—Pro-
5 viding an internet-based center that dissemi-
6 nates ongoing research and resource develop-
7 ment on FASD in administering systems of
8 care for individuals with FASD across their
9 lifespan.

10 “(C) INTERVENTION SERVICES AND BEST
11 PRACTICES.—Increasing awareness and under-
12 standing of efficacious FASD screening tools
13 and culturally-appropriate intervention services
14 and best practices by—

15 “(i) maintaining a diverse national
16 speakers bureau; and

17 “(ii) conducting national, regional,
18 State, Tribal, or peer cross-State webinars,
19 workshops, or conferences for training
20 community leaders, medical and mental
21 health and substance abuse professionals,
22 education and disability professionals, fam-
23 ilies, law enforcement personnel, judges,
24 individuals working in financial assistance
25 programs, social service personnel, child

1 welfare professionals, and other service
2 providers.

3 “(D) BUILDING CAPACITY.—Building ca-
4 pacity for State, Tribal, and local affiliates
5 dedicated to FASD awareness, prevention, and
6 identification and family and individual support
7 programs and services.

8 “(4) TECHNICAL ASSISTANCE.—Providing tech-
9 nical assistance to—

10 “(A) communities for replicating and
11 adapting exemplary comprehensive systems of
12 care for individuals with FASD developed under
13 section 399H(d) and for replicating and adapt-
14 ing culturally-appropriate best or model projects
15 of care developed under section 399H(f);

16 “(B) States and Indian Tribes in devel-
17 oping statewide or Tribal FASD strategic
18 plans, establishing or expanding statewide pro-
19 grams of surveillance, screening and diagnosis,
20 prevention, and clinical intervention, and sup-
21 port for individuals with FASD and their fami-
22 lies under section 399H(d); and

23 “(C) Indian Tribes and Tribal organiza-
24 tions in engaging in tribal consultation to en-
25 sure that such Tribes and Tribal organizations

1 are able to develop culturally-appropriate serv-
2 ices and interventions for individuals with
3 FASD and other conditions related to prenatal
4 substance exposure and their families.

5 “(5) OTHER FUNCTIONS.—Carrying out other
6 functions, to the extent authorized by the Secretary,
7 after consideration of recommendations of the Na-
8 tional Advisory Council on FASD.

9 “(c) APPLICATION.—To be eligible for a grant, con-
10 tract, or cooperative agreement under this section, an enti-
11 ty shall submit to the Secretary an application at such
12 time, in such manner, and containing such information as
13 the Secretary may require, including specific credentials
14 relating to FASD expertise and experience relevant to the
15 application’s proposed activity, including development of
16 FASD public awareness activities and resources; FASD
17 resource development, dissemination, and training; coordi-
18 nation of FASD-informed services, technical assistance,
19 administration of FASD partner networks, and other
20 FASD-specific expertise.

21 “(d) SUBCONTRACTING.—A public or private non-
22 profit may carry out the activities under subsection (a)
23 through contracts or cooperative agreements with other
24 public and private nonprofit entities with demonstrated ex-
25 pertise in—

1 “(1) FASD prevention activities;

2 “(2) FASD screening and identification;

3 “(3) FASD resource, development, dissemina-
4 tion, training and technical assistance, administra-
5 tion and support of FASD partner networks; and

6 “(4) intervention services.

7 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
8 is authorized to be appropriated to carry out this section
9 \$8,000,000 for each of fiscal years 2022 through 2027.”.

10 **SEC. 7. DEPARTMENT OF EDUCATION AND DEPARTMENT**
11 **OF JUSTICE PROGRAMS.**

12 (a) PREVENTION, IDENTIFICATION, INTERVENTION,
13 AND SERVICES IN THE EDUCATION SYSTEM.—

14 (1) GENERAL RULE.—The Secretary of Edu-
15 cation shall address education-related issues with re-
16 spect to children with FASD, in accordance with
17 this subsection.

18 (2) SPECIFIC RESPONSIBILITIES.—The Sec-
19 retary of Education shall direct the Office of Special
20 Education and Rehabilitative Services to—

21 (A) support the development, collection,
22 and dissemination (through the internet website
23 of the Department of Education, at teacher-to-
24 teacher workshops, through in-service trainings,
25 and through other means) of culturally-appro-

1 appropriate best practices that are FASD-informed
2 in the education and support of children with
3 FASD (including any special techniques on how
4 to assist these children in both special and tra-
5 ditional educational settings, and including such
6 practices that incorporate information con-
7 cerning the identification, behavioral supports,
8 teaching, and learning associated with FASD)
9 to—

10 (i) education groups such as the Na-
11 tional Association of School Boards, the
12 National Education Association, the Amer-
13 ican Federation of Teachers, the National
14 Association of Elementary School Prin-
15 cipals, the National Association of Sec-
16 ondary School Principals and national
17 groups of special education teachers;

18 (ii) recipients of a grant under the
19 21st Century Community Learning Center
20 program established under part B of title
21 IV of the Elementary and Secondary Edu-
22 cation Act of 1965 (20 U.S.C. 7171 et
23 seq.) and other after school program per-
24 sonnel; and

1 (iii) parent teacher associations, par-
2 ent information and training centers, and
3 other appropriate parent education organi-
4 zations;

5 (B) ensure that, in administering the Indi-
6 viduals with Disabilities Education Act (20
7 U.S.C. 1400 et seq.), parents, educators, and
8 advocates for children with disabilities are
9 aware that children with FASD have the right
10 to access general curriculum under the least re-
11 strictive environment;

12 (C) collaborate with other Federal agencies
13 to include information or activities relating to
14 prenatal alcohol and other harmful substance
15 exposure in programs related to maternal
16 health and health education; and

17 (D) support efforts by peer advisory net-
18 works of adolescents in schools to discourage
19 the use of alcohol and other harmful substances
20 while pregnant or when considering getting
21 pregnant.

22 (3) DEFINITION.—For purposes of this sub-
23 section, the term “FASD” has the meaning given
24 such term in section 399H(a) of the Public Health
25 Service Act, as added by section 3.

1 (4) AUTHORIZATION OF APPROPRIATIONS.—

2 There are authorized to be appropriated to carry out
3 this subsection \$5,000,000 for each of fiscal years
4 2022 through 2027.

5 (b) PREVENTION, IDENTIFICATION, INTERVENTION
6 AND SERVICES IN THE JUSTICE SYSTEM.—

7 (1) IN GENERAL.—The Attorney General shall
8 address justice-related issues with respect to youth
9 and adults with FASD and other
10 neurodevelopmental conditions as a result of pre-
11 natal substance exposure, in accordance with this
12 subsection.

13 (2) REQUIREMENTS.—The Attorney General,
14 acting through the Office of Juvenile Justice and
15 Delinquency Prevention and the Bureau of Justice
16 Initiatives, shall—

17 (A) develop screening and assessment pro-
18 cedures and conduct trainings on demonstration
19 FASD surveillance projects in adult and juve-
20 nile correction facilities in collaboration with
21 the National Center on Birth Defects and De-
22 velopmental Disabilities and assistance from ap-
23 propriate medical and mental health profes-
24 sionals;

1 (B) provide culturally appropriate support
2 and technical assistance to justice systems pro-
3 fessionals in developing training curricula on
4 how to most effectively identify and interact
5 with individuals with FASD or similar
6 neurodevelopmental disorders in the adult and
7 juvenile justice systems, and such support may
8 include providing information about the preven-
9 tion, assessment, identification and treatment
10 of these disorders into justice professionals'
11 credentialing or continuing education require-
12 ments;

13 (C) provide culturally appropriate technical
14 assistance to adult and juvenile systems in ad-
15 dressing the integration of prenatal alcohol and
16 substance exposure history into existing vali-
17 dated screening and assessment instruments;

18 (D) provide culturally appropriate tech-
19 nical assistance and support on the education of
20 justice system professionals, including judges,
21 attorneys, probation officers, child advocates,
22 law enforcement officers, prison wardens and
23 other incarceration officials, medical and mental
24 health professionals, and administrators of de-
25 velopmental disability, mental health and alter-

1 native incarceration facilities on how to screen,
2 assess, identify, treat, respond and support in-
3 dividuals with FASD and other conditions as a
4 result of substance exposure within the justice
5 systems, including—

6 (i) programs designed specifically for
7 the identification, assessment, treatment,
8 and education of those with FASD;

9 (ii) curricula development and
10 credentialing of teachers, administrators,
11 and social workers who implement such
12 programs; and

13 (iii) how FASD and other
14 neurodevelopmental disorders impact an
15 individual's interaction with law enforce-
16 ment and whether diversionary sentencing
17 options are more appropriate for such indi-
18 viduals;

19 (E) conduct a study on the practices and
20 procedures within the criminal justice system
21 for identifying and treatment of juvenile and
22 adult offenders with neurodevelopmental dis-
23 abilities, such as FASD, the impact of FASD
24 on offenders' cognitive skills and adaptive func-
25 tioning, and identify alternative culturally-ap-

1 appropriate methods of treatment and incarcer-
2 ation that have been demonstrated to be more
3 effective for such offenders; and

4 (F) collaborate with professionals with
5 FASD expertise and implement FASD-in-
6 formed transition programs for adults and juve-
7 niles with FASD who are released from adult
8 and juvenile correctional facilities.

9 (3) ACCESS FOR BOP INMATES.—The Attorney
10 General shall direct the Reentry Services Division at
11 the Bureau of Prisons to ensure that each inmate
12 with FASD or a similar neurodevelopmental disorder
13 who is in the custody of the Bureau of Prisons have
14 access to FASD-informed culturally appropriate
15 services upon re-entry, including programs, re-
16 sources, and activities for adults with FASD, to fa-
17 cilitate the successful reintegration into their com-
18 munities upon release.

19 (4) AUTHORIZATION OF APPROPRIATIONS.—For
20 the purpose of carrying out this subsection, there
21 are authorized to be appropriated \$2,000,000 for
22 each of fiscal years 2022 through 2027.

23 (c) DEFINITION.—For purposes of this section, the
24 term “FASD” has the meaning given such term in section

1 399H(a) of the Public Health Service Act, as amended
2 by section 3.