

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-

1           tion and diagnosis program to support  
2           clinical studies, demonstrations and  
3           other research as appropriate” and in-  
4           serting “supporting and conducting  
5           research on FASD, as appropriate, in-  
6           cluding”;

7                   (II) in subparagraph (B)—

8                         (aa) by striking “prevention  
9                         services and interventions for  
10                        pregnant,        alcohol-dependent  
11                        women” and inserting “culturally  
12                        and linguistically appropriate evi-  
13                        dence-based or evidence-informed  
14                        interventions and appropriate so-  
15                        cietal supports for preventing  
16                        prenatal alcohol exposure, which  
17                        may co-occur with exposure to  
18                        other substances”; and

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

21                        (v) by striking paragraph (3) and in-  
22                        serting the following:

23                        “(3) integrating into surveillance a case defini-  
24                        tion for FASD and, in collaboration with other Fed-  
25                        eral 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           “(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.

○