

118TH CONGRESS  
1ST SESSION

# H. R. 5010

To require the Secretary of Health and Human Services, in coordination with the Director of the Centers for Disease Control and Prevention, to submit to the Congress an annual report on the effects of gun violence on public health.

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## IN THE HOUSE OF REPRESENTATIVES

JULY 27, 2023

Ms. KELLY of Illinois (for herself, Ms. LEE of California, Mr. ESPAILLAT, Mr. HORSFORD, Ms. SEWELL, Ms. NORTON, Mr. SARBANES, Ms. PORTER, Ms. MOORE of Wisconsin, Mr. JOHNSON of Georgia, Ms. SCHAKOWSKY, Mrs. NAPOLITANO, Mr. FROST, Mr. SCHIFF, Mr. MCGOVERN, Mr. JACKSON of Illinois, Mr. DAVIS of Illinois, Mr. DESAULNIER, Mr. EVANS, Mr. CROW, Ms. TITUS, Mr. TONKO, Mr. GRIJALVA, Mr. KHANNA, Mr. BLUMENAUER, Ms. JACKSON LEE, Ms. WILSON of Florida, Ms. BROWN, Ms. SÁNCHEZ, and Ms. PETERSEN) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To require the Secretary of Health and Human Services, in coordination with the Director of the Centers for Disease Control and Prevention, to submit to the Congress an annual report on the effects of gun violence on public health.

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 “Recognizing Gun Violence as a Public Health Emergency Act”.

4 **SEC. 2. REPORT ON EFFECTS OF GUN VIOLENCE ON PUBLIC HEALTH.**

6 (a) IN GENERAL.—Not later than 2 years after the date of enactment of this Act, and annually thereafter, the Secretary of Health and Human Services, in coordination with the Director of the Centers for Disease Control and Prevention, shall submit to the Congress a report on—

12 (1) the effects on public health of gun violence in the United States during the preceding calendar year; and

15 (2) the status of actions taken to address such effects.

17 (b) CONTENTS.—The report under subsection (a) shall include the following:

19 (1) Data on fatal and nonfatal firearm incidents, disaggregated by age, sex, race, and gender identity of the victim.

22 (2) ZIP Code- or census tract-level data on fatal and nonfatal firearm incidents.

24 (3) The impacts of gun violence on communities (including communities of color) and community members (including young people, health care work-

1       ers, and other categories of community members as  
2       determined by the Secretary of Health and Human  
3       Services).

4           (4) The impacts of gun violence on physical and  
5       mental health.

6           (5) Data on active community-based gun vio-  
7       lence prevention programs and the impacts of such  
8       programs, disaggregated by ZIP Code or census  
9       tract.

10          (6) Data on rates of firearm deaths and inju-  
11       ries, disaggregated by—

12           (A) whether the incident involved—

13               (i) homicide or assault;

14               (ii) partner violence;

15               (iii) suicide or self-harm;

16               (iv) law enforcement; or

17               (v) terrorism;

18           (B) whether the incident was uninten-  
19       tional;

20           (C) whether the cause of the incident was  
21       undetermined; and

22           (D) whether the incident belongs in such  
23       other categories as are determined by the Sec-  
24       retary of Health and Human Services.

1           (7) Data on the types of firearms used in fatal  
2 and nonfatal firearm incidents, including—

3           (A) handguns;

4           (B) long guns;

5           (C) ghost guns;

6           (D) semiautomatic long guns;

7           (E) guns that were stolen;

8           (F) guns that were not stolen;

9           (G) whether the firearm was owned by the  
10 victim or a family member of the victim; and

11           (H) other types of firearms as determined  
12 by the Secretary of Health and Human Serv-  
13 ices.

14           (8) Data on the implementation, effectiveness,  
15 and availability of—

16           (A) firearm violence intervention programs;

17           (B) lethal means counseling programs;

18           (C) school prevention programs, including  
19 lockdown drills, threat assessment programs,  
20 and “hardening” of schools;

21           (D) extreme risk protection orders;

22           (E) use of domestic violence-related restric-  
23 tions on firearm ownership;

24           (F) communication of the conditions used  
25 in conjunction with the National Instant Crimi-

1           nal Background Check System to determine  
2           whether an individual is prohibited from pur-  
3           chasing a firearm; and

4                   (G) safe storage laws.

5           (9) Data on funding levels for firearm injury  
6           prevention research.

7           (10) Data on the frequency at which funding  
8           such research translates into publication of research  
9           results.

10          (11) Data on the degree to which the funding  
11          such research translates into community-level inter-  
12          ventions.

13          (12) Other information and data as determined  
14          appropriate by the Secretary of Health and Human  
15          Services

16          (c) SUPPLEMENT NOT SUPPLANT.—The research  
17          done for purposes of developing the report required under  
18          subsection (a) shall be designed to supplement not sup-  
19          plant other research of the Department of Health and  
20          Human Services or the Centers for Disease Control and  
21          Prevention.

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