

BIPARTISAN SOLUTION TO CYCLICAL VIOLENCE ACT OF
2020

NOVEMBER 16, 2020.—Committed to the Committee of the Whole House on the
State of the Union and ordered to be printed

Mr. PALLONE, from the Committee on Energy and Commerce,
submitted the following

R E P O R T

[To accompany H.R. 5855]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 5855) to amend the Public Health Service Act to establish a grant program supporting trauma center violence intervention and violence prevention programs, and for other purposes, having considered the same, reports favorably thereon without amendment and recommends that the bill do pass.

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I. PURPOSE AND SUMMARY

H.R. 5855, the “Bipartisan Solution to Cyclical Violence Act of 2020”, was introduced by Representatives C.A. Dutch Ruppersberger (D-MD) and Adam Kinzinger (R-IL). This bill would create

a grant program at the Department of Health and Human Services (HHS) for trauma centers to establish or expand violence intervention and violence prevention programs. Funds made available under the bill would also be provided to conduct research to reduce the incidence of reinjury and reincarceration caused by certain types intentional violent trauma.

II. BACKGROUND AND NEED FOR LEGISLATION

Tragically, homicide is the leading cause of death for Black males ages 1 to 24 years old and the second leading cause of death in Hispanic males ages 1 to 24 years old.¹ Regardless of race, it is estimated that among those who survive a single violent trauma up to 45 percent will experience a second violent trauma.² Once caught in this cycle of violence, these individuals have a 20 percent higher five-year mortality rate than those not in the cycle.³

Hospital-based violence intervention programs are multidisciplinary programs that identify patients at risk of repeat violent injury and connect them with hospital- and community-based resources that help address underlying risk factors for violence.⁴ Data has shown that the impact of a violence intervention program is greatest when victims of a violent crime are engaged while still in the hospital recovering from their injuries.⁵ Hospital-based violence intervention programs provide intensive case management to individuals who have experienced at least one violent trauma and have been shown to successfully reduce injury recidivism.^{6 7 8}

H.R. 5855 would develop a grant program at HHS to establish or expand violence intervention or prevention programs at trauma centers or eligible nonprofit entities in communities with at least 100 incidents of intentional violent trauma a year. Such grants should be awarded with a priority given to applicants serving populations experiencing a high level of intentional violent trauma. The Secretary of HHS shall encourage entities in Health Professional Shortage Areas to apply for the program. The bill also requires recipients of these grants to report any significant findings to the Secretary, for the purposes of creating a website in order to document best practices for intentional violent trauma prevention.

III. COMMITTEE HEARINGS

For the purposes of section 103(i) of H. Res. 6 of the 116th Congress, the following hearing was used to develop or consider H.R. 5855:

¹ Richard G. Rogers, et al., *Racial/Ethnic Differences in Early-Life Mortality in the United States*, *Biodemography and Social Biology* (Oct. 16, 2017).

² Centers for Disease Control and Prevention, *Key Injury and Violence Data* (www.cdc.gov/injury/wisqars/overview/key_data.html).

³ Bethany Strong, et al., *Trauma Recidivism Predicts Long-term Mortality: Missed Opportunities for Prevention (Retrospective Cohort Study)*, *Annals of Surgery* (May 2017).

⁴ *Violence intervention programs: A primer for developing a comprehensive program for trauma centers*, *Bulletin of the American College of Surgeons* (Oct. 4, 2017) (www.bulletin.facs.org/2017/10/violence-intervention-programs-a-primer-for-developing-a-comprehensive-program-for-trauma-centers/).

⁵ Carnell Cooper, M.D., et al., *Repeat victims of violence: Report of a large concurrent case-control study*, *Archives of Surgery* (July 2000).

⁶ Teresa M. Bell, et al., *Long-term evaluation of a hospital-based violence intervention program using a regional health information exchange*, *The Journal of Trauma and Acute Care Surgery* (January 2018).

⁷ Erik J. Kramer, et al., *Violent reinjury risk assessment instrument (VRRAI) for hospital-based violence intervention programs*, *Journal of Surgical Research* (May 11, 2017).

⁸ See note 5.

The Subcommittee on Health held a legislative hearing on June 30, 2020, to consider H.R. 5855. The hearing was entitled, “High Anxiety and Stress: Legislation to Improve Mental Health During Crisis.” The Subcommittee received testimony from the following witnesses:

- The Honorable Patrick J. Kennedy, Founder of the Kennedy Forum and former Member of Congress
- Arthur C. Evans, Jr. Ph.D., Chief Executive Officer, American Psychological Association
- Jeffrey L. Geller, M.D., M.P.H., President, American Psychiatric Association
- Arriana Gross, National Youth Advisory Board Member, Sandy Hook Promise Students Against Violence Everywhere (SAVE) Promise Club

IV. COMMITTEE CONSIDERATION

Representatives Ruppertsberger and Kinzinger introduced H.R. 5855 on February 11, 2020, and the bill was referred to the Committee on Energy and Commerce. H.R. 5855 was then referred to the Subcommittee on Health on February 12, 2020. A legislative hearing was held on the bill on June 30, 2020.

On September 9, 2020, H.R. 5855 was discharged from further consideration by the Subcommittee on Health as it was called up for consideration by the full Committee on Energy and Commerce. The full Committee met in virtual open markup session on September 9, 2020, pursuant to notice, to consider H.R. 5855. No amendments were offered during consideration of H.R. 5855. Upon conclusion of consideration of the bill, the full Committee agreed to a motion on final passage offered by Mr. Pallone, Chairman of the committee, to order H.R. 5855 reported favorably to the House, without amendment, by a voice vote, a quorum being present.

V. COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list each record vote on the motion to report legislation and amendments thereto. The Committee advises that there were no record votes taken on H.R. 5855, including on the motion for final passage of the bill.

VI. OVERSIGHT FINDINGS

Pursuant to clause 3(c)(1) of rule XIII and clause 2(b)(1) of rule X of the Rules of the House of Representatives, the oversight findings and recommendations of the Committee are reflected in the descriptive portion of the report.

VII. NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

Pursuant to 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee adopts as its own the estimate of new budget authority, entitlement authority, or tax expenditures or revenues contained in the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

The Committee has requested but not received from the Director of the Congressional Budget Office a statement as to whether this bill contains any new budget authority, spending authority, credit authority, or an increase or decrease in revenues or tax expenditures.

VIII. FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

IX. STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

Pursuant to clause 3(c)(4) of rule XIII, the general performance goal or objective of this legislation is to establish a grant program for specified trauma centers to establish or expand intervention or prevention programs related to certain types of intentional violent trauma.

X. DUPLICATION OF FEDERAL PROGRAMS

Pursuant to clause 3(c)(5) of rule XIII, no provision of H.R. 5855 is known to be duplicative of another Federal program, including any program that was included in a report to Congress pursuant to section 21 of Public Law 111–139 or the most recent Catalog of Federal Domestic Assistance.

XI. COMMITTEE COST ESTIMATE

Pursuant to clause 3(d)(1) of rule XIII, the Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

XII. EARMARKS, LIMITED TAX BENEFITS, AND LIMITED TARIFF BENEFITS

Pursuant to clause 9(e), 9(f), and 9(g) of rule XXI, the Committee finds that H.R. 5855 contains no earmarks, limited tax benefits, or limited tariff benefits.

XIII. ADVISORY COMMITTEE STATEMENT

No advisory committee within the meaning of section 5(b) of the Federal Advisory Committee Act was created by this legislation.

XIV. APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

XV. SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

Section 1 designates that the short title may be cited as the “Bipartisan Solution to Cyclical Violence Act of 2020”.

Sec. 2. Grant program supporting trauma center violence intervention and violence prevention programs

Section 2 amends the Public Health Service Act by adding a new section that authorizes the Secretary of HHS to award grants to expand or establish violence intervention programs designed to reduce the incidence of reinjury and reincarceration caused by certain intentional violent trauma. Such awards shall be for a three-year grant period and shall be between \$250,000 and \$500,000 each. The first award must be made by the Secretary within nine months of enactment.

Eligible entities include State-designated trauma centers, trauma centers verified by the American College of Surgeons, or nonprofit entities serving communities with at least 100 incidents of intentional violent trauma annually and seeking to conduct a violence intervention program with an eligible trauma center. Grant recipients shall be geographically diverse, and priority shall be given to entities that serve one or more communities with high absolute numbers or high rates of intentional violent trauma. The Secretary shall encourage entities from within a health professional shortage area to apply for such grants.

Grant recipients shall report to the Secretary any significant findings of the program. In turn, the Secretary shall develop and post best practices for intentional violent trauma prevention on an HHS website, as well as disseminate best practices to stakeholders as appropriate. The Secretary is also required to submit to Congress a report within six years of enactment focused on any findings resulting from the reports of grant recipients, best practices developed by the Secretary, and recommendations for legislative actions relating to intentional violent trauma prevention that the Secretary determines is appropriate.

To carry out the program, section 2 authorizes to be appropriated \$10,000,000 for the period of fiscal years 2020 through 2023.

XVI. CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (new matter is printed in italics and existing law in which no change is proposed is shown in roman):

PUBLIC HEALTH SERVICE ACT

* * * * *

TITLE III—GENERAL POWERS AND DUTIES OF PUBLIC HEALTH SERVICE

* * * * *

PART P—ADDITIONAL PROGRAMS

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SEC. 399V-7. GRANT PROGRAM SUPPORTING TRAUMA CENTER VIOLENCE INTERVENTION AND VIOLENCE PREVENTION PROGRAMS.

(a) **AUTHORITY ESTABLISHED.**—

(1) **IN GENERAL.**—*The Secretary shall award grants to eligible entities to establish or expand violence intervention or prevention programs for services and research designed to reduce the incidence of reinjury and reincarceration caused by intentional violent trauma, excluding intimate partner violence.*

(2) **FIRST AWARD.**—*Not later than 9 months after the date of enactment of this section, the Secretary shall make the first award under paragraph (1).*

(3) **GRANT DURATION.**—*Each grant awarded under paragraph (1) shall be for a period of three years.*

(4) **GRANT AMOUNT.**—*The total amount of each grant awarded under paragraph (1) for the 3-year grant period shall be not less than \$250,000 and not more than \$500,000.*

(5) **SUPPLEMENT NOT SUPPLANT.**—*A grant awarded under paragraph (1) to an eligible entity with an existing program described in paragraph (1) shall be used to supplement, and not supplant, any other funds provided to such entity for such program.*

(b) **ELIGIBLE ENTITIES.**—*To be eligible to receive a grant under subsection (a)(1), an entity shall—*

(1) *either be—*

(A) *a State-designated trauma center, or a trauma center verified by the American College of Surgeons, that conducts or seeks to conduct a violence intervention or violence prevention program; or*

(B) *a nonprofit entity that conducts or seeks to conduct a program described in subparagraph (A) in cooperation with a trauma center described in such subparagraph;*

(2) *serve a community in which at least 100 incidents of intentional violent trauma occur annually; and*

(3) *submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.*

(c) **SELECTION OF GRANT RECIPIENTS.**—

(1) **GEOGRAPHIC DIVERSITY.**—*In selecting grant recipients under subsection (a)(1), the Secretary shall ensure that collectively grantees represent a diversity of geographic areas.*

(2) **PRIORITY.**—*In selecting grant recipients under subsection (a)(1), the Secretary shall prioritize applicants that serve one or more communities with high absolute numbers or high rates of intentional violent trauma.*

(3) **HEALTH PROFESSIONAL SHORTAGE AREAS.**—

(A) **ENCOURAGEMENT.**—*The Secretary shall encourage entities described in paragraphs (1) and (2) that are located in or serve a health professional shortage area to apply for grants under subsection (a)(1).*

(B) **DEFINITION.**—*In subparagraph (A), the term “health professional shortage area” means a health professional shortage area designated under section 332.*

(d) **REPORTS.**—

(1) **REPORTS TO SECRETARY.**—

(A) *IN GENERAL.*—An entity that receives a grant under subsection (a)(1) shall submit reports on the use of the grant funds to the Secretary, including progress reports, as required by the Secretary. Such reports shall include—

(i) any findings of the program established, or expanded, by the entity through the grant; and

(ii) if applicable, the manner in which the entity has incorporated such findings in the violence intervention or violence prevention program conducted by such entity.

(B) *OPTION FOR JOINT REPORT.*—To the extent feasible and appropriate, an entity that receives a grant under subsection (a)(1) may elect to coordinate with one or more other entities that have received such a grant to submit a joint report that meets the requirements of subparagraph (A).

(2) *REPORT TO CONGRESS.*—Not later than six years after the date of enactment of the Bipartisan Solution to Cyclical Violence Act of 2020, the Secretary shall submit to Congress a report—

(A) on any findings resulting from reports submitted to the Secretary under paragraph (1);

(B) on best practices developed by the Secretary under subsection (e); and

(C) with recommendations for legislative action relating to intentional violent trauma prevention that the Secretary determines appropriate.

(e) *BEST PRACTICES.*—Not later than six years after the date of enactment of the Bipartisan Solution to Cyclical Violence Act of 2020, the Secretary shall—

(1) develop, and post on a public website of the Department of Health and Human Services, best practices for intentional violent trauma prevention, based on any findings reported to the Secretary under subsection (d)(1); and

(2) disseminate such best practices to stakeholders, as determined appropriate by the Secretary.

(f) *AUTHORIZATION OF APPROPRIATIONS.*—To carry out this section, there is authorized to be appropriated \$10,000,000 for the period of fiscal years 2020 through 2023.

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