107TH CONGRESS
2D SESSION

S. 2236

To amend title III of the Public Health Service Act to provide coverage for domestic violence screening and treatment, to authorize the Secretary of Health and Human Services to make grants to improve the response of health care systems to domestic violence, and train health care providers and federally qualified health centers regarding screening, identification, and treatment for families experiencing domestic violence.

IN THE SENATE OF THE UNITED STATES

APRIL 24, 2002

Mr. WELLSTONE 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 title III of the Public Health Service Act to provide coverage for domestic violence screening and treatment, to authorize the Secretary of Health and Human Services to make grants to improve the response of health care systems to domestic violence, and train health care providers and federally qualified health centers regarding screening, identification, and treatment for families experiencing domestic violence.

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 ''Domestic Violence Screening and Services Act of 2002''.

SEC. 2. FINDINGS.

Congress finds the following:

(1) Nearly ⅓ of American women (31 percent) report being physically or sexually abused by a husband or boyfriend at some point in their lives, and about 1200 women are murdered every year by their intimate partner, nearly 3 each day.

(2) 85 percent of violent victimizations are experienced by women.

(3) 37 percent of all women who sought care in hospital emergency rooms for violence-related injuries were injured by a current or former spouse, boyfriend, or girlfriend.

(4) In addition to injuries sustained during violent episodes, physical and psychological abuse are linked to a number of adverse physical health effects including arthritis, chronic neck or back pain, migraine and other frequent headaches, stammering, problems with vision, and sexually transmitted infections, including HIV/AIDS.

(5) Medical services for abused women cost an estimated $857,300,000 every year.

(6) Each year, at least 6 percent of all pregnant women, about 240,000 pregnant women, in this country are battered by the men in their lives. This battering leads to complications of pregnancy, including low weight gain, anemia, infections, and first and second trimester bleeding.

(7) Pregnant and recently pregnant women are more likely to be victims of homicide than to die of any other cause, and evidence exists that a significant proportion of all female homicide victims are killed by their intimate partners.

(8) Children who witness domestic violence are more likely to exhibit behavioral and physical health problems including depression, anxiety, and violence towards peers. They are also more likely to attempt suicide, abuse drugs and alcohol, run away from home, engage in teenage prostitution, and commit sexual assault crimes.

(9) Fifty percent of men who frequently assault their wives frequently assault their children. The United States Advisory Board on Child Abuse and Neglect suggests that domestic violence may be the single major precursor to child abuse and neglect fatalities in this country.

(10) Currently, about 10 percent of primary care physicians routinely screen for intimate partner abuse during new patient visits and nine percent routinely screen during periodic checkups.

(11) Recent clinical studies have proven the effectiveness of a 2-minute screening for early detection of abuse of pregnant women. Additional longitudinal studies have tested a 10-minute intervention that was proven highly effective in increasing the safety of pregnant abused women. Comparable research does not yet exist to support the effectiveness of screening men.

(12) 70 to 81 percent of the patients studied reported that they would like their health care providers to ask them privately about intimate partner violence.

SEC. 3. DOMESTIC VIOLENCE PREVENTION GRANTS.

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:

"SEC. 399O. DOMESTIC VIOLENCE PREVENTION GRANTS.

''(a) GRANTS AUTHORIZED.—The Secretary is authorized to award grants to eligible entities to improve the treatment of and screening for domestic violence.

''(b) USE OF FUNDS.—Grants awarded pursuant to subsection (a) may be used for activities such as—

''(1) the implementation, dissemination, and evaluation of policies and procedures to guide health care professionals and staff responding to domestic violence;

''(2) the provision of training and follow-up technical assistance to health care professionals and staff to screen for domestic violence, and then to appropriately assess, treat, and refer patients who are victims of domestic violence to domestic violence service providers; and

''(3) the development of on-site access to services to address the safety, medical, mental health, and economic needs of patients either by increasing the capacity of existing health care professionals and staff to address these issues or by contracting with or hiring domestic violence advocates to provide the services or other model appropriate to the geographic and cultural needs of a site.

''(c) ELIGIBLE ENTITY.—In this section, the term 'eligible entity' shall means a Federally qualified health centers as defined in section 1861(aa)(4) of the Social Security Act (42 U.S.C. 1395x(aa)(4)).

''(d) APPLICATIONS.—Each eligible entity desiring a grant under this section shall submit an application to the Secretary at such time, in such manner, and accompanied by such information as the Secretary may require.

''(e) AUTHORIZATION OF APPROPRIATIONS.—

''(1) IN GENERAL.—There is authorized to be appropriated to carry out this section, $5,000,000 for each of fiscal years 2003, 2004, 2005, and 2006.

''(2) SET ASIDE FOR TRIBAL ORGANIZATIONS.—An amount equal to 4 percent of the amount appropriated for a fiscal year in accordance with paragraph (1) to carry out this section shall be set aside for making grants to Indian tribes and tribal organizations (as defined in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b)).''.

SEC. 4. NATIONAL HEALTH SERVICE CORPS.

Section 331 of the Public Health Service Act (42 U.S.C. 254d) is amended—

(1) by redesignating subsection (i) as subsection (j); and

(2) by inserting after subsection (h) the following:

''(i) The Secretary shall ensure that health care professionals working in the National Health Service Corps

receive training on how to screen for domestic violence, and to appropriately assess, treat, and refer patients who are victims of domestic violence to domestic violence service providers.''.

SEC. 5. GRANTS FOR DOMESTIC VIOLENCE SCREENING AND TREATMENT.

(a) AUTHORITY TO AWARD GRANTS.—

(1) IN GENERAL.—The Secretary of Health and Human Services (in this section referred to as the ''Secretary''), acting through the Assistant Secretary for the Administration for Children and Families, shall award grants under this section to eligible State entities and eligible local entities in order to strengthen the response of State and local health care systems to domestic violence by building the capacity of health care professionals and staff to identify, address, and prevent domestic violence.

(2) DEFINITIONS OF ELIGIBLE ENTITIES.—In this section:

(A) ELIGIBLE STATE ENTITY.—The term ''eligible State entity'' means a State department (or other division) of health, a nonprofit State domestic violence coalition or service-based program, or any other nonprofit or State entity with a history of effective work in the

field of domestic violence and health care, that demonstrates that the applicant is representing a team of organizations and agencies working collaboratively to strengthen the response of the health care system to domestic violence and that such team includes domestic violence and health care organizations.

(B) ELIGIBLE LOCAL ENTITY.—The term ''eligible local entity'' means a nonprofit domestic violence service based program, a local department (or other division) of health, a local health clinic, hospital, or system, or any other nonprofit or local entity with a history of effective work in the field of domestic violence and health care.

(b) NUMBER AND DURATION OF PROGRAMS; MAXIMUM AMOUNT OF GRANTS.—

(1) NUMBER OF PROGRAMS.—Not more than—

(A) 10 programs shall be conducted by eligible State entities under a grant made under this section; or

(B) 10 programs shall be conducted by eligible local entities under a grant made under this section.

(2) DURATION.—A program conducted under a grant made under this section by an eligible State entity or an eligible local entity shall not exceed 4 years.

(3) MAXIMUM AMOUNT OF GRANTS.—A grant awarded under this section shall not exceed—

(A) $350,000 per year, in the case of a program conducted by an eligible State entity; or

(B) $150,000 per year, in the case of a program conducted by an eligible local entity.

(c) USE OF FUNDS.—

(1) ELIGIBLE STATE ENTITIES.—An eligible State entity awarded a grant under this section shall use funds provided under the grant to design and implement comprehensive statewide strategies to improve the response of the health care system to domestic violence in clinical and public health care settings and to promote education and awareness about domestic violence at a statewide level. Such strategies shall include the following:

(A) Collaboration with State professional health associations and departments (or other divisions) of health to integrate responses to do-

mestic violence into existing policy, practice, and education efforts.

(B) Promotion of policies and funding sources that advance domestic violence screening, training, and protocol development and that protect the confidentiality of patients and prohibit insurance discrimination.

(C) Dissemination, implementation, and evaluation of practice guidelines on domestic violence that guide health care providers and public health professionals response to domestic violence.

(D) Training and follow-up technical assistance to health care professionals and staff to screen for domestic violence, and then to appropriately assess, treat, and refer patients who are victims of domestic violence to domestic violence services.

(E) Creation and implementation of public education campaigns for patients and providers about domestic violence prevention.

(F) Development and dissemination of patient and provider education materials.

(G) Promotion of the inclusion of domestic violence into medical and nursing school cur-

riculum and integration of domestic violence into health care accreditation and professional licensing examinations, such as medical boards.

(H) Evaluation of the practice and institutionalization of screening, intervention, and documentation of domestic violence and promotion of the use of quality improvement measurements.

(2) ELIGIBLE LOCAL ENTITIES.—An eligible local entity awarded a grant under this section shall use funds provided under the grant to design and implement comprehensive local strategies to improve the response of the health care system to domestic violence in hospitals, clinics, managed care settings, emergency medical services, and other health care settings. Such strategies shall include the following:

(A) Implementation, dissemination, and evaluation of policies and procedures to guide clinical and public health professionals and staff responding to domestic violence including identification, treatment, and documentation of domestic violence and strategies to ensure that health information is held in a manner that protects the patient's privacy and safety.

(B) Training and follow-up technical assistance to health care professionals and staff to screen for domestic violence, and then to appropriately assess, treat, and refer patients who are victims of domestic violence to domestic violence services.

(C) Development of on-site access to services to address the safety, medical, mental health, and economic needs of patients either by increasing the capacity of existing health care professionals and staff to address these issues or by contracting with or hiring domestic violence advocates to provide the services, or to model other services appropriate to the geographic and cultural needs of a site.

(D) Development or adaptation and dissemination of patient and provider education materials.

(E) Evaluation of practice and the institutionalization of screening, intervention, and documentation including quality improvement measurements such as patient satisfaction surveys, patient record reviews, case consultation, or other methods used to evaluate and enhance staff compliance with protocols.

(d) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to the Secretary of Health and Human Services for the purpose of awarding grants under this section, $5,000,000 for each of fiscal years 2003 through 2006.

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