

112TH CONGRESS
1ST SESSION

H. R. 1578

To amend the Public Health Service Act to improve the health care system's assessment and response to domestic violence, dating violence, sexual assault, and stalking, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

APRIL 15, 2011

Ms. SLAUGHTER (for herself, Mrs. LOWEY, Ms. ROYBAL-ALLARD, Ms. MOORE, Ms. NORTON, Ms. SCHAKOWSKY, Ms. HANABUSA, Mr. HASTINGS of Florida, Mr. HOLDEN, and Ms. DELAURO) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to improve the health care system's assessment and response to domestic violence, dating violence, sexual assault, and stalking, 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; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Violence Against Women Health Initiative Act of 2011”.

6 (b) TABLE OF CONTENTS.—The table of contents of
7 this Act is as follows:

- Sec. 1. Short title; table of contents.
 Sec. 2. Findings.
 Sec. 3. Purpose.

TITLE I—COORDINATED PUBLIC HEALTH INITIATIVE TO END
 VIOLENCE AGAINST WOMEN

- Sec. 101. Grants to foster public health responses to intimate partner violence
 and sexual assault.
 Sec. 102. Training and education of health professionals.

TITLE II—RESEARCH ON EFFECTIVE PUBLIC HEALTH
 APPROACHES TO END VIOLENCE AGAINST WOMEN

- Sec. 201. Research on effective interventions to end domestic violence, sexual
 assault, and stalking against women in the health care setting.

1 **SEC. 2. FINDINGS.**

2 The Congress finds the following:

3 (1) Domestic violence and sexual violence are
 4 public health problems and among the most signifi-
 5 cant social determinants of health for women and
 6 girls.

7 (2) Nearly one in four women in the United
 8 States reports experiencing violence by a current or
 9 former spouse or boyfriend at some point in her life,
 10 and one in six women reported experiencing a com-
 11 pleted sexual assault.

12 (3) Violence and abuse can affect health in
 13 many ways from physical injuries sustained during
 14 violent episodes, trauma symptoms including depres-
 15 sion and thoughts of suicide, and harmful health
 16 coping behaviors such as alcohol and substance
 17 abuse.

1 (4) Research published in the Journal of Wom-
2 en's Health in 2007 found that women who are vic-
3 tims of violence have 17 percent more primary care
4 doctor visits, 14 percent more specialist visits, and
5 27 percent more prescription refills than non-abused
6 women.

7 (5) Women who have experienced violence and
8 abuse are 80 percent more likely to have a stroke,
9 70 percent more likely to have heart disease, and 60
10 percent more likely to have asthma than non-abused
11 women.

12 (6) In addition to utilizing the health system at
13 higher rates, victims are more likely to experience a
14 wide range of reproductive health problems including
15 unintended pregnancies, sexually transmitted dis-
16 ease/HIV transmission, miscarriages, and more.
17 Abuse increases the likelihood of teen pregnancy; ad-
18 olescent girls in abusive relationships are 3.5 times
19 more likely to become pregnant than their non-
20 abused peers.

21 (7) The Centers for Disease Control and Pre-
22 vention (CDC) have also linked childhood exposure
23 to violence with long-term, chronic health conditions
24 including obesity, arthritis, stroke, and heart dis-
25 ease.

1 (8) The CDC conservatively estimates that inti-
2 mate partner rape, physical assault, and stalking
3 costs the health system and employers \$8.3 billion
4 annually from direct injuries and services and lost
5 productivity from work.

6 (9) Most professional health organizations, in-
7 cluding the American Medical Association, American
8 Nurses Association, American College of Obstetri-
9 cians and Gynecologists, American Psychological As-
10 sociation, American Academy of Pediatrics, and the
11 Joint Commission on the Accreditation of Health
12 Care Organizations, endorse routine assessment for
13 domestic violence.

14 (10) The health system provides an important
15 entry point to reduce violence and abuse and can im-
16 prove the health status of women, but without train-
17 ing and support on how to assess and respond, pro-
18 viders are not routinely assessing and responding to
19 abuse, missing an important opportunity to help vic-
20 tims and prevent more serious abuse.

21 **SEC. 3. PURPOSE.**

22 It is the purpose of this Act to develop a public health
23 response to abuse by—

1 (1) strengthening the health care system’s as-
2 sessment of and response to domestic violence, dat-
3 ing violence, sexual assault, and stalking;

4 (2) increasing the number of victims identified
5 and assisted in health or public health settings; and

6 (3) expanding research on effective interven-
7 tions in health settings.

8 **TITLE I—COORDINATED PUBLIC**
9 **HEALTH INITIATIVE TO END**
10 **VIOLENCE AGAINST WOMEN**

11 **SEC. 101. GRANTS TO FOSTER PUBLIC HEALTH RESPONSES**
12 **TO INTIMATE PARTNER VIOLENCE AND SEX-**
13 **UAL ASSAULT.**

14 Section 399P of the Public Health Service Act (42
15 U.S.C. 280g-4) is amended—

16 (1) in subsection (a)—

17 (A) by amending paragraph (1) to read as
18 follows:

19 “(1) IN GENERAL.—The Secretary, acting
20 through the Director of the Office on Women’s
21 Health in the Office of the Secretary, and in con-
22 sultation with the Director of the Family Violence
23 Prevention and Services Office, shall award grants
24 to eligible State, tribal, territorial, or local entities to
25 strengthen the response of State, tribal, territorial,

1 or local health care systems to domestic violence,
2 dating violence, sexual assault, and stalking and pre-
3 vent and respond to physical and sexual violence
4 across the lifespan.”;

5 (B) in paragraph (2), by amending sub-
6 paragraph (A) to read as follows:

7 “(A) be—

8 “(i) a State department (or other divi-
9 sion) of health, a State, tribal, or terri-
10 torial domestic violence or sexual assault
11 coalition or victim services program, a
12 State law enforcement task force, or any
13 other nonprofit, nongovernmental State,
14 tribal, or territorial entity with a history of
15 effective work in the fields of domestic vio-
16 lence, dating violence, sexual assault, or
17 stalking, and health care, including phys-
18 ical or mental health care; or

19 “(ii) a local victim services program, a
20 local department (or other division) of
21 health, a local health clinic, hospital, or
22 health system, or any other community-
23 based organization with a history of effec-
24 tive work in the field of domestic violence,
25 dating violence, sexual assault, or stalking,

1 and health care, including physical or men-
2 tal health care;” and

3 (C) in paragraph (3), by striking “2
4 years” and by inserting “36 months”; and
5 (2) in subsection (b)—

6 (A) by amending paragraph (1) to read as
7 follows:

8 “(1) IN GENERAL.—An entity shall use
9 amounts received under a grant under this section to
10 design or enhance and implement comprehensive
11 strategies to improve the response of the health care
12 system to domestic violence, dating violence, sexual
13 assault, or stalking in clinical, public health, hos-
14 pital, managed care (including behavioral and men-
15 tal health), and other health settings.”;

16 (B) by amending paragraph (2) to read as
17 follows:

18 “(2) MANDATORY STRATEGIES.—Strategies im-
19 plemented under paragraph (1) shall include the fol-
20 lowing:

21 “(A) The implementation, dissemination,
22 and evaluation of policies and procedures to
23 guide health professionals and public health
24 staff in responding to domestic violence, dating
25 violence, sexual assault, and stalking, including

1 strategies to ensure that health information is
2 maintained in a manner that protects the pa-
3 tient’s privacy and safety and health informa-
4 tion technology is used to improve documenta-
5 tion, identification, assessment, treatment, and
6 follow-up care.

7 “(B) The development of on-site access to
8 services to address the safety, medical, mental
9 health, and economic needs of patients who are
10 victims of domestic violence, dating violence,
11 sexual assault, or stalking, either by increasing
12 the capacity of existing health professionals and
13 public health staff to address domestic violence,
14 dating violence, sexual assault, and stalking, or
15 by contracting with or hiring victim service pro-
16 viders to provide the services or to model other
17 services appropriate to the geographic and cul-
18 tural needs of a site.

19 “(C) The provision of training and fol-
20 lowup technical assistance to health profes-
21 sionals, public health staff, and allied health
22 professionals to identify, assess, treat, and refer
23 clients who are victims of domestic violence,
24 dating violence, sexual assault, or stalking.

1 “(D) The development, replication, refine-
2 ment, and testing of model strategies in adoles-
3 cent health settings to prevent and respond to
4 violence and abuse.”;

5 (C) in paragraph (3)—

6 (i) by amending subparagraph (A) to
7 read as follows:

8 “(A) The development of training modules
9 and policies that address domestic violence, dat-
10 ing violence, sexual assault, and stalking over
11 the lifespan, including child abuse, childhood
12 exposure to domestic and sexual violence, and
13 elder abuse.”;

14 (ii) in subparagraph (B), by striking
15 “and stalking prevention” and by inserting
16 “, stalking prevention, and healthy rela-
17 tionships”;

18 (iii) by amending subparagraph (D) to
19 read as follows:

20 “(D) The inclusion of the health effects of
21 lifetime exposure to violence and abuse as well
22 as related behavioral risk factors in health pro-
23 fessional training schools including medical,
24 dental, nursing, social work, and mental health

1 curricula, and allied health service training
2 courses.”;

3 (iv) by amending subparagraph (E) to
4 read as follows:

5 “(E) The integration of knowledge of do-
6 mestic violence, dating violence, sexual assault,
7 and stalking into health care accreditation and
8 professional licensing examinations, such as
9 medical, dental, social work, and nursing
10 boards, and where appropriate, other allied
11 health exams.”; and

12 (v) by adding at the end the following
13 new subparagraph:

14 “(F) The development, expansion, and im-
15 plementation of sexual assault forensic medical
16 examination programs.”; and

17 (D) by adding at the end the following:

18 “(4) BUILDING EVIDENCE OF MODEL PRO-
19 GRAMS.—Strategies implemented under paragraph
20 (1) may include research and evaluation of programs
21 funded under this section to build evidence of model
22 programs to be disseminated. As a condition on re-
23 ceipt of a grant for such research and evaluation, an
24 applicant shall agree to release any findings result-
25 ing from the research and evaluation to the general

1 public no later than 90 days after the findings are
2 available. The Secretary shall facilitate the wide dis-
3 semination of such findings by means of multiple
4 media, including the Internet.”; and

5 (3) by striking subsections (c) and (d) and in-
6 serting the following:

7 “(c) PREFERENCE.—In selecting grant recipients
8 under this section, the Secretary shall give preference to
9 applicants based on the strength of their evaluation strate-
10 gies, with outcome-based evaluations prioritized.

11 “(d) TECHNICAL ASSISTANCE.—

12 “(1) IN GENERAL.—The Secretary may provide
13 technical assistance with respect to the planning, de-
14 velopment, and operation of any program or service
15 carried out pursuant to this section. The Secretary
16 may provide such technical assistance directly or
17 through grants or contracts.

18 “(2) AVAILABILITY OF MATERIALS.—The Sec-
19 retary shall make materials on training, best prac-
20 tices, evaluation, and other subjects developed by
21 grantees under this section publicly available to the
22 extent feasible, including through the use of elec-
23 tronic media, replication of materials, and tailoring
24 of materials to meet varying geographic and jurisdic-
25 tional needs.

1 “(e) REPORTING.—The Secretary shall publish a bi-
2 ennial report on—

3 “(1) the distribution of funds under this sec-
4 tion; and

5 “(2) the programs and activities supported by
6 such funds.

7 “(f) DEFINITIONS.—Except as inconsistent with this
8 section, the definitions in section 40002 of the Violence
9 Against Women Act of 1994 shall apply to this section.

10 “(g) AUTHORIZATION OF APPROPRIATIONS.—

11 “(1) IN GENERAL.—There is authorized to be
12 appropriated to carry out this section \$5,000,000 for
13 each of fiscal years 2012 through 2016, to remain
14 available until expended.

15 “(2) ALLOCATION OF FUNDS.—

16 “(A) ADMINISTRATIVE COSTS.—Of the
17 funds made available to carry out this section
18 for any fiscal year, the Secretary shall not use
19 more than 2.5 percent for administration and
20 monitoring of grants awarded under this sec-
21 tion.

22 “(B) RESEARCH AND EVALUATION.—Of
23 the funds made available to carry out this sec-
24 tion for any fiscal year, the Secretary shall not
25 use more than 15 percent to award funds for

1 research and evaluation under subsection
2 (b)(4).”.

3 **SEC. 102. TRAINING AND EDUCATION OF HEALTH PROFES-**
4 **SIONALS.**

5 Section 758 of the Public Health Service Act (42
6 U.S.C. 294h) is amended to read as follows:

7 **“SEC. 758. INTERDISCIPLINARY TRAINING AND EDUCATION**
8 **ON DOMESTIC VIOLENCE, SEXUAL ASSAULT,**
9 **AND OTHER TYPES OF VIOLENCE AND ABUSE.**

10 “(a) GRANTS.—The Secretary, acting through the
11 Director of the Office on Women’s Health in the Office
12 of the Secretary, and in consultation with the Adminis-
13 trator of the Health Resources and Services Administra-
14 tion and the Director of the Family Violence Prevention
15 and Services Office, shall award grants to eligible entities
16 to develop interdisciplinary training for health profes-
17 sionals, public health staff, and allied health professionals,
18 and education programs that provide undergraduate,
19 graduate, or postgraduate medical, psychology, and nurs-
20 ing (including advanced practice nursing) students, and
21 current health professionals, with an understanding of,
22 and clinical skills pertinent to, domestic violence, dating
23 violence, sexual assault, and stalking across the lifespan.

24 “(b) ELIGIBILITY.—

1 “(1) IN GENERAL.—To be eligible to receive a
2 grant under this section, an entity shall be—

3 “(A) an accredited school of allopathic or
4 osteopathic medicine, psychology, nursing, so-
5 cial work, or allied health;

6 “(B) a health care provider membership or
7 professional organization, or a health care sys-
8 tem;

9 “(C) a nonprofit organization with a his-
10 tory of effective work in the field of training
11 health professionals with an understanding of,
12 and clinical skills pertinent to, domestic vio-
13 lence, dating violence, sexual assault, or stalk-
14 ing, and lifetime exposure to violence and
15 abuse; or

16 “(D) a State, tribal, territorial, or local en-
17 tity.

18 “(2) ADDITIONAL REQUIREMENTS.—To be eli-
19 gible to receive a grant under this section, an entity
20 shall prepare and submit an application to the Sec-
21 retary including at a minimum—

22 “(A) strategies for the dissemination and
23 sharing of curricula and other educational ma-
24 terials developed under the grant to other inter-
25 ested medical, psychology, social work, and

1 nursing schools and national resource reposi-
2 tories for materials on domestic violence, dating
3 violence, sexual assault, and stalking; and

4 “(B) a plan for consulting with domestic
5 violence or sexual assault coalitions, or national
6 nonprofit organizations or racial and ethnic mi-
7 nority-specific organizations with demonstrated
8 experience and expertise in domestic violence,
9 dating violence, sexual assault, or stalking.

10 “(3) PREFERENCE.—In selecting grant recipi-
11 ents under this section, the Secretary shall give pref-
12 erence to applicants based on the strength of their
13 evaluation strategies, with outcome-based evalua-
14 tions prioritized.

15 “(c) USE OF FUNDS.—

16 “(1) REQUIRED USES.—Amounts provided
17 under a grant under this section shall be used—

18 “(A) to plan and develop—

19 “(i) interdisciplinary health training
20 and education for medical, psychology, so-
21 cial work, nursing, and other health profes-
22 sions students, interns, residents, fellows,
23 or current health care providers to identify
24 and provide health care services (including
25 mental or behavioral health care services

1 and referrals to appropriate community
2 services) to individuals who are victims of
3 domestic violence, dating violence, sexual
4 assault, or stalking; and

5 “(ii) culturally and linguistically com-
6 petent clinical components for integration
7 into approved internship, residency, and
8 fellowship training or continuing medical
9 education training that address physical
10 and mental health issues related to domes-
11 tic violence, dating violence, sexual assault,
12 and stalking, along with other forms of vi-
13 olence as appropriate, and include the pri-
14 macy of victim safety and confidentiality;
15 or

16 “(B) in the case of a grant recipient de-
17 scribed in subsection (b)(1)(B), to—

18 “(i) develop and provide guidance to
19 members, constituents, institutions, and
20 stakeholders to increase assessment and
21 referral to services; and

22 “(ii) facilitate cross-training and pro-
23 vide collaborative opportunities between
24 partners and public health agencies.

1 “(2) PERMISSIVE USES.—Amounts provided
2 under a grant under this section may be used to—

3 “(A) offer community-based training op-
4 portunities in rural areas, which may include
5 the use of distance learning networks and other
6 available technologies needed to reach isolated
7 rural areas to train health professions students,
8 interns, residents, and fellows on domestic vio-
9 lence, dating violence, sexual assault, stalking,
10 and other forms of violence and abuse;

11 “(B) provide stipends to students who are
12 underrepresented in the health professions as
13 necessary to promote and enable their partici-
14 pation in offsite training experiences designed
15 to develop health care clinical skills related to
16 domestic violence, dating violence, sexual as-
17 sult, and stalking;

18 “(C) provide clinical research fellowships to
19 explore the relationship between victimization or
20 exposure to abuse, and physical and mental
21 health status; or

22 “(D) evaluate innovative curricula, training
23 models, or programs.

24 “(3) BUILDING EVIDENCE OF MODEL PRO-
25 GRAMS.—Amounts provided under a grant under

1 this section may be used to conduct research and
2 evaluation of programs funded under this section to
3 build evidence of model programs to be dissemi-
4 nated. As a condition on receipt of a grant for such
5 research and evaluation, an applicant shall agree to
6 release any findings resulting from the research and
7 evaluation to the general public no later than 90
8 days after the findings are available. The Secretary
9 shall facilitate the wide dissemination of such find-
10 ings by means of multiple media, including the
11 Internet.

12 “(4) REQUIREMENTS.—

13 “(A) CONFIDENTIALITY AND SAFETY.—

14 Grantees under this section shall ensure that all
15 educational programs developed with grant
16 funds address issues of confidentiality and pa-
17 tient safety, and that faculty and staff associ-
18 ated with delivering educational components are
19 fully trained in procedures that will protect the
20 immediate and ongoing security of the patients,
21 patient records, and staff. Organizations with
22 demonstrated expertise in the confidentiality
23 and safety needs of victims of domestic violence,
24 dating violence, sexual assault, and stalking
25 shall be consulted on the development and ade-

1 quacy of confidentially and security procedures,
2 and shall be fairly compensated by grantees for
3 their services.

4 “(B) RURAL PROGRAMS.—Rural training
5 programs carried out under paragraph (2)(A)
6 shall reflect adjustments in protocols and proce-
7 dures or referrals that may be needed to protect
8 the confidentiality and safety of patients who
9 live in small or isolated communities and who
10 are currently or have previously experienced vio-
11 lence or abuse.

12 “(C) CHILD AND ELDER ABUSE.—Issues
13 related to child and elder abuse may be ad-
14 dressed as part of a comprehensive pro-
15 grammatic approach implemented under a
16 grant under this section.

17 “(d) TECHNICAL ASSISTANCE.—

18 “(1) IN GENERAL.—The Secretary may provide
19 technical assistance with respect to the planning, de-
20 velopment, and operation of any program or service
21 carried out pursuant to this section. The Secretary
22 may provide such technical assistance directly or
23 through grants or contracts.

24 “(2) AVAILABILITY OF MATERIALS.—The Sec-
25 retary shall make materials on training, best prac-

1 tices, evaluation and other subjects developed by
2 grantees under this section publicly available to the
3 extent feasible, including through the use of elec-
4 tronic media, replication of materials, and tailoring
5 of materials to meet varying geographic and jurisdic-
6 tional needs.

7 “(e) REPORTING.—The Secretary shall publish a bi-
8 ennial report on—

9 “(1) the distribution of funds under this sec-
10 tion; and

11 “(2) the programs and activities supported by
12 such funds.

13 “(f) DEFINITIONS.—Except as inconsistent with this
14 section, the definitions in section 40002 of the Violence
15 Against Women Act of 1994 shall apply to this section.

16 “(g) AUTHORIZATION OF APPROPRIATIONS.—

17 “(1) IN GENERAL.—There is authorized to be
18 appropriated to carry out this section \$3,000,000 for
19 each of fiscal years 2012 through 2016, to remain
20 available until expended.

21 “(2) ALLOCATION OF FUNDS.—

22 “(A) ADMINISTRATIVE COSTS.—Of the
23 funds made available to carry out this section
24 for any fiscal year, the Secretary shall not use
25 more than 2.5 percent for administration and

1 monitoring of grants awarded under this sec-
2 tion.

3 “(B) RESEARCH AND EVALUATION.—Of
4 the funds made available to carry out this sec-
5 tion for any fiscal year, the Secretary shall not
6 use more than 15 percent to award funds for
7 research and evaluation under subsection
8 (c)(3).”.

9 **TITLE II—RESEARCH ON EFFEC-**
10 **TIVE PUBLIC HEALTH AP-**
11 **PROACHES TO END VIOLENCE**
12 **AGAINST WOMEN**

13 **SEC. 201. RESEARCH ON EFFECTIVE INTERVENTIONS TO**
14 **END DOMESTIC VIOLENCE, SEXUAL ASSAULT,**
15 **AND STALKING AGAINST WOMEN IN THE**
16 **HEALTH CARE SETTING.**

17 Section 40297 of the Violence Against Women Act
18 of 1994 (42 U.S.C. 13973) is amended—

19 (1) in the section heading, by inserting after
20 “**EFFECTIVE INTERVENTIONS**” the following: “**TO**
21 **END DOMESTIC VIOLENCE, SEXUAL ASSAULT,**
22 **AND STALKING AGAINST WOMEN**”;

23 (2) in subsection (b)(1)—

24 (A) in subparagraph (B)—

1 (i) by striking “and” after the semi-
2 colon; and

3 (ii) by inserting before the semicolon
4 “, including evaluating programs using evi-
5 dence-based process and outcome indica-
6 tors”;

7 (B) in subparagraph (C), by striking the
8 period at the end and inserting a semicolon;
9 and

10 (C) by adding at the end the following new
11 subparagraphs:

12 “(D) research on effective health care
13 interventions to domestic and sexual violence
14 and sexual coercion, including evaluating pro-
15 grams using evidence-based process and out-
16 come indicators; or

17 “(E) research into factors that increase re-
18 siliency for children exposed to dating violence,
19 sexual assault, stalking, or individuals who have
20 a lifetime exposure to violence and abuse.”;

21 (3) in subsection (b)(2)(B)—

22 (A) by striking “within primary care and
23 emergency health care settings” and inserting
24 “within community health centers and primary

1 care, emergency health care, or adolescent
2 health settings”; and

3 (B) by striking “domestic violence” and in-
4 sserting “dating violence, sexual assault, or
5 stalking”; and

6 (4) in subsection (d)—

7 (A) by striking “2007 through 2011” and
8 inserting “2012 through 2016”; and

9 (B) by inserting “, to remain available
10 until expended” before the period.

○