

116TH CONGRESS  
2D SESSION

# S. 4980

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

DECEMBER 8, 2020

Mr. KING 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,*

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 people in the United  
23 States have experienced one or more adverse child-  
24 hood experiences.

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

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

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

18 **SEC. 2. SUPPORTING RESEARCH ON ADVERSE CHILDHOOD**  
19 **EXPERIENCES.**

20          Part J of title III of the Public Health Service Act  
21          (42 U.S.C. 280b et seq.) is amended by inserting after  
22          section 393D (42 U.S.C. 280b–1f) the following:

1 **“SEC. 393E. SUPPORTING RESEARCH ON PREVENTING OR**  
 2 **REMEDATING ADVERSE CHILDHOOD EXPE-**  
 3 **RIENCES.**

4 “(a) IN GENERAL.—The Secretary, acting through  
 5 the Director of the Centers for Disease Control and Pre-  
 6 vention, may, in cooperation with the States, collect and  
 7 report data on adverse childhood experiences through the  
 8 Behavioral Risk Factor Surveillance System, the Youth  
 9 Risk Behavior Surveillance System, or other relevant pub-  
 10 lic health surveys or questionnaires to contribute to a lon-  
 11 gitudinal study that—

12 “(1) builds on previous literature, including the  
 13 seminal CDC–Kaiser Permanente Adverse Childhood  
 14 Experiences (ACE) Study, on the biology and neuro-  
 15 science of childhood adversity that establishes the  
 16 links between adverse childhood experiences and neg-  
 17 ative outcomes; and

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

20 “(A) the inclusion of a diverse nationally  
 21 representative sample of participants;

22 “(B) the strength of the relationship be-  
 23 tween individual, specific adverse childhood ex-  
 24 periences and negative health outcomes;

25 “(C) the intensity and frequency of adverse  
 26 childhood experiences;

1                   “(D) the relative strength of particular  
2 risk and protective factors; and

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

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

10          “(c) AUTHORIZATION OF APPROPRIATIONS.—There  
11 are authorized to be appropriated to carry out this section  
12 \$10,000,000 for each of fiscal years 2021 through 2026.”.

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