

OMB Attachment A1

Authorizing Legislation for National Center for Health Statistics

Sec. 306 [242k] (a) There is established in the Department of Health and Human Services the **National Center for Health Statistics** (hereinafter in this section referred to as the “Center”) which shall be under the direction of a Director who shall be appointed by the Secretary. The Secretary, acting through the Center, shall conduct and support statistical and epidemiological activities for the purpose of improving the effectiveness, efficiency, and quality of health services in the United States.

(b) In carrying out subsection (a), the Secretary, acting through the Center—

(1) shall collect statistics on—

(A) the extent and nature of illness and disability of the population of the United States (or of any groupings of the people included in the population), including life expectancy, the incidence of various acute and chronic illnesses, and infant and maternal morbidity and mortality,

(B) the impact of illness and disability of the population on the economy of the United States and on other aspects of the well-being of its population (or of such groupings),

(C) environmental, social, and other health hazards,

(D) determinants of health,

(E) health resources, including physicians, dentists, nurses, and other health professionals by specialty and type of practice and the supply of services by hospitals, extended care facilities, home health agencies, and other health institutions,

(F) utilization of health care, including utilization of

(i) ambulatory health services by specialties and types of practice of the health professionals providing such services, and

(ii) services of hospitals, extended care facilities, home health agencies, and other institutions,

(G) health care costs and financing, including the trends in health care prices and cost, the sources of payments for health care services, and Federal, State, and local governmental expenditures for health care services, and

(H) family formation, growth, and dissolution;

OMB Attachment A2

Office of Family Planning Authorization Legislation Title X of the Public Health Service Act.

Population Research and Voluntary Family Planning Programs

PROJECT GRANTS AND CONTRACTS FOR FAMILY PLANNING SERVICES

SEC. 1001 [300]

(a) The Secretary is authorized to make grants to and enter into contracts with public or nonprofit private entities to assist in the establishment and operation of voluntary family planning projects which shall offer a broad range of acceptable and effective family planning methods and services (including natural family planning methods, infertility services, and services for adolescents). To the extent practicable, entities which receive grants or contracts under this subsection shall encourage family participation in projects assisted under this subsection.

(b) In making grants and contracts under this section the Secretary shall take into account the number of patients to be served, the extent to which family planning services are needed locally, the relative need of the applicant, and its capacity to make rapid and effective use of such assistance. Local and regional entities shall be assured the right to apply for direct grants and contracts under this section, and the Secretary shall by regulation fully provide for and protect such right.

RESEARCH

SEC. 1004 [300a-2]

The Secretary may -

(1) conduct, and

(2) make grants to public or nonprofit private entities and enter into contracts with public or private entities and individuals for projects for, research in the biomedical, contraceptive development, behavioral, and program implementation fields related to family planning and population.

Adolescent Family Life Authorizing Legislation (Title XX of the PHS Act)

Title XX –Adolescent Family Life Demonstration Projects

(b) Therefore, the purposes of this subchapter are –

(4) to encourage and support research projects and demonstration projects concerning the societal causes and consequences of adolescent premarital sexual relations, contraceptive use, pregnancy, and child rearing;

(5) to support evaluative research to identify effective services which alleviate, eliminate, or resolve any negative consequences of adolescent premarital sexual relations and adolescent childbearing for the parents, the child, and their families; and

(6) to encourage and provide for the dissemination of results, findings, and information from programs and research projects relating to adolescent premarital sexual relations, pregnancy, and parenthood.

Research

(1) The Secretary may make grants and enter into contracts with public agencies or private organizations or institutions of higher education to support the research and dissemination activities described in paragraphs (4), (5), and (6) of section 300z(b) of this title.

**ATTACHMENT A3: Authorizing Legislation for the
NICHD Center for Population Research**

Section 301 of the Public Health Service Act (USC 42—Section 241)

The Surgeon General shall conduct...research, investigations, experiments, demonstrations, and studies relating to the causes, diagnoses, treatment, control, and prevention of physical and mental diseases and impairments of man... In carrying out the foregoing the Surgeon General is authorized to—

- (c) make grants-in-aid to universities, hospitals, laboratories, and other public or private institutions, and to individuals for such research projects...
- (g) enter into contracts, including contracts for research...
- (h) and adopt...such additional means as he deems necessary or appropriate to carry out the purposes of this section.

The Center for Population Research was created by
USC 42—Section 300a-2, Title X of the Public Health Service Act:

In order to promote research in biomedical, contraceptive development, behavioral, and program implementation fields related to family planning and population, the Secretary is authorized to make grants to public or nonprofit private entities and to enter into contracts with public or private entities and individuals for projects for research and research training in such fields.

Attachment A4— Summary of Laws authorizing the Children’s Bureau

As an alternative to posting extracts from many of the 27 laws since 1974 that have authorized the work of the Children’s Bureau, this attachment uses excerpts from the following brochure to describe the legislative basis of the agency’s work:

“The Children’s Bureau: A Legacy of Service....A Vision for Change.”

The Children’s Bureau was founded in 1912, and has an annual budget of almost 8 billion dollars. The Bureau’s mission is to work with States, Tribes, and localities to:

- prevent child abuse and neglect;
- protect children when abuse or neglect has occurred; and
- ensure that every child and youth has a permanent family or family connection.

CHILD WELFARE SYSTEMS

The Children’s Bureau provides matching funds to States, Tribes, and communities for child welfare systems. They include:

Title IV-E Foster Care: Assistance with costs of foster care for eligible children and associated administrative and training costs.

Title IV-E Adoption Assistance: Financial and medical assistance, as well as associated administrative and training costs for the adoption of children with disabilities, those who are members of minority or sibling groups, or older children.

John Chafee Foster Care Independence Program: Funds to help older youth in foster care and former foster youth acquire training and independent living skills.

Title IV-B, Subpart 1, Child Welfare Services: preventive intervention, alternative placements, and reunification efforts to keep families together.

Title IV-B, subpart 2, promoting safe and stable families: Family support, time-limited family reunification services, and services to support adoptions.

Child Abuse Prevention and Treatment Act (CAPTA) State Grants: assistance to improve state child protective service systems.

Community-based grants for the Prevention of Child Abuse and Neglect: Support for community-based, prevention-focused programs and activities.

The Children's Justice Act: Funds for improving the investigation and prosecution of child abuse and neglect.

RESEARCH AND PROGRAM DEVELOPMENT

The Children's Bureau also awards discretionary grants for **research and program development** through a competitive peer-review process to State and local agencies, tribes, and other groups. These include:

Adoption Opportunities: these help eliminate barriers to adoption and find permanent families for children.

Child Welfare Training enhances the skills and qualifications of child welfare workers.

Abandoned infants Assistance provides funding for the development of comprehensive support services for families affected by substance abuse and/or HIV/AIDS.

Child Abuse Prevention and Treatment Act Research and Demonstration Projects support research and demonstration and training programs to prevent and respond to child maltreatment.

Infant Adoption Awareness Training program trains designated staff of eligible health centers in providing adoption information and referrals to pregnant women on an equal basis with all other courses of action.

MONITORING OUTCOMES (STATISTICAL REPORTING AND ANALYSIS)

Child and Family Services Reviews ensure that State child welfare agency practice conforms to Federal requirements, and help states improve their services.

Title IV-E Foster Care Eligibility Reviews determine whether the facilities that house foster children meet requirements for the funds.

Federal and State Reporting Systems provide data on:

The Adoption and Foster Care Analysis and Reporting System (AFCARS) has case-level data on all children in foster care.

National Child Abuse and Neglect Data System collects data on children who come into contact with child protective services.

National Youth in Transition Database collects case-level information on youth care and outcomes.

Statewide Automated Child Welfare information systems are comprehensive case management tools that support practice.

The Bureau also has regular publications on

- **adoption and foster care statistics,**
- **child abuse and neglect reports,**
- **annual reports to Congress on child welfare outcomes; and**
- **user's manuals that help people identify, prevent, and respond to child maltreatment.**

OMB ATTACHMENT A5:
SECTION 301 of the Public Health Service Act:

Authorizing Legislation for:
Office of the Assistant Secretary for Planning and Evaluation (OASPE);
CDC's Division of HIV/AIDS Prevention (DHAP); and
CDC's Division of Sexually Transmitted Disease Prevention (DSTDP)

TITLE III—GENERAL POWERS AND DUTIES OF PUBLIC HEALTH SERVICE
PART A—RESEARCH AND INVESTIGATION
IN GENERAL

Sec. 301 (241) (a) The Secretary shall conduct... and encourage, cooperate with, and render assistance to other appropriate public authorities, scientific institutions, and scientists in the conduct of, and promote the coordination of, research, investigations, experiments, demonstrations and studies relating to the causes, diagnosis, treatment, control, and prevention of physical and mental diseases and impairments of man,... In carrying out the foregoing the Secretary is authorized to—

- (1) collect and make available through publications and other appropriate means, information as to, and the practical application of, such research and other activities;
- (2) make available research facilities of the Service to appropriate public authorities, and to health officials and scientists engaged in special study;
- (3) make grants-in-aid to universities, hospitals, laboratories, and other public or private institutions, and to individuals for such research projects as are recommended by the advisory council to the entity of the Department...
- (4) secure from time to time and for such periods as he deems advisable, the assistance and advice from experts,... and consultants from the United States or abroad;
- (5) for purposes of study, admit and treat at institutions, hospitals, and stations of the Service, persons not otherwise eligible for such treatments;
- (6) make available, to health officials, scientists, and appropriate public and other nonprofit institutions and organizations, technical advice and assistance on the application of statistical methods to experiments, studies, and surveys in health and medical fields;
- (7) enter into contracts, including contracts for research.

Attachment A6

Legislation Authorizing the work of the ACF's Office of Planning, Research, and Evaluation

Sec. 403. [42 U.S.C. 603] (a) Grants.-

(2) Healthy marriage promotion and responsible fatherhood grants.-

(iii) Healthy marriage promotion activities. - the term "healthy marriage promotion activities" means the following:

(I) Public advertising campaigns on the value of marriage and the skills needed to increase marital stability and health.

(II) Education in high schools on the value of marriage, relationship skills and budgeting

(III) [7] Marriage education, marriage skills, and relationship skills programs that may include parenting skills, financial management, conflict resolution, and job and career advancement.

(IV) Pre-marital education and marriage skills training for engaged couples and for couples or individual interested in marriage.

(V) Marriage enhancement and marriage skills training programs for married couples.

(VI) Divorce reduction programs that teach relationship skills.

(VII) Marriage mentoring programs which use married couples as role models and mentors in at-risk communities.

(VIII) Programs to reduce the disincentives to marriage in means-tested aid programs, if offered in conjunction with any activity described in this subparagraph.

(ii) **Activities promoting responsible fatherhood.**-In this paragraph, the term "activities promoting responsible fatherhood" means the following:

(I) Activities to promote marriage or sustain marriage through activities such as counseling, mentoring, disseminating information about the benefits of marriage and 2-parent involvement for children, enhancing relationships skills, education regarding how to control aggressive behavior, disseminating

information on the causes of domestic violence and child abuse, marriage preparation programs, premarital counseling, marital inventories, skills-based marriage education, financial planning seminars, including improving a family's ability to effectively manage family business affairs by means such as education, counseling, or mentoring on matters related to family finances, including household management, budgeting, banking, and handling of financial transactions and home maintenance, and divorce education and reduction programs, including mediation and counseling.

(II) Activities to promote responsible parenting through activities such as counseling, mentoring, and mediation, disseminating information about good parenting practices, skilled-based parenting education, encouraging child support payments, and other methods.

(III) Activities to foster economic stability by helping fathers improve their economic status by providing activities such as work first services, job search, job training, subsidized employment, job retention, job enhancement, and encouraging education, including career-advancing education, dissemination of employment materials, coordination with existing employment services such as welfare-to-work programs, referrals to local employment training initiatives, and other methods.

(IV) Activities to promote responsible fatherhood that are conducted through a contract with a nationally recognized, nonprofit fatherhood promotion organization, such as the development, promotion, and distribution of a media campaign to encourage the appropriate involvement of parents in the life of any child and specifically the issue of responsible fatherhood, and the development of a national clearinghouse to assist States and communities in efforts to promote and support marriage and responsible fatherhood.

(D)[9] **Appropriation.**-Out of any money in the Treasury of the United States not otherwise appropriated, there are appropriated for fiscal year 2011 for expenditure in accordance with this paragraph-

(i) \$75,000,000 for awarding funds for the purpose of carrying out healthy marriage promotion activities; and

(ii) \$75,000,000 for awarding funds for the purpose of carrying out activities promoting responsible fatherhood.

PERSONAL RESPONSIBILITY EDUCATION ^[31]

Sec. 513. [42 U.S.C. 713] Allotments to States.-

(b) Purpose.-

(1) In general.-The purpose of an allotment under subsection (a)(1) to a State is to enable the state...to carry out personal responsibility education programs consistent with this section.

(2) Personal responsibility education programs.-

(A) In general.-In this section, the term "personal responsibility education program" means a program that is designed to educate adolescents on-

(i) Both abstinence and contraception for the prevention of pregnancy and sexually transmitted infections, including HIV/AIDS, consistent with the requirements of subparagraph (B); and

(ii) at least 3 of the adulthood preparation subjects described in subparagraph (C).

(B) Requirements.-The requirements of this subparagraph are the following:

(i) The program replicates evidence-based effective programs or substantially incorporates elements of effective programs that have been proven on the basis of rigorous scientific research to change behavior, which means delaying sexual activity, increasing condom or contraceptive use for sexually active youth, or reducing pregnancy among youth.

(ii) The program is medically-accurate and complete.

(iii) The program includes activities to educate youth who are sexually active regarding responsible sexual behavior with respect to both abstinence and the use of contraception.

(iv) The program places substantial emphasis on both abstinence and contraception for the prevention of pregnancy among youth and sexually transmitted infections.

(v) The program provides age-appropriate information and activities.

(vi) The information and activities carried out under the program are provided in the cultural context that is most appropriate for individuals in the particular population group to which they are directed.

(C) Adulthood preparation subjects.-The adulthood preparation subjects described in this subparagraph are the following:

- (i) Healthy relationships, Including marriage and family interactions.
- (ii) Adolescent development, such as the development of healthy attitudes and values about adolescent growth and development, body image, racial and ethnic diversity, and other related subjects.
- (iii) Financial literacy
- (iv) Parent-child communication
- (v) Educational and career success, such as developing skills for employment preparation, job seeking, independent living, financial self-sufficiency, and workplace productivity.
- (vi) Healthy life skills, such as goal-setting, decision making, negotiation, communication and interpersonal skills, and stress management.

(c) Reservations of Funds-

- (1) Grants to implement innovative strategies.-From the amount appropriated under subsection (f) for the fiscal year, the Secretary shall reserve \$10,000,000 of such amount for purposes of awarding grants to entities to implement innovative youth pregnancy prevention strategies and target services to high-risk, vulnerable, and culturally under-represented youth populations, including youth in foster care, homeless youth, youth with HIV/AIDS, pregnant women who are under 21 years of age and their partners, mothers who are under 21 years of age and their partners, and youth residing in areas with high birth rates for youth. An entity awarded a grant under this paragraph shall agree to participate in a rigorous Federal evaluation of the activities carried out with grant funds.

(c) Secretarial responsibilities.-

- (1) Program support.-The Secretary shall provide, directly or through a competitive grant process, research, training and technical assistance, including dissemination of research and information regarding effective and promising practices, providing consultation and resources on a broad array of teen pregnancy prevention strategies, including abstinence and contraception, and developing resources and materials to support the activities of recipients of grants and other State, tribal, and community organizations working to reduce teen pregnancy. In carrying out such functions, the Secretary shall collaborate with a variety of entities that have expertise in the prevention of teen pregnancy, HIV and sexually transmitted infections, healthy relationships, financial literacy, and other topics addressed through the personal responsibility

education programs.

(iii) Evaluation.-The Secretary shall evaluate the programs and activities carried out with funds made available through allotments or grants under this section.

(d) Administration.-

(1) In general.-The Secretary shall administer this section through the Assistant Secretary for the Administration for Children and Families within the Department of Health and Human Services.

(e) Definitions.-In this section.-

(f) Appropriation.-For the purpose of carrying out this section, there is appropriated, out any money in the Treasury not otherwise appropriated, \$75,000,000 for each of fiscal years 2010 through 2014. Amounts appropriated under this subsection shall remain available until expended.

Attachment A7:

Authorizing Legislation for the CDC Division of Cancer Prevention and Control: EARLY act language in health care reform bill (Affordable Care Act- HR3590)

SEC. 10413. YOUNG WOMEN'S BREAST HEALTH AWARENESS AND SUPPORT OF YOUNG WOMEN DIAGNOSED WITH BREAST CANCER.

(a) **SHORT TITLE.**—This section may be cited as the “Young Women’s Breast Health Education and Awareness Requires Learning Young Act of 2009” or the “EARLY Act”.

(b) **AMENDMENT.**—Title III of the Public Health Service Act (42 U.S.C. 241 et seq.), as amended by this Act, is further amended by adding at the end the following:
H. R. 3590—873

PART V—PROGRAMS RELATING TO BREAST HEALTH AND CANCER

SEC. 399NN. YOUNG WOMEN'S BREAST HEALTH AWARENESS AND SUPPORT OF YOUNG WOMEN DIAGNOSED WITH BREAST CANCER.

(a) PUBLIC EDUCATION CAMPAIGN.—

(1) **IN GENERAL.**—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall conduct a national evidence-based education campaign to increase awareness of young women’s knowledge regarding—

- (A) breast health in young women of all racial, ethnic, and cultural backgrounds;
- (B) breast awareness and good breast health habits;
- (C) the occurrence of breast cancer and the general and specific risk factors in women who may be at high risk for breast cancer based on familial, racial, ethnic, and cultural backgrounds such as Ashkenazi Jewish populations;
- (D) evidence-based information that would encourage young women and their health care professional to increase early detection of breast cancers; and
- (E) the availability of health information and other resources for young women diagnosed with breast cancer.

(2) **EVIDENCE-BASED, AGE APPROPRIATE MESSAGES.**—The campaign shall provide evidence-based, age-appropriate messages and materials as developed by the Centers for Disease Control and Prevention and the Advisory Committee established under paragraph (4).

(3) **MEDIA CAMPAIGN.**—In conducting the education campaign under paragraph (1), the Secretary shall award grants to entities to establish national multimedia campaigns oriented to young women that may include advertising through television, radio, print media, billboards, posters, all forms of existing and especially emerging social networking media, other Internet media, and any other medium determined

appropriate by the Secretary.

(4) ADVISORY COMMITTEE.—

(A) ESTABLISHMENT.—Not later than 60 days after the date of the enactment of this section, the Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall establish an advisory committee to assist in creating and conducting the education

campaigns under paragraph (1) and subsection (b)(1).

(B) MEMBERSHIP.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall appoint to the advisory committee under subparagraph

(A) such members as deemed necessary to properly advise the Secretary, and shall include organizations and individuals with expertise in breast cancer, disease prevention, early detection, diagnosis, public health, social marketing, genetic screening and counseling, treatment, rehabilitation, palliative care, and survivorship in young women.

(b) HEALTH CARE PROFESSIONAL EDUCATION CAMPAIGN.—The Secretary, acting through the Director of the Centers for Disease H. R. 3590—874 Control and Prevention, and in consultation with the Administrator of the Health Resources and Services Administration, shall conduct an education campaign among physicians and other health care professionals to increase awareness—

(1) of breast health, symptoms, and early diagnosis and treatment of breast cancer in young women, including specific risk factors such as family history of cancer and women that may be at high risk for breast cancer, such as Ashkenazi Jewish population;

(2) on how to provide counseling to young women about their breast health, including knowledge of their family cancer history and importance of providing regular clinical breast examinations;

(3) concerning the importance of discussing healthy behaviors, and increasing awareness of services and programs available to address overall health and wellness, and making patient referrals to address tobacco cessation, good nutrition, and physical activity;

(4) on when to refer patients to a health care provider with genetics expertise;

(5) on how to provide counseling that addresses long-term survivorship and health concerns of young women diagnosed with breast cancer; and

(6) on when to provide referrals to organizations and institutions that provide credible health information and substantive assistance and support to young women diagnosed with breast cancer.

(c) PREVENTION RESEARCH ACTIVITIES.—The Secretary, acting through—

(1) the Director of the Centers for Disease Control and Prevention, shall conduct prevention research on breast cancer in younger women, including—

(A) behavioral, survivorship studies, and other research on the impact of breast cancer

diagnosis on young women;

(B) formative research to assist with the development of educational messages and information for the public, targeted populations, and their families about breast health, breast cancer, and healthy lifestyles;

(C) testing and evaluating existing and new social marketing strategies targeted at young women; and

(D) surveys of health care providers and the public regarding knowledge, attitudes, and practices related to breast health and breast cancer prevention and control in high-risk populations; and

(2) the Director of the National Institutes of Health, shall conduct research to develop and validate new screening tests and methods for prevention and early detection of breast cancer in young women.

(d) SUPPORT FOR YOUNG WOMEN DIAGNOSED WITH BREAST CANCER.—

(1) IN GENERAL.—The Secretary shall award grants to organizations and institutions to provide health information from credible sources and substantive assistance directed to young women diagnosed with breast cancer and pre-neoplastic breast diseases.

H. R. 3590—875

(2) PRIORITY.—In making grants under paragraph (1), the Secretary shall give priority to applicants that deal specifically with young women diagnosed with breast cancer and pre-neoplastic breast disease.

(e) NO DUPLICATION OF EFFORT.—In conducting an education campaign or other program under subsections (a), (b), (c), or (d), the Secretary shall avoid duplicating other existing Federal breast cancer education efforts.

(f) MEASUREMENT; REPORTING.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall—(1) measure—

(A) young women’s awareness regarding breast health, including knowledge of family cancer history, specific risk factors and early warning signs, and young women’s proactive efforts at early detection;

(B) the number or percentage of young women utilizing information regarding lifestyle interventions that foster healthy behaviors;

(C) the number or percentage of young women receiving regular clinical breast exams; and

(D) the number or percentage of young women who perform breast self exams, and the frequency of such exams, before the implementation of this section;

(2) not less than every 3 years, measure the impact of such activities; and

(3) submit reports to the Congress on the results of such measurements.

(g) DEFINITION.—**In this section, the term ‘young women’ means women 15 to 44 years of age.**

(h) AUTHORIZATION OF APPROPRIATIONS.—To carry out subsections (a), (b), (c)(1), and (d), there are authorized to be appropriated \$9,000,000 for each of the fiscal years 2010 through 2014.

Attachment A8 –
Legislation Authorizing the work of the CDC's Division of
Birth Defects & Developmental Disabilities

Section 399H of the Public Health Service Act
PART O-FETAL ALCOHOL SYNDROME PREVENTION AND SERVICES PROGRAM

**Sec. 399H [2801] ESTABLISHMENT OF FETAL ALCOHOL SYNDROME
PREVENTION AND SERVICES PROGRAM**

- (a). FETAL ALCOHOL SYNDROME PREVENTION, INTERVENTION AND SERVICES DELIVERY PROGRAM.-The Secretary shall establish a comprehensive Fetal Alcohol Syndrome and Fetal Alcohol Effect prevention, intervention and services delivery program that shall include
- (1) an education and public awareness program to support, conduct, and evaluate the effectiveness of –
 - (A) educational programs targeting medical schools, social and other supportive services, educators and counselors and other service providers in all phases of child-hood development, and other relevant service providers, concerning the prevention, identification, and provision of services for children, adolescents and adults with Fetal Alcohol Syndrome and Fetal Alcohol Effect
 - (B) strategies to educate school-age children, including pregnant and high risk youth, concerning Fetal Alcohol Syndrome and Fetal Alcohol Effect;
 - (C) public and community awareness programs concerning Fetal Alcohol Syndrome and Fetal Alcohol Effect; and
 - (D) strategies to coordinate information and services across affected community agencies
 - (2) a prevention and diagnosis program to support clinical studies, demonstrations and other research as appropriate to-develop appropriate medical diagnostic methods for identifying Fetal Alcohol Syndrome and Fetal Alcohol Effect; and develop effective prevention services and interventions for pregnant, alcohol-dependent women; and
 - (A) develop appropriate medical diagnostic methods for identifying Fetal Alcohol Syndrome and Fetal Alcohol Effect; and

(B) develop effective prevention services and interventions for pregnant, alcohol-dependent women: and

(3) an applied research program concerning intervention and prevention to support and conduct service demonstration projects, clinical studies and other research models providing advocacy, educational and vocational training, counseling, medical and mental health, and other supportive services, as well as models that integrate and coordinate such services, that are aimed at the unique challenges facing individuals with Fetal Alcohol Syndrome or Fetal Alcohol Effect and their families.

FY 2009 HOUSE MARK

The Committee is concerned about the prevalence of FAS in the U.S. and notes that drinking during pregnancy continues to be the nation's leading known preventable cause of mental retardation and birth defects. The Committee encourages CDC to continue and enhance efforts to prevent, reduce, and diagnose FAS disorders. The Committee requests that CDC submit a progress report within six months on the contributions made to preventing and reducing FAS disorders, and for CDC's future plans, including programmatic and funding priorities. **[Pages 111, House Report 110-231]**

FY 2009 SENATE MARK

The Committee is concerned by the prevalence of fetal alcohol spectrum disorders (FASD) in the United States and notes that drinking during pregnancy is the Nation's leading known preventable cause of mental retardation and birth defects. To publicize and promote awareness of this critical public health information, the Committee has provided sufficient resources to continue these activities. The Committee notes that the National Task Force on Fetal Alcohol Syndrome and Fetal Alcohol Effect is due to expire in October 2007. The Committee requests that the CDC submit a progress report within six months of the Task Force's contributions to preventing and reducing fetal alcohol spectrum disorders. The report should outline future plans for the Task Force, including programmatic and funding priorities. **[Page 90-91, Senate Report 110-107]**