

117TH CONGRESS
1ST SESSION

S. 2655

To provide funding for demonstration grants to support clinical training of health care providers to administer medical forensic examinations and treatments to survivors of interpersonal violence of all ages.

IN THE SENATE OF THE UNITED STATES

AUGUST 5, 2021

Ms. MURKOWSKI (for herself and Mr. HICKENLOOPER) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To provide funding for demonstration grants to support clinical training of health care providers to administer medical forensic examinations and treatments to survivors of interpersonal violence of all ages.

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 “Ensuring Forensic
5 Care for All Victims Act” or the “EFCA Act”.

6 **SEC. 2. PURPOSE.**

7 It is the purpose of this Act to provide eligible entities
8 funding through demonstration grants to develop trauma

1 informed standards of care through pilot programs that
 2 promote generalist forensic training using a module-based,
 3 conceptual learning program with competency-based ac-
 4 tivities tailored to meet health care professional and first
 5 responder needs.

6 **SEC. 3. DEFINITIONS.**

7 In this Act:

8 (1) **COMMUNITY HEALTH AIDE; COMMUNITY**
 9 **HEALTH PRACTITIONER.**—The terms “community
 10 health aide” and “community health practitioner”
 11 have the meanings given such terms for purposes of
 12 section 119 of the Indian Health Care Improvement
 13 Act (25 U.S.C. 1616l).

14 (2) **FIRST RESPONDER.**—The term “first re-
 15 sponder” includes a firefighter, law enforcement offi-
 16 cer, paramedic, emergency medical technician, or
 17 other individual (including an employee of a legally
 18 organized and recognized volunteer organization,
 19 whether compensated or not), who, in the course of
 20 his or her professional duties, responds to fire, med-
 21 ical, hazardous material, or other similar emer-
 22 gencies.

23 (3) **GENERALIST FORENSIC SERVICES.**—The
 24 term “generalist forensic services” with respect to
 25 health care providers, means enabling such providers

1 to have expanded forensic knowledge and skills to
2 ensure that individuals, families, and communities
3 that have experienced interpersonal violence or trauma
4 are provided medical forensic assessment, evidence
5 collection, and documentation that aids in
6 meeting the needs of patients as well as improves future
7 law enforcement investigation and prosecution,
8 provides needed data for research to support response
9 and prevention of violence, and improves ability
10 to adequately respond to patients who exhibit
11 signs of victimization.

12 (4) HEALTH CARE PROVIDER.—The term
13 “health care provider” has the meaning given such
14 term by the Secretary, and includes registered
15 nurses, nurse practitioners, nurse midwives, clinical
16 nurse specialists, physician assistants, and physicians.
17

18 (5) INDIAN TRIBES.—The terms “Indian Tribe”
19 and “Tribal organization” shall have the meanings
20 given such terms in section 4 of the Indian Self-Determination
21 and Education Assistance Act (25
22 U.S.C. 5304). The term “Urban Indian organization”
23 has the meaning given such term in section 4
24 of the Indian Health Care Improvement Act (25
25 U.S.C. 1603).

1 (6) INTERPERSONAL VIOLENCE.—The term
2 “interpersonal violence” means any form of violence
3 which is emotional and trauma inducing for victims,
4 families of victims, perpetrators, and communities.

5 (7) PROGRAM.—The term “program” means
6 the program established under section 101.

7 (8) SECRETARY.—The term “Secretary” means
8 the Secretary of Health and Human Services.

9 (9) STANDARD OF CARE.—The term “standard
10 of care” means evaluation and treatment that is ac-
11 cepted by medical experts and reflected in peer-re-
12 viewed medical literature as the appropriate medical
13 approach for a condition, symptoms, illness, or dis-
14 ease and that is widely used by health care profes-
15 sionals.

16 (10) TRAUMA INFORMED CARE.—The term
17 “trauma informed care” means care which trauma
18 survivors receive that is culturally competent in ac-
19 cordance with professional standards of practice and
20 accounting for patients’ experiences and preferences
21 in order to eliminate or mitigate triggers that may
22 cause re-traumatization of the patient.

1 **TITLE I—ESTABLISHING A GEN-**
2 **ERALIST FORENSIC**
3 **HEALTHCARE CLINICAL AND**
4 **CONTINUING EDUCATION**
5 **PILOT PROGRAM.**

6 **SEC. 101. ESTABLISHMENT OF PROGRAM.**

7 (a) IN GENERAL.—The Secretary, in conjunction
8 with Attorney General, shall establish a demonstration
9 program to award grants to eligible partnered entities for
10 the clinical training of health care providers, first respond-
11 ers, community health aides, community health practi-
12 tioners, and students and to enable such providers, first
13 responders, community health aides, community health
14 practitioners, and students to administer medical forensic
15 examinations and treatments to survivors, perform med-
16 ical forensic assessments, evidence collection, and docu-
17 mentation that aids in meeting the needs of patients as
18 well as improves future law enforcement investigation and
19 prosecution, provides needed data for research to support
20 response and prevention of interpersonal violence, and im-
21 proves the ability of providers, first responders, commu-
22 nity health aides, community health practitioners, and stu-
23 dents to adequately respond in difficult situations.

24 (b) PURPOSE.—The purpose of the program is to en-
25 able each grant recipient to work with inter-professional

1 partners, including law enforcement, legal services, victims
2 advocacy organizations, and others to expand access to
3 generalist forensic services by providing providers with the
4 clinical training necessary to establish and maintain com-
5 petency in general forensic services and to test the provi-
6 sions of such services at new facilities in expanded health
7 care settings.

8 **SEC. 102. DEMONSTRATION GRANTS FOR COMPREHENSIVE**
9 **FORENSIC TRAINING.**

10 (a) ESTABLISHMENT OF PROGRAM.—The Secretary
11 shall establish a demonstration program to award grants
12 to eligible partnered entities for the clinical training of
13 health care providers to administer medical forensic ex-
14 aminations and treatments to survivors of interpersonal
15 violence of all ages.

16 (b) PURPOSE.—The purpose of the demonstration
17 program is to develop training and curriculum to provide
18 health care providers with the skills to provide competent
19 medical forensic assessment and care to individuals, fami-
20 lies, and communities that have experienced violence or
21 trauma and be available to collaborate with members of
22 an inter-professional forensic team.

23 (c) TERM.—Grants under this section shall be for a
24 term of 5 years.

1 (d) ELIGIBLE ENTITIES.—To be eligible to receive a
2 grant under this section, an entity shall—

3 (1) be—

4 (A) an institute of higher education; or

5 (B) Indian Tribes or Tribal organizations;

6 and

7 (2) submit to the Secretary an application at
8 such time, in such manner, and containing such in-
9 formation as the Secretary may require.

10 (e) GRANT AMOUNT.—Each grant awarded under
11 this section shall be in an amount that does not exceed
12 \$400,000 per year. A grant recipient may carry over funds
13 from one fiscal year to the next without obtaining approval
14 from the Secretary.

15 (f) AUTHORIZATION OF APPROPRIATIONS.—

16 (1) IN GENERAL.—There is authorized to be
17 appropriated to carry out this section \$11,000,000
18 for each of fiscal years 2022 through 2026.

19 (2) SET-ASIDE.—Of the amount appropriated
20 under this subsection for a fiscal year, the Secretary
21 shall reserve 10 percent of such amount for purposes
22 of making grants to entities that are affiliated with
23 Indian Tribes or Tribal organizations, or Urban In-
24 dian organizations. Amounts so reserved may be
25 used to support referrals and the delivery of emer-

1 agency first aid, culturally competent support, and fo-
 2 rensic evidence collection training.

3 **TITLE II—TECHNICAL ASSIST-**
 4 **ANCE GRANTS AND LEARN-**
 5 **ING COLLECTIVES**

6 **SEC. 201. TECHNICAL ASSISTANCE GRANTS AND LEARNING**
 7 **COLLECTIVES.**

8 Part B of title VIII of the Public Health Service Act
 9 (42 U.S.C. 296j et seq.) is amended by adding at the end
 10 the following:

11 **“SEC. 812. TECHNICAL ASSISTANCE CENTER AND RE-**
 12 **GIONAL LEARNING COLLECTIVES.**

13 “(a) IN GENERAL.—The Secretary shall establish a
 14 State and forensic provider technical resource center to
 15 provide technical assistance to health care providers and
 16 community health aides to increase the quality of, and ac-
 17 cess to, generalist forensic services by entering into con-
 18 tracts with national experts (such as the Academy of Fo-
 19 rensic Nursing and others).

20 “(b) REGIONAL LEARNING COLLECTIVES.—The Sec-
 21 retary shall convene State and hospital regional learning
 22 collectives to assist health care providers and States in
 23 sharing best practices, discussing practices, and improving
 24 the quality of, and access to, generalist forensic services.

1 “(c) REPOSITORY.—The Secretary shall establish and
 2 maintain a secure Internet-based data repository to serve
 3 as an online learning collective for State and entity col-
 4 laborations. An entity receiving a grant under section 102
 5 may use such repository for—

6 “(1) technical assistance; and

7 “(2) best practice sharing.

8 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
 9 is authorized to be appropriated to carry out this section
 10 \$2,000,000 for each of fiscal years 2022 through 2026.”.

11 **TITLE III—NATIONAL REPORT**
 12 **ON THE NEED FOR GENER-**
 13 **ALIST FORENSIC SERVICES IN**
 14 **OUR NATION’S HEALTH SYS-**
 15 **TEM**

16 **SEC. 301. NATIONAL REPORT.**

17 Not later than 1 year after the date of enactment
 18 of this Act, and annually thereafter, the Office for Victims
 19 of Crime of the Department of Justice, the Centers for
 20 Disease Control and Prevention, the Health Resources
 21 and Services Administration, the Indian Health Service,
 22 the Office on Women’s Health of the Department of
 23 Health and Human Services, and the Office of Violence
 24 Against Women of the Department of Justice (hereafter
 25 referred to in this section collectively as the “Agencies”),

1 shall submit to the Secretary a report on the need
2 throughout the United States and territories for increased
3 access to generalist medical forensic services, evidence col-
4 lection, and documentation that aids in meeting the needs
5 of health care patients as well as improves future law en-
6 forcement investigation and prosecution, the need for data
7 for research to support response and prevention of inter-
8 personal violence, and improved ability of health care pro-
9 viders to adequately respond to patients who exhibit signs
10 of victimization.

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