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.

IN THE SENATE OF THE UNITED STATES

Mr. CARDIN (for himself and Mr. MARSHALL) introduced the following bill; which was read twice and referred to the Committee on

A BILL

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.

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

SECTION 1. SHORT TITLE.

This Act may be cited as the “Bipartisan Solution to Cyclical Violence Act of 2023”.

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SEC. 2. GRANT PROGRAM SUPPORTING TRAUMA CENTER VIOLENCE INTERVENTION AND VIOLENCE PREVENTION PROGRAMS.

Part P of title III of the Public Health Service Act (42 U.S.C. 280g et seq.) is amended by adding at the end the following new section:

“SEC. 399V–8. 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 3 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 6 years after the date of enactment of the Bipartisan Solution to Cyclical Violence Act of 2023, 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 6 years after the date of enactment of the Bipartisan Solution to Cyclical Violence Act of 2023, 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 2024 through 2027.”.