

118TH CONGRESS
2D SESSION

H. R. 7536

To establish a program for purposes of carrying out programs to prevent adverse childhood experiences and promoting positive childhood experiences, and to require the Secretary of Health and Human Services to conduct studies, evaluations, and research to address adverse childhood experiences, including through the promotion of positive childhood experiences.

IN THE HOUSE OF REPRESENTATIVES

MARCH 5, 2024

Mr. DAVIS of Illinois (for himself and Mr. LAWLER) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To establish a program for purposes of carrying out programs to prevent adverse childhood experiences and promoting positive childhood experiences, and to require the Secretary of Health and Human Services to conduct studies, evaluations, and research to address adverse childhood experiences, including through the promotion of positive 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.**

2 This Act may be cited as the “Preventing Adverse
3 Childhood Experiences Act” or the “PACE Act”.

4 **SEC. 2. PROGRAMS TO PREVENT ADVERSE CHILDHOOD EX-**
5 **PERIENCES AND PROMOTE POSITIVE CHILD-**
6 **HOOD EXPERIENCES.**

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

10 **“SEC. 393E. PROGRAMS TO PREVENT ADVERSE CHILDHOOD**
11 **EXPERIENCES AND PROMOTE POSITIVE**
12 **CHILDHOOD EXPERIENCES.**

13 “(a) GRANT PROGRAM.—

14 “(1) IN GENERAL.—The Secretary, acting
15 through the Director of the Centers for Disease
16 Control and Prevention, shall award grants or coop-
17 erative agreements to States, territories, Indian
18 Tribes and Tribal organizations, and local govern-
19 mental entities for purposes of carrying out pro-
20 grams to prevent adverse childhood experiences and
21 promoting positive childhood experiences.

22 “(2) USE OF FUNDS.—Recipients of an award
23 under this subsection shall use such award to carry
24 out any of the following activities:

1 “(A) Prevention of adverse childhood expe-
2 riences and promotion of positive childhood ex-
3 periences through—

4 “(i) data-driven, comprehensive, evi-
5 dence-based adverse childhood experience
6 prevention strategies and approaches; and

7 “(ii) activities that leverage multi-sec-
8 tor partnerships and resources to coordi-
9 nate and implement prevention activities.

10 “(B) Activities to improve quality and con-
11 sistency of data collection and analysis regard-
12 ing the prevention of adverse childhood experi-
13 ences and the promotion of positive childhood
14 experiences, and use of such data to inform the
15 implementation of prevention strategies, which
16 may include—

17 “(i) evaluating data to continuously
18 identify—

19 “(I) specific types of adverse
20 childhood experiences with high bur-
21 den;

22 “(II) specific types of positive
23 childhood experiences with low preva-
24 lence; and

1 “(III) geographically and demo-
2 graphically specific subpopulations of
3 interest in the State, territory, local-
4 ity, or land of the Tribe that have a
5 disproportionate burden of adverse
6 childhood experiences that contribute
7 to health inequities;

8 “(ii) using data to inform strategic se-
9 lection or adjustment of prevention strate-
10 gies or prevention strategy implementation
11 efforts for populations with dispropor-
12 tionate burden;

13 “(iii) conducting or updating capacity
14 assessments for adverse childhood experi-
15 ences and promotion of positive childhood
16 experiences data collection, analysis, and
17 readiness to implement jurisdiction-wide
18 adverse childhood experiences prevention
19 plans and program improvement activities;
20 and

21 “(iv) promoting collaborations to
22 focus on the complex and changing nature
23 of the overdose and mental health crises
24 and their reciprocal impact on the preva-
25 lence of adverse childhood experiences as

1 urgent, related, and preventable public
2 health challenges that require an inter-
3 disciplinary, comprehensive, and cohesive
4 public health approach that addresses such
5 interrelated risks both as adverse childhood
6 experiences and contributors to future
7 health risk behaviors.

8 “(3) TECHNICAL ASSISTANCE.—The Secretary
9 may provide training and technical assistance to re-
10 cipients of awards under this subsection.

11 “(4) PROGRAM EVALUATION.—Not later than 2
12 years after making the first awards under this sub-
13 section, and annually thereafter, the Secretary shall
14 report to the Committee on Health, Education,
15 Labor, and Pensions of the Senate and the Com-
16 mittee on Energy and Commerce of the House of
17 Representatives on the performance of programs
18 conducted by recipients of awards under this sub-
19 section.

20 “(5) CONSIDERATIONS.—In making awards
21 under subsection (a), the Secretary may give priority
22 to—

23 “(A) Indian Tribes or Tribal organizations;

24 or

1 “(B) entities with previous programmatic
2 experience in preventing adverse childhood ex-
3 periences or promoting positive childhood expe-
4 riences.

5 “(b) STUDIES, EVALUATIONS, AND RESEARCH.—

6 “(1) IN GENERAL.—The Secretary, acting
7 through the Director of the Centers for Disease
8 Control and Prevention, shall conduct studies, eval-
9 uations, and research to—

10 “(A) address adverse childhood experi-
11 ences, including consideration of the impact of
12 historical trauma in communities disproportion-
13 ately impacted, as identified by the Secretary,
14 such as American Indians and Alaska Natives
15 and the intersections between historical trauma
16 and adverse childhood experiences; and

17 “(B) promote positive childhood experi-
18 ences.

19 “(2) CONTENT.—The studies, evaluations, and
20 research under this subsection shall—

21 “(A) include diverse, nationally representa-
22 tive samples of participants;

23 “(B) include at least one longitudinal
24 study; and

25 “(C) examine factors including—

1 “(i) the strength of the relationship
2 between individual, specific adverse child-
3 hood experiences and negative health out-
4 comes;

5 “(ii) the intensity and frequency of
6 adverse childhood experiences;

7 “(iii) the relative strength of par-
8 ticular risk and protective factors; and

9 “(iv) the effect of social, economic,
10 and other community conditions, including
11 historical trauma, on health and well-
12 being.

13 “(c) DEFINITIONS.—In this section:

14 “(1) ADVERSE CHILDHOOD EXPERIENCES.—
15 The term ‘adverse childhood experiences’ means pre-
16 ventable, potentially traumatic events that occur in
17 childhood, and include—

18 “(A) experiencing violence, abuse, or ne-
19 glect;

20 “(B) witnessing violence in the home or
21 community;

22 “(C) having a family member attempt or
23 die by suicide; and

24 “(D) aspects of a child’s environment that
25 can undermine their sense of safety, stability,

1 and bonding, such as growing up in a household
2 where a parent or caregiver struggles with sub-
3 stance use, mental health challenges, or insta-
4 bility due to parental separation or household
5 members being in jail or prison.

6 “(2) CHILD; CHILDHOOD.—The term ‘child’ or
7 ‘childhood’ means an individual under the age of 18,
8 or the period of time in one’s life prior to reaching
9 the age of 18.

10 “(3) HISTORICAL TRAUMA.—The term ‘histor-
11 ical trauma’ means the cumulative,
12 transgenerational, collective experience of emotional
13 and psychological injury in communities.

14 “(4) INDIAN TRIBE AND TRIBAL ORGANIZA-
15 TION.—The terms ‘Indian Tribe’ and ‘Tribal organi-
16 zation’ have the meanings given such terms in sec-
17 tion 4 of the Indian Self-Determination and Edu-
18 cation Assistance Act.

19 “(5) POSITIVE CHILDHOOD EXPERIENCES.—
20 The term ‘positive childhood experiences’ means ex-
21 periences in a child’s home or community and can
22 create or enhance safe, stable, nurturing relation-
23 ships and environments, and include positive inter-
24 personal experiences with family and friends, and
25 early care settings, schools, and community such as

- 1 positive parenting and discipline methods, men-
- 2 toring, and trauma-informed care approaches.”.

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