

117TH CONGRESS  
1ST SESSION

# H. R. 3467

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 HOUSE OF REPRESENTATIVES

MAY 21, 2021

Mrs. MCBATH (for herself and Mr. STEWART) introduced the following bill;  
which was referred to the Committee on Energy and Commerce

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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,*

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

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

1 (b) FINDINGS.—Congress finds the following:

2 (1) Certain negative events, circumstances, or  
3 maltreatment to which children may be exposed,  
4 known as adverse childhood experiences, are associ-  
5 ated with negative health outcomes.

6 (2) Childhood psychological, physical, or sexual  
7 abuse; household challenges such as violence, sub-  
8 stance use, mental illness, separation or divorce, or  
9 incarceration of a family member; and emotional or  
10 physical neglect have been shown to negatively im-  
11 pact a person’s long-term health and well-being.

12 (3) Adverse childhood experiences and associ-  
13 ated conditions such as living in under-resourced or  
14 racially segregated neighborhoods, frequently mov-  
15 ing, experiencing food insecurity, and other insta-  
16 bility can cause toxic stress, a prolonged activation  
17 of the stress-response system.

18 (4) Experiencing one or more adverse childhood  
19 experiences is associated with higher risks of some  
20 of the leading causes of death and disability in the  
21 United States.

22 (5) More than half of all Americans have expe-  
23 rienced one or more adverse childhood experiences.

24 (6) The Centers for Disease Control and Pre-  
25 vention has recognized adverse childhood experiences

1 as a major public health concern and made it a pri-  
 2 ority area for focus in the National Center for In-  
 3 jury Prevention and Control at the Centers for Dis-  
 4 ease Control and Prevention.

5 (7) Further research is needed to better define  
 6 adverse childhood experiences, understand the causal  
 7 pathway between adverse childhood experiences and  
 8 physical health outcomes, and identify protective fac-  
 9 tors against adverse childhood experiences and their  
 10 effects, in order to inform and improve current pro-  
 11 grams and future efforts to promote public health.

12 (8) Evidence-based prevention and mitigation  
 13 strategies to address adverse childhood experiences  
 14 have been identified, but efforts are needed to facili-  
 15 tate implementation in communities.

16 **SEC. 2. SUPPORTING RESEARCH ON ADVERSE CHILDHOOD**  
 17 **EXPERIENCES.**

18 Part J of title III of the Public Health Service Act  
 19 (42 U.S.C. 280b et seq.) is amended by inserting after  
 20 section 393D (42 U.S.C. 280b–1f) the following:

21 **“SEC. 393E. SUPPORTING RESEARCH ON PREVENTING OR**  
 22 **REMEDATING ADVERSE CHILDHOOD EXPE-**  
 23 **RIENCES.**

24 “(a) IN GENERAL.—The Secretary, acting through  
 25 the Director of the Centers for Disease Control and Pre-

1 vention, may, in cooperation with the States, collect and  
2 report data on adverse childhood experiences through the  
3 Behavioral Risk Factor Surveillance System, the Youth  
4 Risk Behavior Surveillance System, or other relevant public health surveys or questionnaires to contribute to a longitudinal study that—

7           “(1) builds on previous literature, including the  
8           seminal CDC–Kaiser Permanente Adverse Childhood  
9           Experiences (ACE) Study, on the biology and neuroscience of childhood adversity that establishes the  
10          links between adverse childhood experiences and negative outcomes; and

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

15               “(A) the inclusion of a diverse nationally  
16               representative sample of participants;

17               “(B) the strength of the relationship between individual, specific adverse childhood experiences and negative health outcomes;

20               “(C) the intensity and frequency of adverse  
21               childhood experiences;

22               “(D) the relative strength of particular  
23               risk and protective factors; and

24               “(E) the effect of social, economic, and  
25               community conditions on health and well-being.

1       “(b) TECHNICAL ASSISTANCE.—The Secretary may,  
2 directly or through awards of grants or contracts to public  
3 or nonprofit private entities, provide technical assistance  
4 with respect to the collection and reporting of data as de-  
5 scribed in subsection (a).

6       “(c) AUTHORIZATION OF APPROPRIATIONS.—There  
7 are authorized to be appropriated to carry out this section  
8 \$10,000,000 for each of fiscal years 2022 through 2027.”.

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