

SOAR TO HEALTH AND WELLNESS ACT OF 2017

SEPTEMBER 25, 2017.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. WALDEN, from the Committee on Energy and Commerce, submitted the following

R E P O R T

[To accompany H.R. 767]

[Including cost estimate of the Congressional Budget Office]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 767) to establish the Stop, Observe, Ask, and Respond to Health and Wellness Training pilot program to address human trafficking in the health care system, having considered the same, report favorably thereon with amendments and recommend that the bill as amended do pass.

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The amendments are as follows:
Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Stop, Observe, Ask, and Respond to Health and Wellness Act of 2017” or the “SOAR to Health and Wellness Act of 2017”.

SEC. 2. DEFINITIONS.

In this Act:

(1) **HUMAN TRAFFICKING.**—The term “human trafficking” has the meaning given the term “severe forms of trafficking in persons” as defined in section 103 of the Trafficking Victims Protection Act of 2000 (22 U.S.C. 7102).

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

SEC. 3. PROGRAM ESTABLISHMENT.

(a) **IN GENERAL.**—The Secretary shall establish a program to be known as the Stop, Observe, Ask, and Respond to Health and Wellness Training Program or the SOAR to Health and Wellness Training Program (in this Act referred to as the “Program”) to provide training to health care providers and other related providers, at all levels, on human trafficking in accordance with the purpose described in subsection (c).

(b) **GRANTS.**—The Secretary may carry out the Program through the award of grants to health care sites and health care professional organizations that represent diversity in—

- (1) geography;
- (2) the demographics of the population served;
- (3) the predominant types of human trafficking cases; and
- (4) health care provider profiles.

(c) **PURPOSE.**—The purpose of the Program shall be to train health care providers and other related providers to enable such providers to—

- (1) identify potential human trafficking victims;
- (2) implement proper protocols and procedures for working with law enforcement to report, and facilitate communication with, such victims, in accordance with all applicable Federal, State, local, and tribal requirements, including legal confidentiality requirements for patients and health care providers;
- (3) implement proper protocols and procedures for referring such victims to appropriate health care, social, or victims service agencies or organizations;
- (4) provide such victims care that is—
 - (A) coordinated;
 - (B) victim centered;
 - (C) culturally relevant;
 - (D) comprehensive;
 - (E) evidence-based;
 - (F) gender responsive;
 - (G) age-appropriate, with a focus on care for youth; and
 - (H) trauma-informed; and
- (5) consider the potential for integrating the training described in paragraphs (1) through (4) with training programs, in effect on the date of enactment of this Act, for victims of domestic violence, dating violence, sexual assault, stalking, child abuse, child neglect, child maltreatment, and child sexual exploitation.

(d) **FUNCTIONS.**—

(1) **IN GENERAL.**—The functions of the Program shall include the functions of the Stop, Observe, Ask, and Respond to Health and Wellness Training program that was operating on the day before the date of enactment of this Act and the authorized initiatives described in paragraph (2).

(2) **AUTHORIZED INITIATIVES.**—The authorized initiatives of the Program shall include—

- (A) engaging stakeholders, including victims of human trafficking and any Federal, State, local, or tribal partners, to develop a flexible training module—
 - (i) for achieving the purpose described in subsection (c); and
 - (ii) that adapts to changing needs, settings, health care providers, and other related providers;
- (B) providing technical assistance for health education programs and health care professional organizations to implement health care protocols, or develop continuing education training materials, that assist in achieving the purpose described in subsection (c);
- (C) facilitating the dissemination of best practices and recommendations as the Secretary determines appropriate; and
- (D) developing a reliable methodology for collecting data, and reporting such data, on the number of human trafficking victims identified and served in health care settings or other related provider settings.

SEC. 4. DATA COLLECTION AND REPORTING REQUIREMENTS.**(a) DATA COLLECTION.—**

(1) **IN GENERAL.**—During each of fiscal years 2018 through 2022, the Secretary shall collect data on each of the following:

(A) The total number of grantees operating under the Program.

(B) The total number of health care providers and other related providers trained through the Program.

(2) **INITIAL REPORT.**—In addition to the data required to be collected under paragraph (1), for purposes of the initial report to be submitted under subsection (b), the Secretary shall collect data on the total number of facilities and health care professional organizations that were operating under, and the total number of health care providers and other related providers trained through, the Stop, Observe, Ask, and Respond to Health and Wellness Training program that was operating before the establishment under section 3(a) of the Program.

(b) **REPORTING.**—Not later than 90 days after the first day of each of fiscal years 2019 through 2023, the Secretary shall prepare and submit to Congress a report on the data collected under subsection (a).

SEC. 5. AUTHORIZATION OF APPROPRIATIONS.

There is authorized to be appropriated to carry out this Act \$4,000,000 for each of fiscal years 2018 through 2022.

Amend the title so as to read:

A bill to establish the Stop, Observe, Ask, and Respond to Health and Wellness Training Program to address human trafficking in the health care system.

PURPOSE AND SUMMARY

H.R. 767 was introduced on January 31, 2017, by Rep. Steve Cohen (D-TN). The bill expands and further codifies the Stop, Observe, Ask, and Respond (SOAR) training program at the Administration for Children and Families, Office on Trafficking in Persons, which provides health care professionals training on how to identify and appropriately treat human trafficking victims.

BACKGROUND AND NEED FOR LEGISLATION

According to the International Labour Organization (ILO), nearly 21 million people worldwide are victims of human trafficking, forced labor, or sexual exploitation. Many of these unidentified victims come into contact with health care professionals during their captivity. These professionals may be the only people that a victim has an opportunity to speak to, but may be ill-equipped to recognize victimization or to respond in an appropriate manner.

The Stop, Observe, Ask, and Respond pilot initiative was originally launched in 2013 by the Administration for Children and Families, Office on Trafficking in Persons to enhance the health care system's response to trafficking. Training is currently a three-hour course delivered either in-person or through a webinar. Given that health professionals are in a unique position on the front lines to assist to human trafficking victims, enhancing SOAR program training to help them recognize the signs of exploitation and provide trauma-informed, culturally-appropriate care will help increase opportunities to offer trafficked victims help and ultimately save lives.

COMMITTEE ACTION

On May 17, 2017, the Subcommittee on Health held a hearing on H.R. 767. The hearing was entitled "Examining Initiatives to Advance Public Health." The Subcommittee received testimony from:

- Kevin O'Connor, Assistant to the General President, International Association of Fire Fighters;
- Cheryl D. Watson-Lowry, DDS; General Dentist, American Dental Association;
- Martin S. Levine, DO, MPH, FACOFP, dist; Interim Clinical Dean, Professor of Family and Community Medicine, Touro College of Osteopathic Medicine; and
- Jordan Greenbaum, MD; Medical Director, Institute for Healthcare and Human Trafficking at Children's Healthcare of Atlanta; Medical Director, Global Initiative for Child Health and Well Being at the International Centre for Missing and Exploited Children.

On June 29, 2017, the Subcommittee on Health met in open markup session and forwarded H.R. 767, as amended, to the full Committee by a voice vote. On July 27, 2017, the full Committee on Energy and Commerce met in open markup session and ordered H.R. 767, as amended, favorably reported to the House by a voice vote.

COMMITTEE VOTES

Clause 3(b) of rule XIII requires the Committee to list the record votes on the motion to report legislation and amendments thereto. There were no record votes taken in connection with ordering H.R. 767 reported.

OVERSIGHT FINDINGS AND RECOMMENDATIONS

Pursuant to clause 2(b)(1) of rule X and clause 3(c)(1) of rule XIII, the Committee held a hearing and made findings that are reflected in this report.

NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

Pursuant to clause 3(c)(2) of rule XIII, the Committee finds that H.R. 767 would result in no new or increased budget authority, entitlement authority, or tax expenditures or revenues.

CONGRESSIONAL BUDGET OFFICE ESTIMATE

Pursuant to clause 3(c)(3) of rule XIII, the following is the cost estimate provided by the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, September 8, 2017.

Hon. GREG WALDEN,
*Chairman, Committee on Energy and Commerce,
House of Representatives, Washington, DC.*

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 767, the SOAR to Health and Wellness Act of 2017.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Tia Caldwell.

Sincerely,

KEITH HALL,
Director.

Enclosure.

H.R. 767—SOAR to Health and Wellness Act of 2017

Summary: H.R. 767 would require the Department of Health and Human Services (HHS) to establish a pilot program called Stop, Observe, Ask, and Respond (SOAR) to Health and Wellness Training.

CBO estimates that implementing the legislation would cost \$17 million over the 2017–2022 period, assuming appropriation of the specified amounts. Enacting the bill would not affect direct spending or revenues; therefore, pay-as-you-go procedures do not apply.

CBO estimates that enacting H.R. 767 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2028.

H.R. 767 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA) and would impose no costs on state, local, or tribal governments.

Estimated cost to the Federal Government: The estimated budgetary effect of H.R. 767 is shown in the following table. The costs of this legislation fall within budget function 500 (education, training, employment and social services).

	By fiscal year, in millions of dollars—						
	2017	2018	2019	2020	2021	2022	2017– 2022
INCREASES IN SPENDING SUBJECT TO APPROPRIATION							
Authorization Level	0	4	4	4	4	4	20
Estimated Outlays	0	2	3	4	4	4	17

Basis of estimate: For this estimate, CBO assumes that H.R. 767 will be enacted near the start of 2018 and that the specified amounts will be appropriated for each year. The estimated outlays reflect historical spending patterns for similar programs administered by HHS.

H.R. 767 would authorize the appropriation of \$4 million for each of fiscal years 2018 through 2022 for HHS to provide grants for training health care providers on how to identify and care for the victims of human trafficking. The program would continue the functions of an existing pilot program, provide additional technical assistance, and seek to improve data collection.

CBO estimates that implementing the legislation would cost \$17 million over the 2018–2022 period, assuming appropriation of the specified amounts; the remainder would be spent in the years after 2022.

Pay-As-You-Go considerations: None.

Increase in long-term direct spending and deficits: CBO estimates that enacting H.R. 767 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2028.

Intergovernmental and private-sector impact: H.R. 767 contains no intergovernmental or private-sector mandates as defined in UMRA.

Estimate prepared by: Federal costs: Tia Caldwell; Impact on state, local, and tribal governments: Zach Byrum; Impact on the private sector: Amy Petz.

Estimate approved by: H. Samuel Papenfuss, Deputy Assistant Director for Budget Analysis.

FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

Pursuant to clause 3(c)(4) of rule XIII, the general performance goal or objective of this legislation is to expand and further codify the SOAR program by allowing the program to provide grants to health care sites and health care professional organizations that support training to recognize and respond to human trafficking. The legislation also requires the program, in conjunction with stakeholders, to develop training modules, provide technical assistance to health education programs and professional organizations, help disseminate best practices, and develop data collection and reporting on the number of trafficking victims served in health care settings.

DUPLICATION OF FEDERAL PROGRAMS

Pursuant to clause 3(c)(5) of rule XIII, no provision of H.R. 767 is known to be duplicative of another Federal program, including any program that was included in a report to Congress pursuant to section 21 of Public Law 111-139 or the most recent Catalog of Federal Domestic Assistance.

COMMITTEE COST ESTIMATE

Pursuant to clause 3(d)(1) of rule XIII, the Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

EARMARK, LIMITED TAX BENEFITS, AND LIMITED TARIFF BENEFITS

Pursuant to clause 9(e), 9(f), and 9(g) of rule XXI, the Committee finds that H.R. 767 contains no earmarks, limited tax benefits, or limited tariff benefits.

DISCLOSURE OF DIRECTED RULE MAKINGS

Pursuant to section 3(i) of H. Res. 5, the Committee finds that H.R. 767 contains no directed rule makings.

ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act were created by this legislation.

APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

Section 1 provides that the Act may be cited as the “Stop, Observe, Ask, and Respond to Health and Wellness Act of 2017” or the “SOAR to Health and Wellness Act of 2017.”

Section 2. Definitions

Section 2 provides the meanings for the terms “human trafficking” and “Secretary.”

Section 3. Program establishment

Section 3 authorizes the Secretary to establish a grant program known as the Stop, Observe, Ask, and Respond to Health and Wellness Training Program to provide training to health care providers on identifying potential human trafficking victims and implementing the proper procedures for providing appropriate care, working with law enforcement, and referring victims to the necessary health, social, or victims service agencies or organizations.

Section 4. Data collection and reporting requirements

Section 4 requires the Secretary to collect data and report on the total number of grantees operating under the SOAR Program, and the total number of health care providers trained through the program.

Section 5. Authorization of appropriations

Section 5 authorizes the appropriation of \$4 million for each of fiscal years 2018 to 2022.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

This legislation does not amend any existing Federal statute.