

117TH CONGRESS  
2D SESSION

# S. 4332

To amend the Public Health Service Act to direct the Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, to support research and programmatic efforts that will build on previous research on the effects of adverse childhood experiences.

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IN THE SENATE OF THE UNITED STATES

MAY 26, 2022

Mr. KING (for himself and Ms. MURKOWSKI) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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## A BILL

To amend the Public Health Service Act to direct the Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, to support research and programmatic efforts that will build on previous research on the effects of adverse childhood experiences.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE; FINDINGS.**

2 (a) **SHORT TITLE.**—This Act may be cited as the  
3 “Improving Data Collection for Adverse Childhood Experi-  
4 ences Act”.

5 (b) **FINDINGS.**—Congress finds the following:

6 (1) Certain negative events, circumstances, or  
7 maltreatment to which children may be exposed,  
8 known as adverse childhood experiences (commonly  
9 referred to as “ACEs”), are associated with negative  
10 health outcomes.

11 (2) Childhood psychological, physical, or sexual  
12 abuse; household challenges such as violence, sub-  
13 stance use, mental illness, separation or divorce, or  
14 incarceration of a family member; historical trauma;  
15 and emotional or physical neglect have been shown  
16 to negatively impact a person’s long-term health and  
17 well-being.

18 (3) Adverse childhood experiences and associ-  
19 ated conditions such as living in under-resourced or  
20 racially segregated neighborhoods, frequently mov-  
21 ing, experiencing food insecurity, and other insta-  
22 bility can cause toxic stress, a prolonged activation  
23 of the stress-response system.

24 (4) Experiencing one or more adverse childhood  
25 experiences is associated with higher risks of some

1 of the leading causes of death and disability in the  
2 United States.

3 (5) More than half of all people in the United  
4 States have experienced one or more adverse child-  
5 hood experiences.

6 (6) The Centers for Disease Control and Pre-  
7 vention has recognized adverse childhood experiences  
8 as a major public health concern and made it a pri-  
9 ority area for focus in the National Center for In-  
10 jury Prevention and Control of the Centers for Dis-  
11 ease Control and Prevention.

12 (7) Further research is needed to better define  
13 adverse childhood experiences, understand the causal  
14 pathway between adverse childhood experiences and  
15 physical health outcomes, and identify protective fac-  
16 tors against adverse childhood experiences and their  
17 effects, in order to inform and improve current pro-  
18 grams and future efforts to promote public health.

19 (8) Evidence-based and culturally informed pre-  
20 vention and mitigation strategies to address adverse  
21 childhood experiences have been identified, but ef-  
22 forts are needed to facilitate implementation in com-  
23 munities.

24 (9) American Indian and Alaska Native com-  
25 munities have experienced traumatic events that

1 have had long-lasting consequences for communities.  
 2 More research on the critical connections between  
 3 historically traumatic events, contemporary  
 4 stressors, and adverse childhood experiences is need-  
 5 ed.

6 **SEC. 2. SUPPORTING RESEARCH ON ADVERSE CHILDHOOD**  
 7 **EXPERIENCES.**

8 Part J of title III of the Public Health Service Act  
 9 (42 U.S.C. 280b et seq.) is amended by inserting after  
 10 section 393D (42 U.S.C. 280b–1f) the following:

11 **“SEC. 393E. SUPPORTING RESEARCH ON PREVENTING OR**  
 12 **REMEDIATING ADVERSE CHILDHOOD EXPE-**  
 13 **RIENCES.**

14 “(a) IN GENERAL.—The Secretary, acting through  
 15 the Director of the Centers for Disease Control and Pre-  
 16 vention, may, in cooperation with the States, collect and  
 17 report data on adverse childhood experiences through the  
 18 Behavioral Risk Factor Surveillance System, the Youth  
 19 Risk Behavior Surveillance System, or other relevant pub-  
 20 lic health surveys or questionnaires to contribute to a lon-  
 21 gitudinal study that—

22 “(1) builds on previous literature, including the  
 23 seminal CDC–Kaiser Permanente Adverse Childhood  
 24 Experiences (ACE) Study, on the biology and neuro-  
 25 science of childhood adversity that establishes the

1 links between adverse childhood experiences and neg-  
2 ative outcomes; and

3 “(2) focuses on elements not included in the  
4 study referred to in paragraph (1), including—

5 “(A) the inclusion of a diverse nationally  
6 representative sample of participants;

7 “(B) the strength of the relationship be-  
8 tween individual, specific adverse childhood ex-  
9 periences and negative health outcomes;

10 “(C) the intensity and frequency of adverse  
11 childhood experiences;

12 “(D) the relative strength of particular  
13 risk and protective factors;

14 “(E) the impact of historical trauma in  
15 communities disproportionately impacted, as  
16 identified by the Secretary, such as American  
17 Indians and Alaska Natives, as well as the  
18 intersections between historical trauma and ad-  
19 verse childhood experiences scores; and

20 “(F) the effect of social, economic, and  
21 community conditions on health and well-being.

22 “(b) TECHNICAL ASSISTANCE.—The Secretary may,  
23 directly or through awards of grants or contracts to public  
24 or nonprofit private entities or Tribal organizations or In-  
25 dian Tribes, provide technical assistance with respect to

1 the collection and reporting of data as described in sub-  
2 section (a).

3 “(c) DEFINITIONS.—In this section—

4 “(1) the term ‘historical trauma’ means the cu-  
5 mulative, transgenerational, collective experience of  
6 emotional and psychological injury in communities;  
7 and

8 “(2) the terms ‘Indian Tribe’ and ‘Tribal orga-  
9 nization’ have the meanings given such terms in sec-  
10 tion 4 of the Indian Self-Determination and Edu-  
11 cation Assistance Act.

12 “(d) AUTHORIZATION OF APPROPRIATIONS.—There  
13 are authorized to be appropriated to carry out this section  
14 \$7,000,000 for each of fiscal years 2023 through 2028.”.

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