

117TH CONGRESS  
1ST SESSION

# S. 2422

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.

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## IN THE SENATE OF THE UNITED STATES

JULY 21, 2021

Mr. CARDIN (for himself and Mr. MARSHALL) 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 establish a grant program supporting trauma center violence intervention and violence prevention programs, and for other purposes.

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.**

4 This Act may be cited as the “Bipartisan Solution  
5 to Cyclical Violence Act”.

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

4 Part P of title III of the Public Health Service Act  
5 (42 U.S.C. 280g et seq.) is amended by adding at the end  
6 the following new section:

7 **“SEC. 399V-7. GRANT PROGRAM SUPPORTING TRAUMA CEN-**  
8 **TER VIOLENCE INTERVENTION AND VIO-**  
9 **LENCE PREVENTION PROGRAMS.**

10 “(a) **AUTHORITY ESTABLISHED.—**

11 “(1) **IN GENERAL.—**The Secretary shall award  
12 grants to eligible entities to establish or expand vio-  
13 lence intervention or prevention programs for serv-  
14 ices and research designed to reduce the incidence of  
15 reinjury and reincarceration caused by intentional  
16 violent trauma, excluding intimate partner violence.

17 “(2) **FIRST AWARD.—**Not later than 9 months  
18 after the date of enactment of this section, the Sec-  
19 retary shall make the first award under paragraph  
20 (1).

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

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

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

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

9           “(1) either be—

10                   “(A) a State-designated trauma center, or  
11 a trauma center verified by the American Col-  
12 lege of Surgeons, that conducts or seeks to con-  
13 duct a violence intervention or violence preven-  
14 tion program; or

15                   “(B) a nonprofit entity that conducts or  
16 seeks to conduct a program described in sub-  
17 paragraph (A) in cooperation with a trauma  
18 center described in such subparagraph;

19           “(2) serve a community in which at least 100  
20 incidents of intentional violent trauma occur annu-  
21 ally; and

22           “(3) submit to the Secretary an application at  
23 such time, in such manner, and containing such in-  
24 formation as the Secretary may require.

25           “(c) SELECTION OF GRANT RECIPIENTS.—

1           “(1) GEOGRAPHIC DIVERSITY.—In selecting  
2 grant recipients under subsection (a)(1), the Sec-  
3 retary shall ensure that, collectively, grantees rep-  
4 resent a diversity of geographic areas.

5           “(2) PRIORITY.—In selecting grant recipients  
6 under subsection (a)(1), the Secretary shall  
7 prioritize applicants that serve one or more commu-  
8 nities with high absolute numbers or high rates of  
9 intentional violent trauma.

10           “(3) HEALTH PROFESSIONAL SHORTAGE  
11 AREAS.—

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

17           “(B) DEFINITION.—In subparagraph (A),  
18 the term ‘health professional shortage area’  
19 means a health professional shortage area des-  
20 ignated under section 332.

21           “(d) REPORTS.—

22           “(1) REPORTS TO SECRETARY.—

23           “(A) IN GENERAL.—An entity that re-  
24 ceives a grant under subsection (a)(1) shall  
25 submit reports on the use of the grant funds to

1 the Secretary, including progress reports, as re-  
2 quired by the Secretary. Such reports shall in-  
3 clude—

4 “(i) any findings of the program es-  
5 tablished, or expanded, by the entity  
6 through the grant; and

7 “(ii) if applicable, the manner in  
8 which the entity has incorporated such  
9 findings in the violence intervention or vio-  
10 lence prevention program conducted by  
11 such entity.

12 “(B) OPTION FOR JOINT REPORT.—To the  
13 extent feasible and appropriate, an entity that  
14 receives a grant under subsection (a)(1) may  
15 elect to coordinate with one or more other enti-  
16 ties that have received such a grant to submit  
17 a joint report that meets the requirements of  
18 subparagraph (A).

19 “(2) REPORT TO CONGRESS.—Not later than 6  
20 years after the date of enactment of the Bipartisan  
21 Solution to Cyclical Violence Act, the Secretary shall  
22 submit to Congress a report—

23 “(A) on any findings resulting from re-  
24 ports submitted to the Secretary under para-  
25 graph (1);

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

3           “(C) with recommendations for legislative  
4           action relating to intentional violent trauma  
5           prevention that the Secretary determines appro-  
6           priate.

7           “(e) BEST PRACTICES.—Not later than 6 years after  
8           the date of enactment of the Bipartisan Solution to Cycli-  
9           cal Violence Act, the Secretary shall—

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

15           “(2) disseminate such best practices to stake-  
16           holders, as determined appropriate by the Secretary.

17           “(f) AUTHORIZATION OF APPROPRIATIONS.—To  
18           carry out this section, there is authorized to be appro-  
19           priated \$10,000,000 for the period of fiscal years 2022  
20           through 2025.”.

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