

Methodology for the Temporary Employment of H-2A Nonimmigrants in Non-Range Occupations in the United States”.

S. RES. 91

At the request of Mr. VAN HOLLEN, the names of the Senator from Montana (Mr. DAINES), the Senator from Nevada (Ms. CORTEZ MASTO) and the Senator from North Carolina (Mr. BUDD) were added as cosponsors of S. Res. 91, a resolution expressing the sense of the Senate on the value of a tax agreement with Taiwan.

#### STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. SCHMITT (for himself, Mr. BRAUN, Mrs. BRITT, Mr. HAWLEY, and Mr. SCOTT of Florida);

S. 1419. A bill to require each agency to repeal 3 existing regulations before issuing a new regulation, and for other purposes; to the Committee on Homeland Security and Governmental Affairs.

Mr. SCHMITT. Madam President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 1419

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. SHORT TITLE.

This Act may be cited as the “Expediting Reform and Stopping Excess Regulations Act” or the “ERASER Act”.

#### SEC. 2. DEFINITIONS.

In this Act:

(1) AGENCY; RULE.—The terms “agency” and “rule” have the meanings given those terms in section 551 of title 5, United States Code.

(2) MAJOR RULE.—The term “major rule” has the meaning given the term in section 804 of title 5, United States Code.

(3) STATE.—The term “State” means each of the several States, the District of Columbia, each territory or possession of the United States, and each federally recognized Indian tribe.

#### SEC. 3. REPEAL OF REGULATIONS REQUIRED BEFORE ISSUANCE OF A NEW RULE.

(a) REQUIREMENT FOR RULE.—An agency may not issue a rule unless the agency has repealed 3 or more rules described in subsection (c) that, to the extent practicable, are related to the rule.

(b) REQUIREMENT FOR MAJOR RULE.—

(1) REPEAL REQUIRED.—An agency may not issue a major rule unless—

(A) the agency has repealed 3 or more rules described in subsection (c) that, to the extent practicable, are related to the major rule; and

(B) the cost of the new major rule is less than or equal to the cost of the rules repealed.

(2) CERTIFIED COST.—For any rule issued in accordance with paragraph (1), the Administrator of the Office of Information and Regulatory Affairs of the Office of Management and Budget shall certify that the cost of the new major rule is equal to or less than the cost of the rules repealed.

(c) REPEALED RULES DESCRIBED.—A rule described in this section—

(1) does not include an interpretative rule, general statement of policy, or rule of agency organization, procedure, or practice; and

(2) was issued through the notice and comment rule making process under section 553 of title 5, United States Code.

(d) PUBLICATION REQUIRED.—Any rule repealed under subsection (a) or (b) shall be published in the Federal Register.

(e) APPLICABILITY.—This section—

(1) applies to any rule or major rule that imposes a cost or responsibility on a non-governmental person or a State or local government; and

(2) shall not apply to any rule or major rule that relates to the management, organization, or personnel of an agency or procurement by the agency.

#### SEC. 4. GOVERNMENT ACCOUNTABILITY OFFICE STUDY OF RULES.

Not later than 1 year after the date of enactment of this Act, and every 5 years thereafter, the Comptroller General of the United States shall conduct a study and submit to Congress a report that includes, as of the date on which the report is submitted—

(1) the number of rules that are in effect;

(2) the number of major rules that are in effect; and

(3) the total estimated economic cost imposed by the rules described in paragraphs (1) and (2).

By Mr. DURBIN. (for himself, Mrs. CAPITO, Ms. DUCKWORTH, and Ms. MURKOWSKI):

S. 1426. A bill to improve the identification and support of children and families who experience trauma; to the Committee on Health, Education, Labor, and Pensions.

Mr. DURBIN. Madam President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the Record, as follows:

S. 1426

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. SHORT TITLE.

This Act may be cited as the “Resilience Investment, Support, and Expansion from Trauma Act” or the “RISE from Trauma Act”.

#### TITLE I—COMMUNITY PROGRAMMING

#### SEC. 101. TRAUMA AND RESILIENCE-RELATED COORDINATING BODIES.

Title V of the Public Health Service Act is amended by inserting after section 520C (42 U.S.C. 290bb-34) the following:

#### “SEC. 520D. LOCAL COORDINATING BODIES TO ADDRESS COMMUNITY TRAUMA, PREVENTION, AND RESILIENCE.

“(a) GRANTS.—

“(1) IN GENERAL.—The Secretary, in coordination with the Director of the Centers for Disease Control and Prevention and the Assistant Secretary, shall award grants to State, county, local, or Indian tribe or tribal organizations (as such terms are defined in section 4 of the Indian Self-Determination Act and Education Assistance Act) or non-profit private entities for demonstration projects to enable such entities to act as coordinating bodies to prevent or mitigate the impact of trauma and toxic stress in a community, or promote resilience by fostering protective factors.

“(2) AMOUNT.—The Secretary shall award such grants in amounts of not more than \$6,000,000.

“(3) DURATION.—The Secretary shall award such grants for periods of 4 years.

“(b) ELIGIBLE ENTITIES.—

“(1) IN GENERAL.—To be eligible to receive a grant under this section, an entity shall include 1 or more representatives from at least 5 of the categories described in paragraph (2).

“(2) COMPOSITION.—The categories referred to in paragraph (1) are—

“(A) governmental agencies, such as public health, mental health, human services, or child welfare agencies, that provide training related to covered services or conduct activities to screen, assess, provide services or referrals, prevent, or provide treatment to support infants, children, youth, and their families as appropriate, that have experienced or are at risk of experiencing trauma;

“(B) faculty or qualified staff at an institution of higher education (as defined in section 101(a) of the Higher Education Act of 1965) or representatives of a local member of the National Child Traumatic Stress Network, in an area related to screening, assessment, service provision or referral, prevention, or treatment to support infants, children, youth, and their families, as appropriate, that have experienced or are at risk of experiencing trauma;

“(C) hospitals, health care clinics, or other health care institutions, such as mental health and substance use disorder treatment facilities;

“(D) criminal justice representatives related to adults and juveniles, which may include law enforcement or judicial or court employees;

“(E) local educational agencies (as defined in section 8101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7801)) or agencies responsible for early childhood education programs, which may include Head Start and Early Head Start agencies;

“(F) workforce development, job training, or business associations;

“(G) nonprofit, community-based faith, human services, civic, or social services organizations, including participants in a national or community service program (as described in section 122 of the National and Community Service Act of 1990 (42 U.S.C. 12572)), providers of after-school programs, home visiting programs, family resource centers, agencies that serve victims of domestic and family violence or child abuse, or programs to prevent or address the impact of violence and addiction; and

“(H) the general public, including individuals who have experienced trauma who can appropriately represent populations and activities relevant to the community that will be served by the entity.

“(3) QUALIFICATIONS.—In order for an entity to be eligible to receive the grant under this section, the representatives included in the entity shall, collectively, have training and expertise concerning childhood trauma, resilience, and covered services.

“(c) APPLICATION.—To be eligible to receive a grant under this section, an entity shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require.

“(d) PRIORITY.—In awarding grants under this section, the Secretary shall give priority to entities proposing to serve communities or populations that have faced or currently face high rates of community trauma, including from intergenerational poverty, civil unrest, discrimination, or oppression, which may include an evaluation of—

“(1) an age-adjusted rate of drug overdose deaths that is above the national overdose mortality rate, as determined by the Director of the Centers for Disease Control and Prevention;

“(2) an age-adjusted rate of violence-related (or intentional) injury deaths that is above the national average, as determined by

the Director of the Centers for Disease Control and Prevention; and

“(3) a rate of involvement in the child welfare or juvenile justice systems that is above the national average, as determined by the Secretary.

“(e) USE OF FUNDS.—An entity that receives a grant under this section to act as a coordinating body may use the grant funds to—

“(1) bring together stakeholders who provide or use services in, or have expertise concerning, covered settings to identify community needs and resources related to covered services, and to build on any needs assessments conducted by organizations or groups represented on the coordinating body;

“(2)(A) collect data, on indicators to reflect local priority issues, including across multiple covered settings and disaggregated by age, race, and any other appropriate metrics; and

“(B) use the data to identify unique community challenges and barriers, community strengths and assets, gaps in services, and high-need areas, related to covered services;

“(3) build awareness, skills, and leadership (including through trauma-informed and resilience-focused training and public outreach campaigns) on covered services in covered settings;

“(4) develop a strategic plan, in partnership with members of the served community or population, that identifies—

“(A) policy goals and coordination opportunities to address community needs and local priority issues (including coordination in applying for or utilizing existing grants, insurance coverage, or other government programs), including for communities of color and relating to delivering and implementing covered services; and

“(B) a comprehensive, integrated approach for the entity and its members to prevent and mitigate the impact of exposure to trauma or toxic stress in the community, and to assist the community in healing from existing and prior exposure to trauma through promotion of resilience and fostering protective factors;

“(5) implement such strategic plans in the local community, including through the delivery of covered services in covered settings; and

“(6) identify funding sources and partner with community stakeholders to sustainably continue activities after the end of the grant period.

“(f) SUPPLEMENT NOT SUPPLANT.—Amounts made available under this section shall be used to supplement and not supplant other Federal, State, and local public funds and private funds expended to provide trauma-related coordination activities.

“(g) EVALUATION.—At the end of the period for which grants are awarded under this section, the Secretary shall conduct an evaluation of the activities carried out under each grant under this section. In conducting the evaluation, the Secretary shall assess the outcomes of the grant activities carried out by each grant recipient, including outcomes related to health, education, child welfare, criminal justice involvement, or other measurable outcomes pertaining to wellbeing and societal impact.

“(h) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section \$600,000,000 for each of fiscal years 2024 through 2031.

“(i) DEFINITIONS.—In this section:

“(1) COVERED SERVICES.—The term ‘covered services’ means culturally responsive services, programs, models, or interventions that are evidence-based, evidence-informed, or promising best practices to support infants, children, youth, and their families as appropriate by preventing or mitigating the im-

pact of trauma and toxic stress or promoting resilience by fostering protective factors, which may include the best practices developed under section 7132(d) of the SUPPORT for Patients and Communities Act (Public Law 115–271).

“(2) COVERED SETTING.—The term ‘covered setting’ means the settings in which individuals may come into contact with infants, children, youth, and their families, as appropriate, who have experienced or are at risk of experiencing trauma, including schools, hospitals, settings where health care providers, including primary care and pediatric providers, provide services, early childhood education and care settings, home visiting settings, after-school program facilities, child welfare agency facilities, public health agency facilities, mental health treatment facilities, substance use disorder treatment facilities, faith-based institutions, domestic violence agencies, violence intervention organizations, child advocacy centers, homeless services system facilities, refugee services system facilities, juvenile justice system facilities, law enforcement agency facilities, Healthy Marriage Promotion or Responsible Fatherhood service settings, child support service settings, and service settings focused on individuals eligible for Temporary Assistance for Needy Families; and”.

#### **SEC. 102. EXPANSION OF PERFORMANCE PARTNERSHIP PILOT FOR CHILDREN WHO HAVE EXPERIENCED OR ARE AT RISK OF EXPERIENCING TRAUMA.**

(a) IN GENERAL.—Section 526 of the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2014 (42 U.S.C. 12301 note) is amended—

(1) in subsection (a), by adding at the end the following:

“(4) ‘To improve outcomes for infants, children, and youth, and their families as appropriate, who have experienced or are at risk of experiencing trauma’ means to increase the rate at which individuals who have experienced or are at risk of experiencing trauma, including those who are low-income, homeless, involved with the child welfare system, involved in the juvenile justice system, have been victims of violence (including community, family, or sexual violence), unemployed, or not enrolled in or at risk of dropping out of an educational institution and live in a community that has faced acute or long-term exposure to substantial discrimination, historical oppression, intergenerational poverty, civil unrest, a high rate of violence or drug overdose deaths, achieve success in meeting educational, employment, health, developmental, community reentry, permanency from foster care, or other key goals.”;

(2) in subsection (b)—

(A) in the subsection heading, by striking “FISCAL YEAR 2014” and inserting “FISCAL YEARS 2024 THROUGH 2028”;

(B) by redesignating paragraphs (1) and (2) as subparagraphs (A) and (B), respectively, and by moving such subparagraphs, as so redesignated, 2 ems to the right;

(C) by striking “Federal agencies” and inserting the following:

“(1) DISCONNECTED YOUTH PILOTS.—Federal agencies”;

(D) by adding at the end the following:

“(2) TRAUMA-INFORMED CARE PILOTS.—Federal agencies may use Federal discretionary funds that are made available in this Act or any appropriations Act, including across different or multiple years, for any of fiscal years 2024 through 2028 to carry out up to 10 Performance Partnership Pilots. Such Pilots shall—

“(A) be designed to improve outcomes for infants, children, and youth, and their fami-

lies as appropriate, who have experienced or are at risk of experiencing trauma; and

“(B) involve Federal programs targeted on infants, children, and youth, and their families as appropriate, who have experienced or are at risk of experiencing trauma.”;

(3) in subsection (c)(2)—

(A) in subparagraph (A), by striking “2018” and inserting “2027”; and

(B) in subparagraph (F), by inserting before the semicolon “, including the age range for such population”; and

(4) in subsection (e), by striking “2018” and inserting “2027”.

(b) REQUIREMENT.—Not later than 9 months after the date of enactment of this Act, the Director of the Office of Management and Budget, working with the Attorney General and the Secretary of Labor, Secretary of Health and Human Services, Secretary of Education, and Secretary of Housing and Urban Development, and any other appropriate agency representative, shall, with respect to carrying out this section—

(1) explore authorities to enable the issuance of appropriate start-up funding;

(2) issue guidance documents, template waivers and performance measurements, best practices and lessons learned from prior pilot programs, recommendations for how to sustain projects after award periods, and other technical assistance documents as needed; and

(3) align application timing periods to provide maximum flexibility, which may include the availability of initial planning periods for awardees.

#### **SEC. 103. HOSPITAL-BASED INTERVENTIONS TO REDUCE READMISSIONS.**

Section 393 of the Public Health Service Act (42 U.S.C. 280b-1a) is amended by adding at the end the following:

“(c) HOSPITAL-BASED INTERVENTIONS TO REDUCE READMISSIONS.—

“(1) GRANTS.—The Secretary shall award grants to eligible entities to deliver and evaluate hospital-based interventions to improve outcomes and reduce subsequent reinjury or readmissions of patients that present at a hospital after overdosing, attempting suicide, or suffering violent injury or abuse.

“(2) ELIGIBLE ENTITIES.—To be eligible to receive a grant under this subsection and entity shall—

“(A) be a hospital or health system (including health systems operated by Indian tribes or tribal organizations as such terms are defined in section 4 of the Indian Self-Determination Act and Education Assistance Act); and

“(B) submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require, which shall include demonstrated experience furnishing successful hospital-based trauma interventions to improve outcomes and prevent reinjury or readmission for patients presenting after overdosing, attempting suicide, or suffering violent injury or abuse.

“(3) USE OF FUNDS.—An entity shall use amounts received under a grant under this subsection to deliver, test, and evaluate hospital-based trauma-informed interventions for patients who present at hospitals with drug overdoses, suicide attempts, or violent injuries (such as domestic violence or intentional penetrating wounds, including gunshots and stabbings), or other presenting symptoms associated with exposure to trauma, violence, substance misuse, or suicidal ideation, to provide comprehensive education, screening, counseling, discharge planning, skills building, and long-term case management services to such individuals,

and their guardians or caregivers as appropriate, to prevent hospital readmission, injury, and improve health, wellness, and safety outcomes. Such interventions may be furnished in coordination or partnership with qualified community-based organizations and may include or incorporate the best practices developed under section 7132(d) of the SUPPORT for Patients and Communities Act (Public Law 115-271).

“(4) **QUALITY MEASURES.**—An entity that receive a grant under this section shall submit to the Secretary a report on the data and outcomes developed under the grant, including any quality measures developed, evaluated, and validated to prevent hospital readmissions for the patients served under the program involved.

“(5) **SUSTAINABLE COVERAGE.**—The Secretary, acting through the Administrator of the Centers for Medicare & Medicaid Services, shall evaluate existing authorities, flexibilities, and policies and disseminate appropriate and relevant information to eligible entities on the opportunities for health insurance coverage and reimbursement for the activities described in paragraph (3).”.

#### **SEC. 104. REAUTHORIZING THE NATIONAL CHILD TRAUMATIC STRESS NETWORK.**

Section 582 of the Public Health Service Act (42 U.S.C. 290hh-1) is amended—

(1) in subsection (a)—

(A) in paragraph (1), by striking “and” at the end;

(B) in paragraph (2), by striking the period and inserting “; and”; and

(C) by adding at the end the following:

“(3) collaboration among all NCTSI grantees for purposes of developing evidence-based resources, training, interventions, practices, and other information, as an integral part of required grant activities.”;

(2) in subsection (d), by adding at the end the following: “In carrying out this subsection, the Secretary shall permit all grantees to deliver both training and services, as appropriate.”; and

(3) in subsection (j), by striking “\$63,887,000 for each of fiscal years 2019 through 2023” and inserting “\$93,887,000 for each of fiscal years 2024 through 2028”;

#### **SEC. 105. REAUTHORIZING THE TRAUMA SUPPORT SERVICES IN SCHOOLS GRANT PROGRAM.**

Section 7134(l) of the SUPPORT for Patients and Communities Act (Public Law 115-271) is amended by striking “fiscal years 2019 through 2023” and inserting “fiscal years 2024 through 2028”.

#### **SEC. 106. REAUTHORIZING CDC SURVEILLANCE AND DATA COLLECTION ACTIVITIES.**

Section 7131(e) of the SUPPORT for Patients and Communities Act (Public Law 115-271) is amended by striking “\$2,000,000 for each of fiscal years 2019 through 2023” and inserting “\$9,000,000 for each of fiscal years 2024 through 2028”.

### **TITLE II—WORKFORCE DEVELOPMENT**

#### **SEC. 201. REAUTHORIZING THE INTERAGENCY TASK FORCE ON TRAUMA-INFORMED CARE.**

Section 7132(i) of the SUPPORT for Patients and Communities Act (Public Law 115-271) is amended by striking “2023” and inserting “2028”.

#### **SEC. 202. TRAINING AND RECRUITMENT OF INDIVIDUALS FROM COMMUNITIES THAT HAVE EXPERIENCED HIGH LEVELS OF TRAUMA, VIOLENCE, OR ADDICTION.**

Part B of title VII of the Public Health Service Act (42 U.S.C. 293 et seq.) is amended by adding at the end the following:

“**SEC. 742. INDIVIDUALS FROM COMMUNITIES THAT HAVE EXPERIENCED HIGH LEVELS OF TRAUMA, VIOLENCE, OR ADDICTION.**

“In carrying out activities under this part, the Secretary shall ensure that emphasis is

provided on the recruitment of individuals from communities that have experienced high levels of trauma, violence, or addiction and that appropriate activities under this part are carried out in partnership with community-based organizations that have expertise in addressing such challenges to enhance service delivery.”.

#### **SEC. 203. FUNDING FOR THE NATIONAL HEALTH SERVICE CORPS.**

Section 10503(b)(2) of the Patient Protection and Affordable Care Act (42 U.S.C. 254b-2(b)(2)) is amended—

(1) in subparagraph (G), by striking “and” at the end;

(2) in subparagraph (H), by striking the period and inserting “; and”; and

(3) by adding at the end the following:

“(I) in addition to the amounts provided for under subparagraph (H) for fiscal year 2023, \$50,000,000 for each of fiscal years 2024 through 2028, to be allocated in each such fiscal year for awards to eligible individuals whose obligated service locations are in schools or community-based settings as described in section 338N of the Public Health Service Act.”.

#### **SEC. 204. INFANT AND EARLY CHILDHOOD CLINICAL WORKFORCE.**

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

##### **“SEC. 399V-8. INFANT AND EARLY CHILDHOOD CLINICAL WORKFORCE.**

“(a) **IN GENERAL.**—The Secretary, acting through the Associate Administrator of the Maternal and Child Health Bureau, shall establish an Infant and Early Childhood Mental Health Clinical Leadership Program to award grants to eligible entities to establish a national network of training institutes for infant and early childhood clinical mental health.

“(b) **ELIGIBLE ENTITIES.**—To be eligible to receive a grant under this section, an entity shall—

“(1) be—

“(A) an institution of higher education as defined in section 101(a) of the Higher Education Act of 1965, including historically Black colleges and universities (as defined for purposes of section 322 of the Higher Education Act of 1965 (20 U.S.C. 1061)), and Tribal colleges (as defined for purposes of section 316(b) of the Higher Education Act of 1965 (20 U.S.C. 1059c)); or

“(B) be a hospital with affiliation with such an institution of higher education, or a State professional medical society or association of infant mental health demonstrating an affiliation or partnership with such an institution of higher education; and

“(2) submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

“(c) **USE OF GRANT.**—An entity shall use amounts received under a grant under this section to establish training institutes to—

“(1) equip aspiring and current mental health professionals, including clinical social workers, professional counselors, marriage and family therapists, clinical psychologists, child psychiatrists, school psychologists, school counselors, school social workers, nurses, home visitors, community health workers, and developmental and behavioral pediatricians with specialization in infant and early childhood clinical mental health, and those pursuing certification or licensure in such professions; and

“(2) emphasize equipping trainees with culturally responsive skills in prevention, mental health consultation, screening, assessment, diagnosis, and treatment for infants and children, and their parents as appropriate, who have experienced or are at risk of

experiencing trauma, including from intergenerational poverty, civil unrest, discrimination, or oppression, exposure to violence or overdose, as well as prevention of secondary trauma, through—

“(A) the provision of community-based training and supervision in evidence-based assessment, diagnosis, and treatment, which may be conducted through partnership with qualified community-based organizations;

“(B) the development of graduate education training tracks;

“(C) the provision of scholarships, stipends, and trainee supports, including to enhance recruitment, retention, and career placement of students from populations under-represented populations in the mental health workforce; and

“(D) the provision of mid-career training to develop the capacity of existing health practitioners.

“(d) **AUTHORIZATION OF APPROPRIATIONS.**—There is authorized to be appropriated to carry out this section, \$25,000,000 for each of fiscal years 2024 through 2028.”.

#### **SEC. 205. TRAUMA-INFORMED TEACHING AND SCHOOL LEADERSHIP.**

(a) **PARTNERSHIP GRANTS.**—Section 202 of the Higher Education Act of 1965 (20 U.S.C. 1022a) is amended—

(1) in subsection (b)(6)—

(A) by redesignating subparagraphs (H) through (K) as subparagraphs (I) through (L), respectively; and

(B) by inserting after subparagraph (G) the following:

“(H) how the partnership will prepare general education and special education teachers and, as applicable, early childhood educators, to support positive learning outcomes and social and emotional development for students—

“(i) who have experienced trauma (including students who are involved in the foster care or juvenile justice system or runaway or homeless youth); and

“(ii) in alternative education settings in which high populations of youth with trauma exposure may learn (including settings for correctional education, juvenile justice, pregnant, expecting, and parenting students, or youth who have re-entered school after a period of absence due to dropping out);”;

(2) in subsection (d)(1)(A)(i)—

(A) in subclause (II), by striking “and” after the semicolon;

(B) by redesignating subclause (III) as subclause (IV); and

(C) by inserting after subclause (II) the following:

“(III) such teachers and, as applicable, early childhood educators, to adopt evidence-based approaches for—

“(aa) improving behavior (such as positive behavior interventions and supports and restorative justice practices);

“(bb) supporting social and emotional learning;

“(cc) mitigating the effects of trauma;

“(dd) improving the learning environment in the school;

“(ee) preventing secondary trauma, compassion fatigue, and burnout; and

“(ff) alternatives to punitive discipline practices, including suspensions, expulsions, corporal punishment, referrals to law enforcement, and other actions that remove students from the learning environment; and”;

(3) in subsection (d), by adding at the end the following:

“(7) **TRAUMA-INFORMED AND RESILIENCE-FOCUSED PRACTICE AND WORK IN ALTERNATIVE EDUCATION SETTINGS.**—Developing the teaching skills of prospective and, as applicable, new, early childhood educators and elementary school and secondary school teachers to

adopt evidence-based trauma-informed and resilience-focused teaching strategies—

“(A) to—

“(i) recognize the signs of trauma and its impact on learning;

“(ii) maximize student engagement and promote the social and emotional development of students;

“(iii) implement alternative practices to suspension and expulsion that do not remove students from the learning environment; and

“(iv) engage with other school personnel, including administrators and nonteaching staff, to foster a shared understanding of the items described in clauses (i), (ii), and (iii); and

“(B) including programs training teachers and, as applicable, early childhood educators to work with students—

“(i) with exposure to traumatic events (including students involved in the foster care or juvenile justice system or runaway and homeless youth); and

“(ii) in alternative academic settings for youth unable to participate in a traditional public school program in which high populations of students with trauma exposure may learn (such as students involved in the foster care or juvenile justice system, pregnant, expecting, and parenting students, runaway and homeless students, students exposed to family violence or trafficking, and other youth who have re-entered school after a period of absence due to dropping out).”.

(b) ADMINISTRATIVE PROVISIONS.—Section 203(b)(2) of the Higher Education Act of 1965 (20 U.S.C. 1022b(b)(2)) is amended—

(1) in subparagraph (A), by striking “and” after the semicolon;

(2) in subparagraph (B)(ii), by striking the period at the end and inserting “; and”; and

(3) by adding at the end the following:

“(C) to eligible partnerships that have a high-quality proposal for trauma-informed and resilience-focused training programs for general education and special education teachers and, as applicable, early childhood educators.”.

(c) GRANTS FOR THE DEVELOPMENT OF LEADERSHIP PROGRAMS.—Section 202(f)(1)(B) of the Higher Education Act of 1965 (20 U.S.C. 1022a(f)(1)(B)) is amended—

(1) in clause (v), by striking “and” after the semicolon;

(2) in clause (vi), by striking the period at the end and inserting “; and”; and

(3) by adding at the end the following:

“(vii) identify students who have experienced trauma and connect those students with appropriate school-based or community-based interventions and services.”.

#### SEC. 206. TOOLS FOR FRONT-LINE PROVIDERS.

Not later than 18 months after the date of enactment of this Act, the Secretary of Health and Human Services, in coordination with appropriate stakeholders with subject matter expertise which may include the National Child Traumatic Stress Network or other resource centers funded by the Department of Health and Human Services, shall carry out activities to develop accessible and easily understandable toolkits for use by front-line service providers (including teachers, early childhood educators, school and out-of-school program leaders, paraeducators and school support staff, home visitors, mentors, social workers, counselors, health care providers, child welfare agency staff, individuals in juvenile justice settings, faith leaders, first responders, kinship caregivers, domestic violence agencies, child advocacy centers, homeless services personnel, and youth development and community-based organization personnel) for appropriately identifying, responding to, and supporting infants, children, and youth, and their families, as appropriate, who have experienced or

are at risk of experiencing trauma or toxic stress. Such toolkits shall incorporate best practices developed under section 7132(d) of the SUPPORT for Patients and Communities Act (Public Law 115-271), and include actions to build a safe, stable, and nurturing environment for the infants, children, and youth served in those settings, capacity building, and strategies for addressing the impact of secondary trauma, compassion fatigue, and burnout among such front-line service providers and other caregivers.

#### SEC. 207. CHILDREN EXPOSED TO VIOLENCE INITIATIVE.

Title I of the Omnibus Crime Control and Safe Streets Act of 1968 (34 U.S.C. 10101) is amended by adding at the end the following:

##### “PART PP—CHILDREN EXPOSED TO VIOLENCE AND ADDICTION INITIATIVE

#### “SEC. 3061. GRANTS TO SUPPORT CHILDREN EXPOSED TO VIOLENCE AND SUBSTANCE USE.

“(a) IN GENERAL.—The Attorney General may make grants to States, units of local government, Indian tribes and tribal organizations (as such terms are defined in section 4 of the Indian Self-Determination Act and Education Assistance Act), and nonprofit organizations to reduce violence and substance use by preventing children’s trauma from exposure to violence or substance use and supporting infants, children, and youth, and their families, who have been harmed by violence, trauma, or substance use to heal.

“(b) USE OF FUNDS.—

“(1) IN GENERAL.—A grant under subsection (a) may be used to implement trauma-informed policies and practices that support infants, children, youth, and their families, as appropriate, by—

“(A) building public awareness and education about the importance of addressing childhood trauma as a means to reduce violence and substance use and improve educational, economic, developmental, and societal outcomes for infants, children, and youth;

“(B) providing training, tools, and resources to develop the skills and capacity of parents (including foster parents), adult guardians, and professionals who interact directly with infants, children, and youth, in an organized or professional setting, to reduce the impact of trauma, grief, and exposure to violence on children, including through the best practices developed under section 7132(d) of the SUPPORT for Patients and Communities Act (Public Law 115-271); and

“(C) supporting community collaborations and providing technical assistance to communities, organizations, and public agencies on how they can coordinate to prevent and mitigate the impact of trauma from exposure to violence and substance use on children in their homes, schools, and communities.

“(2) PRIORITY.—Priority in awarding grants under this section shall be given to communities that seek to address multiple types of violence and serve children who have experienced poly-victimization.

“(c) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section \$11,000,000 for each of fiscal years 2024 through 2028.”.

#### SEC. 208. ESTABLISHMENT OF LAW ENFORCEMENT CHILD AND YOUTH TRAUMA COORDINATING CENTER.

(a) ESTABLISHMENT OF CENTER.—

(1) IN GENERAL.—The Attorney General, in coordination with the Civil Rights Division, shall establish a National Law Enforcement Child and Youth Trauma Coordinating Center (referred to in this section as the “Center”) to provide assistance to adult- and juvenile-serving State, local, and tribal law en-

forcement agencies (including those operated by Indian tribes and tribal organizations as such terms are defined in section 4 of the Indian Self-Determination Act and Education Assistance Act) in interacting with infants, children, and youth who have been exposed to violence or other trauma, and their families as appropriate.

(2) AGE RANGE.—The Center shall determine the age range of infants, children, and youth to be covered by the activities of the Center.

(b) DUTIES.—The Center shall provide assistance to adult- and juvenile-serving State, local, and tribal law enforcement agencies by—

(1) disseminating information on the best practices for law enforcement officers, which may include best practices based on evidence-based and evidence-informed models from programs of the Department of Justice and the Office of Justice Services of the Bureau of Indian Affairs or the best practices developed under section 7132(d) of the SUPPORT for Patients and Communities Act (Public Law 115-271), such as—

(A) models developed in partnership with national law enforcement organizations, Indian tribes, or clinical researchers; and

(B) models that include—

(i) trauma-informed approaches to conflict resolution, information gathering, forensic interviewing, de-escalation, and crisis intervention training;

(ii) early interventions that link child and youth witnesses and victims, and their families as appropriate, to age-appropriate trauma-informed services; and

(iii) preventing and supporting officers who experience secondary trauma;

(2) providing professional training and technical assistance; and

(3) awarding grants under subsection (c).

(c) GRANT PROGRAM.—

(1) IN GENERAL.—The Attorney General, acting through the Center, may award grants to State, local, and tribal law enforcement agencies or to multi-disciplinary consortia to—

(A) enhance the awareness of best practices for trauma-informed responses to infants, children, and youth who have been exposed to violence or other trauma, and their families as appropriate; and

(B) provide professional training and technical assistance in implementing the best practices described in subparagraph (A).

(2) APPLICATION.—Any State, local, or tribal law enforcement agency seeking a grant under this subsection shall submit an application to the Attorney General at such time, in such manner, and containing such information as the Attorney General may require.

(3) USE OF FUNDS.—A grant awarded under this subsection may be used to—

(A) provide training to law enforcement officers on best practices, including how to identify and appropriately respond to early signs of trauma and violence exposure when interacting with infants, children, and youth, and their families, as appropriate; and

(B) establish, operate, and evaluate a referral and partnership program with trauma-informed clinical mental health, substance use, health care, or social service professionals in the community in which the law enforcement agency serves.

(d) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to the Attorney General—

(1) \$6,000,000 for each of fiscal years 2024 through 2028 to award grants under subsection (c); and

(2) \$2,000,000 for each of fiscal years 2024 through 2028 for other activities of the Center.

## SUBMITTED RESOLUTIONS

SENATE RESOLUTION 191—RECOGNIZING WIDENING THREATS TO FREEDOM OF THE PRESS AND FREE EXPRESSION AROUND THE WORLD, REAFFIRMING THE VITAL ROLE THAT A FREE AND INDEPENDENT PRESS PLAYS IN COMBATING THE GROWING THREATS OF AUTHORITARIANISM, MISINFORMATION, AND DISINFORMATION, AND REAFFIRMING FREEDOM OF THE PRESS AS A PRIORITY OF THE UNITED STATES GOVERNMENT IN PROMOTING DEMOCRACY, HUMAN RIGHTS, AND GOOD GOVERNANCE IN COMMEMORATION OF WORLD PRESS FREEDOM DAY ON MAY 3, 2023

Mr. MENENDEZ (for himself, Mr. RUBIO, Mr. KAINE, Mr. CARDIN, Mr. MERKLEY, and Mr. VAN HOLLEN) submitted the following resolution; which was referred to the Committee on Foreign Relations:

## S. RES. 191

Whereas the First Amendment to the United States Constitution and various State constitutions protect freedom of the press in the United States;

Whereas Thomas Jefferson, who championed the necessity of a free press for a thriving democratic society, wisely declared, "Our liberty depends on the freedom of the press, and that cannot be limited without being lost.";

Whereas Article 19 of the United Nations Universal Declaration of Human Rights, adopted in Paris on December 10, 1948, states, "Everyone has the right to freedom of opinion and expression; this right includes freedom to hold opinions without interference and to seek, receive and impart information and ideas through any media and regardless of frontiers.";

Whereas, in 1993, the United Nations General Assembly proclaimed the third day of May of each year to be "World Press Freedom Day"—

(1) to celebrate the fundamental principles of press freedom;

(2) to evaluate press freedom around the world;

(3) to defend the media against attacks on its independence; and

(4) to pay tribute to journalists who have lost their lives while working in their profession;

Whereas the Daniel Pearl Freedom of the Press Act of 2009 (Public Law 111-166) expanded the examination of the freedom of the press around the world in the annual Country Reports on Human Rights Practices published by the Department of State;

Whereas, on December 18, 2013, and December 18, 2019, the United Nations General Assembly adopted Resolution 68/163 and Resolution 74/157, respectively, on the safety of journalists and the problem of impunity by unequivocally condemning all attacks on, and violence against, journalists and media workers, including torture, extrajudicial killing, enforced disappearance, arbitrary detention, and intimidation and harassment in conflict and non-conflict situations;

Whereas the United States Government has used the Global Magnitsky Human Rights Accountability Act (subtitle F of title XII of Public Law 114-328) to place tar-

geted visa and economic sanctions on individuals, including for their roles in the targeted killings of journalists;

Whereas, in an effort to combat attacks against journalists, Secretary of State Antony J. Blinken in February 2021, announced the Khashoggi Ban, a new policy allowing the Department of State to impose visa restrictions on individuals who, acting on behalf of a foreign government, are believed to have been directly engaged in serious, extraterritorial counter-dissident activities, including activities that suppress, harass, surveil, threaten, or harm journalists, activists, or other persons perceived to be dissidents for their work;

Whereas Reporters Without Borders, in their compiled data from 2022, provide alarming indications about growing divisions resulting from the spread of disinformation with the potential to weaken democratic societies;

Whereas, according to Reporters Without Borders, a record total of 533 journalists were in prison as of December 1, 2022, and the annual number of women journalists in prison has recently risen by nearly 30 percent;

Whereas Freedom House's Freedom in the World 2023 report marked the 17th consecutive year of decline in global freedom, with an estimated 39 percent of the global population living in countries deemed "Not Free";

Whereas worsening media freedom has been one of the key drivers of declines in global freedom, including attacks and prosecutions against journalists, pressure on media outlets, repressive regulatory and legal frameworks, internet shutdowns, and blocks on online sources of information;

Whereas journalists and media staff are being murdered, attacked, harassed and imprisoned around the world and the Committee to Protect Journalists has reported that—

(1) at least 67 journalists and media workers were killed around the world in 2022, representing a rise compared to the previous year of almost 50 percent;

(2) the vast majority of murders of journalists occur with impunity, with nearly 80 percent of the perpetrators of 263 murders of journalists from September 1, 2012 to August 31, 2022 facing no punishment;

(3) Iran, China, Burma, Turkey, and Belarus were responsible for nearly 60 percent of all imprisoned journalists; and

(4) journalists and media outlets around the world have been targeted by government actors with sophisticated spyware products that pose a severe risk to their security and the security of their sources and families;

Whereas, according to PEN America, at least 311 writers and public intellectuals, including columnists and editorial journalists, were imprisoned across 36 different countries during 2022;

Whereas, since the start of Russia's full-scale invasion of Ukraine in February 2022, Reporters Without Borders has documented attacks directly targeting journalists, including—

(1) the killing of 8 journalists and media workers;

(2) the torture by electric shock, beatings, and mock executions of journalists working for the international press;

(3) the targeted kidnappings of journalists and their families in occupied regions of Ukraine to put pressure on their reporting; and

(4) the deliberate attacks targeting media facilities;

Whereas, in the Ukrainian territory of Crimea, Ukrainian journalists and bloggers have repeatedly been threatened, arbitrarily arrested, and tortured for resisting Russian occupation, such as the detentions of

Vladyslav Yesypenko Iryna Danylovych, Amet Suleimanov, Asan Akhmetov, Marlen Asanov, Nariman Celal, Oleksiy Bessarabov, Osman Arifmemetov, Remzi Bekirov, Ruslan Suleimanov, Rustem Sheikhaliev, Server Mustafayev, Seyran Saliev, Timur Ibragimov, and Vilen Temeryanov;

Whereas media workers face heightened dangers in Russia, such as harassment, repression, censorship, and imprisonment, with 22 journalists imprisoned as of April 17, 2023, of whom 10 were arrested after the beginning of the invasion of Ukraine, including—

(1) Evan Gershkovich, a United States reporter with the *Wall Street Journal*, who was wrongfully detained on baseless espionage charges in March and faces up to 20 years in jail;

(2) Ivan Safronov, a correspondent with Russian business dailies *Kommersant* and *Vedomosti*, who was sentenced to 22 years in jail on treason charges in September 2022;

(3) Maria Ponomarenko, a correspondent with the *RusNews* independent news website, who was sentenced to 6 years in prison for spreading false information about the Russian military on February 15, 2023;

(4) Sergey Mikhaylov, publisher of independent newspaper *Listok*, who was arrested for spreading false information about the Russian military in April 2022;

(5) Mikhail Afanasyev, editor-in-chief of the online magazine *Novy Fokus*, who was arrested and charged with spreading false information about the Russian military in April 2022;

(6) *Novaya Gazeta*, a landmark independent newspaper founded in 1993, which—

(A) suspended operations in Russia in March 2022 after receiving warnings from the authorities citing the country's foreign agents law; and

(B) was stripped of its print and online media licenses in September 2022; and

(7) *Meduza*, a leading independent bilingual news website based outside of Russia, which—

(A) was designated by Russian authorities in January 2023 as an "undesirable organization" under the 2015 Undesirable Organization Law; and

(B) was banned from operating in the Russian Federation;

Whereas according to the Committee to Protect Journalists, the Government of the People's Republic of China had detained at least 43 journalists, as of December 1, 2022, and has unleashed an onslaught of attacks on press freedom in China and Hong Kong, including through—

(1) state-sponsored censorship and disinformation campaigns limiting access to information about any dissent, including recent protests against then-imposed COVID-19 restrictions, and by censoring protest-related keywords on social media platforms;

(2) attacks on press freedom in Hong Kong, including the passage of the National Security Law, which poses an existential threat to the city's tradition of press freedom, and the arrest and subsequent conviction of Jimmy Lai, owner of Hong Kong's largest media outlet, Apple Daily, and an outspoken democracy advocate;

(3) arrests or other repressive actions against independent journalists and others in mainland China attempting to share uncensored news or opinion about current affairs, including Sophia Huang Xueqin, who has written about women's rights and the protests in Hong Kong, and has been arbitrarily detained for more than 500 days;

(4) the detention of journalists critical of the Government of China, including Ruan Xiaohuan, who, after blogging about programming and politics, was sentenced to a 7-year term of imprisonment in early 2023, following 21 months of incommunicado detention; and