

112TH CONGRESS
1ST SESSION

S. 1765

To amend the Public Health Service Act to provide grants to strengthen the healthcare system's response to domestic violence, dating violence, sexual assault, and stalking.

IN THE SENATE OF THE UNITED STATES

OCTOBER 31, 2011

Mrs. HAGAN introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend the Public Health Service Act to provide grants to strengthen the healthcare system's response to domestic violence, dating violence, sexual assault, and stalking.

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.**

4 This Act may be cited as the "Consolidation of
5 Grants to Strengthen the Healthcare System's Response
6 to Domestic Violence, Dating Violence, Sexual Assault,
7 and Stalking Act".

1 **SEC. 2. STRENGTHENING THE HEALTHCARE SYSTEM'S RE-**
 2 **SPONSE TO DOMESTIC VIOLENCE, DATING VI-**
 3 **OLENCE, SEXUAL ASSAULT, AND STALKING.**

4 (a) IN GENERAL.—Section 399P of the Public
 5 Health Service Act (42 U.S.C. 280g–4) is amended to
 6 read as follows:

7 **“SEC. 399A. GRANTS TO STRENGTHEN THE HEALTHCARE**
 8 **SYSTEM'S RESPONSE TO DOMESTIC VIO-**
 9 **LENCE, DATING VIOLENCE, SEXUAL ASSAULT,**
 10 **AND STALKING.**

11 “(a) IN GENERAL.—The Secretary, acting through
 12 the Office of Women’s Health, shall award grants for—

13 “(1) the development or enhancement, and im-
 14 plementation of interdisciplinary training for health
 15 professionals, public health staff, and allied health
 16 professionals;

17 “(2) the development or enhancement, and im-
 18 plementation of education programs for medical,
 19 nursing, dental, and other health professions stu-
 20 dents and residents to prevent and respond to do-
 21 mestic violence, dating violence, sexual assault, and
 22 stalking; and

23 “(3) the development or enhancement, and im-
 24 plementation of comprehensive Statewide strategies
 25 to improve the response of clinics, public health fa-
 26 cilities, hospitals, and other health settings (includ-

1 ing behavioral and mental health programs) to do-
2 mestic violence, dating violence, sexual assault, and
3 stalking.

4 “(b) USE OF FUNDS.—

5 “(1) REQUIRED USES.—Amounts provided
6 under a grant under subsection (a) shall be used
7 to—

8 “(A) fund interdisciplinary training and
9 education programs under paragraphs (1) and
10 (2) of subsection (a) that—

11 “(i) are designed to train medical,
12 psychology, dental, social work, nursing,
13 and other health professions students, in-
14 terns, residents, fellows, or current health
15 care providers to identify and provide
16 health care services (including mental or
17 behavioral health care services and refer-
18 rals to appropriate community services) to
19 individuals who are or who have been vic-
20 tims of domestic violence, dating violence,
21 sexual assault, or stalking; and

22 “(ii) plan and develop culturally com-
23 petent clinical training components for in-
24 tegration into approved internship, resi-
25 dency, and fellowship training or con-

1 continuing medical or other health education
2 training that address physical, mental, and
3 behavioral health issues, including protec-
4 tive factors, related to domestic violence,
5 dating violence, sexual assault, stalking,
6 and other forms of violence and abuse,
7 focus on reducing health disparities and
8 preventing violence and abuse, and include
9 the primacy of victim safety and confiden-
10 tiality; and

11 “(B) design and implement comprehensive
12 strategies to improve the response of the health
13 care system to domestic or sexual violence in
14 clinical and public health settings, hospitals,
15 clinics, and other health settings (including be-
16 havioral and mental health), under subsection
17 (a)(3) through—

18 “(i) implementation, dissemination,
19 and evaluation of policies and procedures
20 to guide health professionals and public
21 health staff in identifying and responding
22 to domestic violence, dating violence, sex-
23 ual assault, stalking, including strategies
24 to ensure that health information is main-
25 tained in a manner that protects the pa-

1 tient’s privacy and safety, and safely uses
2 health information technology to improve
3 documentation, identification, assessment,
4 treatment, and follow-up care;

5 “(ii) development of on-site access to
6 services to address the safety, medical, and
7 mental health needs of patients by increas-
8 ing the capacity of existing health care
9 professionals and public health staff to ad-
10 dress domestic violence, dating violence,
11 sexual assault, and stalking, or by con-
12 tracting with or hiring domestic or sexual
13 assault advocates to provide such services
14 or to model other services appropriate to
15 the geographic and cultural needs of a site;

16 “(iii) development of measures and
17 methods for the identification of risk and
18 protective factors and evaluation of identi-
19 fication, intervention, and documentation
20 regarding victims of domestic violence, dat-
21 ing violence, sexual assault, sexual coer-
22 cion, and stalking, including the develop-
23 ment and testing of quality improvement
24 measurements; and

1 “(iv) provision of training and follow-
2 up technical assistance to health care pro-
3 fessionals, and public health staff, and al-
4 lied health professionals to identify, assess,
5 treat, and refer clients who are victims of
6 domestic violence, dating violence, sexual
7 assault, sexual coercion, or stalking, in-
8 cluding using tools and training materials
9 already developed.

10 “(2) PERMISSIBLE USES.—

11 “(A) CHILD AND ELDER ABUSE.—To the
12 extent consistent with the purpose of this sec-
13 tion, a grantee under this section may address,
14 as part of a comprehensive programmatic ap-
15 proach implemented under a grant under this
16 section, issues relating to child or elder abuse.

17 “(B) OTHER USES OF FUNDS.—With re-
18 spect to—

19 “(i) grants awarded under paragraphs
20 (1) and (2) of subsection (a), grant funds
21 may be used to—

22 “(I) offer to rural areas commu-
23 nity-based training opportunities,
24 which may include the use of distance
25 learning networks and other available

1 technologies needed to reach isolated
2 rural areas, for medical, nursing, and
3 other health professions students and
4 residents on domestic violence, dating
5 violence, sexual assault, stalking, and,
6 as appropriate, other forms of violence
7 and abuse; or

8 “(II) provide stipends to students
9 who are underrepresented in the
10 health professions as necessary to pro-
11 mote and enable their participation in
12 clerkships, internships, or other offsite
13 training experiences that are designed
14 to develop health care clinical skills
15 related to domestic violence, dating vi-
16 olence, sexual assault, stalking; and

17 “(ii) grants awarded under subsection
18 (a)(1), grant funds may be used for—

19 “(I) development of training
20 modules and policies that document
21 and address the overlap of child
22 abuse, domestic violence, dating vio-
23 lence, sexual assault, sexual coercion,
24 and stalking and elder abuse, as well

1 as childhood exposure to domestic and
2 sexual violence;

3 “(II) development, expansion,
4 and implementation of sexual assault
5 forensic medical examination or sexual
6 assault nurse examiner programs;

7 “(III) inclusion of the health ef-
8 fects of lifetime exposure to violence
9 and abuse as well as related protective
10 factors and behavioral risk factors in
11 health professional training schools in-
12 cluding medical, dental, nursing, so-
13 cial work, and mental and behavioral
14 health curricula, and allied health
15 service training courses; or

16 “(IV) integration of knowledge of
17 domestic violence, dating violence, sex-
18 ual assault, sexual coercion, and stalk-
19 ing into health care accreditation and
20 professional licensing examinations,
21 such as medical, dental, social work,
22 and nursing boards, and where appro-
23 priate, other allied health exams.

24 “(c) REQUIREMENTS FOR GRANTEES.—

25 “(1) CONFIDENTIALITY AND SAFETY.—

1 “(A) IN GENERAL.—Grantees under this
2 section shall ensure that all programs developed
3 with grant funds address issues of confiden-
4 tiality and patient safety and comply with appli-
5 cable confidentiality and nondisclosure require-
6 ments under section 40002(b)(2) of the Vio-
7 lence Against Women Act of 1994 (42 U.S.C.
8 13925(b)(2)) and the Family Violence Preven-
9 tion and Services Act (42 U.S.C. 10401 et
10 seq.), and that faculty and staff associated with
11 delivering educational components are fully
12 trained in procedures that will protect the im-
13 mediate and ongoing security and confiden-
14 tiality of the patients, patient records, and
15 staff. Such grantees shall consult entities with
16 demonstrated expertise in the confidentiality
17 and safety needs of victims of domestic violence,
18 dating violence, sexual assault, and stalking on
19 the development and adequacy of confidentially
20 and security procedures, and provide docu-
21 mentation of such consultation.

22 “(B) ADVANCE NOTICE OF INFORMATION
23 DISCLOSURE.—Grantees under this section shall
24 provide to patients advance notice about any
25 circumstances under which information may be

1 disclosed, such as mandatory reporting laws,
2 and shall give patients the option to receive in-
3 formation and referrals without affirmatively
4 disclosing abuse.

5 “(2) APPLICATION.—

6 “(A) PREFERENCE.—In selecting grant re-
7 cipients under this section, the Secretary shall
8 give preference to applicants based on the
9 strength of their evaluation strategies, with out-
10 come based evaluations, broadly defined and
11 prioritized.

12 “(B) GRANTS UNDER SUBSECTION (a) (1)
13 OR (2).—An entity desiring a grant under para-
14 graph (1) or (2) of subsection (a) shall submit
15 an application to the Secretary at such time, in
16 such a manner, and containing such informa-
17 tion and assurances as the Secretary may re-
18 quire, including—

19 “(i) documentation that the applicant
20 represents a team of entities, including
21 someone with evaluation or research exper-
22 tise, working collaboratively to strengthen
23 the response of the health care system to
24 domestic violence, dating violence, sexual

1 assault, or stalking, and which includes at
2 least one of each of—

3 “(I) an accredited school of
4 allopathic or osteopathic medicine,
5 psychology, nursing, dental, social
6 work, or other health field; or a health
7 care facility or system; and

8 “(II) a government or nonprofit
9 entity with a history of effective work
10 in the fields of domestic violence, dat-
11 ing violence, sexual assault, or stalk-
12 ing; and

13 “(ii) strategies for the dissemination
14 and sharing of curricula and other edu-
15 cational materials developed under the
16 grant, if any, with other interested health
17 professions schools and national resource
18 repositories for materials on domestic vio-
19 lence, dating violence, sexual assault, and
20 stalking;

21 “(C) GRANTS UNDER SUBSECTION
22 (a)(3).—An entity desiring a grant under sub-
23 section (a)(3) shall submit an application to the
24 Secretary at such time, in such a manner, and

1 containing such information and assurances as
2 the Secretary may require, including—

3 “(i) documentation that all training,
4 education, screening, assessment, services,
5 treatment, and any other approach to pa-
6 tient care will be informed by an under-
7 standing and dynamics of violence and
8 abuse victimization and trauma-specific ap-
9 proaches and these approaches will be inte-
10 grated into research, prevention, interven-
11 tion, and treatment activities;

12 “(ii) strategies for the development
13 and implementation of policies to prevent
14 and address domestic violence, dating vio-
15 lence, sexual assault, and stalking over the
16 lifespan in health care settings;

17 “(iii) a plan for consulting with State
18 and tribal domestic violence or sexual as-
19 sault coalitions, national nonprofit victim
20 advocacy organizations, State or tribal law
21 enforcement task forces (where appro-
22 priate), and culturally specific organiza-
23 tions with demonstrated expertise in do-
24 mestic violence, dating violence, sexual as-
25 sault, or stalking; and

1 “(iv) with respect to an application
2 for a grant—

3 “(I) under which the grantee will
4 have contact with patients, a plan, de-
5 veloped in collaboration with local vic-
6 tim service providers, to respond ap-
7 propriately to and make correct refer-
8 rals for individuals who disclose that
9 they are victims of domestic violence,
10 dating violence, sexual assault, stalk-
11 ing, or other types of violence (such
12 grantees shall provide documentation
13 of an ongoing collaborative relation-
14 ship with a local victim service pro-
15 vider); or

16 “(II) proposing to fund a pro-
17 gram described in subsection
18 (b)(2)(B)(ii)(II), a certification that
19 any sexual assault forensic medical ex-
20 amination and sexual assault nurse
21 examiner programs supported with
22 such grant funds will adhere to the
23 guidelines set forth in the Attorney
24 General’s National Protocol for Sex-

1 ual Assault Medical Forensic Exami-
2 nations (Adults/Adolescents).

3 “(d) ELIGIBLE ENTITIES.—

4 “(1) GRANTS UNDER SUBSECTION (a) (1) OR
5 (2).—To be eligible to receive funding under para-
6 graph (1) or (2) of subsection (a), an entity shall
7 be—

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

15 “(B) an accredited school of allopathic or
16 osteopathic medicine, psychology, nursing, den-
17 tal, social work, or allied health;

18 “(C) a health care provider membership or
19 professional organization, or a health care sys-
20 tem; or

21 “(D) a State, tribal, territorial, or local en-
22 tity.

23 “(2) GRANTS UNDER SUBSECTION (a)(3).—To
24 be eligible to receive funding under subsection
25 (a)(3), an entity shall be—

1 “(A) a State department (or other divi-
2 sion) of health, a State, tribal, or territorial do-
3 mestic violence or sexual assault coalition or
4 victim services program, or any other nonprofit,
5 nongovernmental organization with a history of
6 effective work in the fields of domestic violence,
7 dating violence, sexual assault, or stalking, and
8 health care, including physical or mental health
9 care; or

10 “(B) a local victim service provider, a local
11 department (or other division) of health, a local
12 health clinic, hospital, or health system, or any
13 other community-based organization with a his-
14 tory of effective work in the field of domestic vi-
15 olence, dating violence, sexual assault, or stalk-
16 ing and health care, including physical or men-
17 tal health care.

18 “(e) TECHNICAL ASSISTANCE.—

19 “(1) IN GENERAL.—Of the funds made avail-
20 able to carry out this section for any fiscal year, the
21 Secretary may make a grant or enter into a contract
22 to provide technical assistance with respect to the
23 planning, development, and operation of any pro-
24 gram, activity, or service carried out pursuant to
25 this section. Not to exceed 8 percent of the funds

1 appropriated under this section for a fiscal year may
2 be used to fund technical assistance, unless the Sec-
3 retary has previously set aside amounts greater than
4 8 percent for technical assistance and training relat-
5 ing to grant programs authorized under this section.

6 “(2) AVAILABILITY OF MATERIALS.—The Sec-
7 retary shall make publicly available materials devel-
8 oped by grantees under this section, including mate-
9 rials on training, best practices, and research and
10 evaluation.

11 “(3) REPORTING.—The Secretary shall publish
12 a biennial report on—

13 “(A) the distribution of funds under this
14 section; and

15 “(B) the programs and activities supported
16 by such funds.

17 “(f) RESEARCH AND EVALUATION.—

18 “(1) IN GENERAL.—Of the funds made avail-
19 able to carry out this section for any fiscal year, the
20 Secretary may use not to exceed 20 percent to make
21 a grant or enter into a contract for research and
22 evaluation of—

23 “(A) grants awarded under this section;
24 and

1 “(B) other training for health professionals
2 and effective interventions in the health care
3 setting that prevent domestic violence, dating
4 violence, and sexual assault across the lifespan,
5 prevent the health effects of such violence, and
6 improve the safety and health of individuals
7 who are currently being victimized.

8 “(2) RESEARCH.—Research authorized in para-
9 graph (1) may include—

10 “(A) research on the effects of domestic vi-
11 olence, dating violence, sexual assault, and
12 childhood exposure to domestic, dating or sex-
13 ual violence on health behaviors, health condi-
14 tions, and health status of individuals, families,
15 and populations;

16 “(B) research to determine effective health
17 care interventions to respond to and prevent do-
18 mestic violence, dating violence, sexual assault,
19 and sexual coercion;

20 “(C) research on the impact of domestic,
21 dating and sexual violence, childhood exposure
22 to such violence, and stalking on the health care
23 system, health care utilization, health care
24 costs, and health status; and

1 “(D) research on the impact of adverse
2 childhood experiences on adult experience with
3 domestic violence, dating violence, sexual as-
4 sault, stalking and adult health outcomes, in-
5 cluding how to reduce or prevent the impact of
6 adverse childhood experiences through the
7 health care setting.

8 “(g) AUTHORIZATION OF APPROPRIATIONS.—There
9 is authorized to be appropriated to carry out this section
10 \$10,000,000 for each of fiscal years 2012 through 2016.

11 “(h) DEFINITIONS.—Except as otherwise provided,
12 the definitions in section 40002 of the Violence Against
13 Women Act of 1994 (42 U.S.C. 13925) shall apply to this
14 section.”.

15 (b) REPEALS.—The following provisions are repealed:

16 (1) Section 758 of the Public Health Service
17 Act (42 U.S.C. 294h).

18 (2) Section 40297 of the Violence Against
19 Women Act of 1994 (42 U.S.C. 13973).

○