

February 22, 2024

Chair Bernie Sanders
Committee on Health, Education, Labor &
Pensions
U.S. Senate
Washington, DC 20510

Ranking Member Bill Cassidy, M.D.
Committee on Health, Education, Labor &
Pensions
U.S. Senate
Washington, DC 20510

Chair Cathy McMorris-Rogers
Committee on Energy and Commerce
U.S. House of Representatives
Washington, DC 20515

Ranking Member Frank Pallone
Committee on Energy and Commerce
U.S. House of Representatives
Washington, DC 20515

Dear Chair Sanders, Ranking Member Cassidy, Chair McMorris Rogers, and Ranking Member Pallone:

On behalf of the undersigned organizations, we write to urge you to include the bipartisan Preventing Adverse Childhood Experiences (PACE) Act in the final reauthorization of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act. The PACE Act, led by Sen. King (I-ME) and Sen. Murkowski (R-AK), will authorize critical efforts at the Centers for Disease Control and Prevention (CDC) to prevent and mitigate adverse childhood experiences (ACEs) for five years. The bill will also authorize research to improve our understanding of ACEs and inform prevention efforts.

ACEs are potentially traumatic events—in connection with abuse, neglect, and high community rates of violence, crime, or poverty—that occur in childhood and can have long-lasting effects on the life of an individual. A CDC study of 2011-2020 survey data from across the United States found that around two thirds of adults reported at least one ACE, and one in six reported four or more ACEs.¹ As the number of ACEs an individual experiences increases, the risk for negative health outcomes like asthma, diabetes, cancer, and suicide in adulthood also increases. CDC estimates, for example, that the prevention of ACEs could avoid 21 million cases of depression and 1.9 million cases of heart disease.² Importantly, a 2021 review also found an association between ACEs and the development and severity of substance use disorder.³ The promotion of positive childhood experiences through safe, stable, and nurturing relationships and environments can help avoid these serious consequences by preventing ACEs and mitigating their impact.⁴

¹ Swedo E, et al., “Prevalence of Adverse Childhood Experiences Among U.S. Adults — Behavioral Risk Factor Surveillance System, 2011–2020,” *Morbidity and Mortality Weekly Report*, 72(26):707-715, June 30, 2023.

² Preventing Adverse Childhood Experiences. In *Centers for Disease Control and Prevention, Violence Prevention*, updated April 6, 2022. <https://www.cdc.gov/violenceprevention/aces/fastfact.html> (accessed August 30, 2023).

³ Leire L, et al., “Adverse Childhood Experiences (ACEs) and Substance Use Disorder (SUD): A Scoping Review,” *Drug and Alcohol Dependence*, 221:1-10, April 1, 2021.

⁴ Creating Positive Childhood Experiences. *Centers for Disease Control and Prevention, Injury Prevention & Control*, updated March 25, 2022. <https://www.cdc.gov/injury/features/prevent-child-abuse/index.html> (accessed August 30, 2023).

The PACE Act will help prevent ACEs and promote positive childhood experiences through grants for data-driven, evidenced-based strategies and activities. The bill will also inform prevention strategies through data analysis to determine ACEs with high burden, positive childhood experiences with low prevalence, and specific subpopulations with disproportionate burdens of ACEs that contribute to health inequities. The reauthorization of these activities will help meet the large demand among potential grant recipients for involvement in CDC prevention efforts. These activities will also complement other efforts, authorized through SUPPORT Act provisions, to collect information on ACEs through public health surveys and prevent the long-term consequences of child trauma.

Importantly, the PACE Act will also authorize new studies, evaluation, and research to support the prevention of ACEs, including through positive childhood experiences. The original ACEs study, which CDC and Kaiser Permanente conducted, significantly advanced our understanding of these issues.⁵ The study, however, lacked a representative study population (*e.g.*, the study population was predominantly white and middle-income individuals) and insufficiently measured the impact of social and economic conditions.⁶ The PACE Act would enable CDC to build on the original study as well as address its limitations. New research efforts, for example, would focus on equity by including a diverse, nationally representative sample and examine the strength of the relationship between ACEs and negative health outcomes, the intensity and frequency of ACEs, and the relative influence of particular risk and protective factors. The PACE Act would also enhance our understanding of ACEs by requiring the consideration of social, economic, and other community conditions.

We applaud your bipartisan efforts to improve behavioral health outcomes, and we urge you to include the PACE Act in the final reauthorization of the SUPPORT Act to boost resources for preventing, mitigating, and understanding ACEs.

Please reach out to Brandon Reavis, Senior Government Relations Manager at Trust for America's Health, at breavis@tfah.org with any questions or requests.

Sincerely,

American Association for Psychoanalysis in Clinical Social Work
American Association of Child and Adolescent Psychiatry
American Foundation for Suicide Prevention
American Mental Health Counselors Association
American Public Health Association
Association of Maternal & Child Health Programs
Association of State and Territorial Health Officials
Big Cities Health Coalition

⁵ Felitti V, et al., "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults." *American Journal of Preventive Medicine*, 14(4):245-258, May 1, 1998.

⁶ McEwen C and Gregerson S, "A Critical Assessment of the Adverse Childhood Experiences Study at 20 Years." *American Journal of Preventive Medicine*, 56(6):790-794, June 2019.

Child and Adolescent Health Measurement Initiative
Children and Adults with Attention-Deficit/Hyperactivity Disorder
Children’s Home Society of America
Clinical Social Work Association
Committee for Children
Crisis Text Line
E.L.M. Wellness
Faces and Voices of Recovery
First Focus Campaign for Children
Food Full Circle, LLC
Futures Without Violence
Help Me Grow National Center
IC&RC
Inner Explorer
Inseparable
Justice and Joy National Collaborative
Life Paths Research Center
Mental Health America
MindWise Innovations
NAADAC, the Association for Addiction Professionals
National Alliance on Mental Illness
National Association for Rural Mental Health
National Association of County Behavioral Health and Developmental Disability Directors
National Association of Pediatric Nurse Practitioners
National Behavioral Health Association of Providers
National Federation of Families
National League for Nursing
Nemours Children’s Health
Policy Center for Maternal Mental Health
Prevent Child Abuse America
Prevention Institute
Psychotherapy Action Network
RI International
Society for Adolescent Health and Medicine
Society for Public Health Education
Starr Commonwealth
The American College of Preventive Medicine
The Family Focused Treatment Association
The Kennedy Forum
Trust for America’s Health
Youth Villages