

106TH CONGRESS  
1ST SESSION

# H. R. 3317

To provide grants to strengthen State and local health care systems' response to domestic violence by building the capacity of health care professionals and staff to identify, address, and prevent domestic violence.

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## IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 10, 1999

Mrs. LOWEY (for herself, and Mrs. MORELLA) introduced the following bill;  
which was referred to the Committee on Education and the Workforce

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## A BILL

To provide grants to strengthen State and local health care systems' response to domestic violence by building the capacity of health care professionals and staff to identify, address, and prevent domestic violence.

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 "Rx for Abuse Act".

1 **SEC 2. GRANTS TO ADDRESS DOMESTIC VIOLENCE IN**  
2 **HEALTH CARE SETTINGS.**

3 (a) IN GENERAL.—The Family Violence Prevention  
4 and Services Act (42 U.S.C. 10401 et seq.) is amended  
5 by adding at the end the following:

6 **“SEC. 319. GRANTS TO ADDRESS DOMESTIC VIOLENCE IN**  
7 **HEALTH CARE SETTINGS.**

8 “(a) GENERAL PURPOSE GRANTS.—The Secretary,  
9 acting through the Office of Family Violence and Preven-  
10 tion Services of the Administration for Children and Fam-  
11 ilies, may award grants to eligible State and local entities  
12 to strengthen the State and local health care system’s re-  
13 sponse to domestic violence by building the capacity of  
14 health care professionals and staff to identify, address,  
15 and prevent domestic violence.

16 “(b) STATE GRANTS.—

17 “(1) IN GENERAL.—The Secretary may award  
18 grants under subsection (a) to entities eligible under  
19 paragraph (2) for the conduct of not to exceed 10  
20 Statewide programs for the design and implementa-  
21 tion of statewide strategies to enable health care  
22 workers to improve the health care system’s re-  
23 sponse to treatment and prevention of domestic vio-  
24 lence as provided for in subsection (d).

25 “(2) ELIGIBLE ENTITIES.—To be eligible to re-  
26 ceive a grant under paragraph (1) an entity shall—

1           “(A) be a State health department, non-  
2           profit State domestic violence coalition, State  
3           professional medical society, State health pro-  
4           fessional association, or other nonprofit or  
5           State entity with a history of effective work in  
6           the field of domestic violence;

7           “(B) demonstrate to the Secretary that  
8           such entity is representing a team of organiza-  
9           tions and agencies working collaboratively to  
10          strengthen the health care system’s response to  
11          domestic violence and that such team includes  
12          representatives from domestic violence and  
13          health care organizations; and

14          “(C) prepare and submit to the Secretary  
15          an application at such time, in such manner,  
16          and containing such information as the Sec-  
17          retary may require.

18          “(3) LIMITATION.—The Secretary may not  
19          award a grant to a State health department under  
20          paragraph (1) unless the State health department  
21          can certify that State laws, policies, and practices do  
22          not require health care professionals and staff to re-  
23          port incidents of domestic violence against adult vic-  
24          tims to law enforcement officials without the pa-  
25          tient’s consent. This prohibition does not apply to

1 the anonymous reporting or reporting of de-identi-  
2 fied information for the purposes of data collection  
3 and analysis.

4 “(4) TERM AND AMOUNT.—A grant under this  
5 section shall be for a term of up to 4 years and for  
6 an amount not to exceed \$2,000,000 per year.

7 “(c) LOCAL DEMONSTRATION GRANTS.—

8 “(1) IN GENERAL.—The Secretary may award  
9 grants under subsection (a) to entities eligible under  
10 paragraph (2) for the conduct of not to exceed 10  
11 demonstration projects for the design and implemen-  
12 tation of a strategy to improve the response of local  
13 health care professionals and staff to the treatment  
14 and prevention of domestic violence.

15 “(2) ELIGIBLE ENTITIES.—To be eligible to re-  
16 ceive a grant under paragraph (1) an entity shall—

17 “(A) be a local health department, tribal  
18 health board, or tribal health organization, local  
19 or tribal nonprofit domestic violence organiza-  
20 tion or service provider, local or tribal profes-  
21 sional medical society or health professional as-  
22 sociation, local nonprofit health care delivery  
23 system or nonprofit hospital, or other nonprofit,  
24 tribal nonprofit, tribal government, or local gov-

1           ernment entity that has a history of effective  
2           work in the field of domestic violence;

3           “(B) demonstrate to the Secretary that  
4           such entity is representing a team of organiza-  
5           tions working collaboratively to strengthen the  
6           health care system’s response to domestic vio-  
7           lence and that such team includes representa-  
8           tives from domestic violence and health care or-  
9           ganizations; and

10           “(C) prepare and submit to the Secretary  
11           an application at such time, in such manner,  
12           and containing such information as the Sec-  
13           retary may require.

14           “(3) TERM AND AMOUNT.—A grant under this  
15           section shall be for a term of up to 2 years and for  
16           an amount not to exceed \$100,000 per year.

17           “(d) USE OF FUNDS.—Amounts provided under a  
18           grant under this section shall be used to design and imple-  
19           ment comprehensive statewide and local strategies to im-  
20           prove the health care response to domestic violence in hos-  
21           pitals, clinics, managed care settings, emergency medical  
22           services, and other health care settings. Such a strategy  
23           shall include—

24           “(1) the development, implementation, dissemi-  
25           nation, and evaluation of policies and procedures to

1 guide health care professionals and staff responding  
2 to domestic violence;

3 “(2) the provision of training and follow-up  
4 technical assistance to health care professionals and  
5 staff to screen for domestic violence, and then to ap-  
6 propriately assess, record in medical records, treat,  
7 and refer patients who are victims of domestic vio-  
8 lence to domestic violence services;

9 “(3) the implementation of practice guidelines  
10 for routine screening and recording mechanisms to  
11 identify and document domestic violence, including  
12 guidelines to ensure that the patient is fully in-  
13 formed of any State laws regarding reporting domes-  
14 tic violence crimes and potential risks to the patient  
15 before screening is performed, and the institutional-  
16 ization of such guidelines and mechanisms in quality  
17 improvement measurements such as patient record  
18 reviews, staff interviews, patient surveys, or other  
19 methods used to evaluate and enhance staff compli-  
20 ance with protocols;

21 “(4) the development and implementation of  
22 policies, protocols, and strategies to ensure that the  
23 health and personal information of a patient who  
24 identifies or is identified as a victim of abuse is col-

1 lected and held in a manner that protects the pa-  
2 tient’s privacy and safety;

3 “(5) the development of on-site access to serv-  
4 ices to address the safety, medical, mental health,  
5 and economic needs of patients and to provide infor-  
6 mation and assistance related to the additional  
7 needs of patients who are victims of domestic vio-  
8 lence achieved either by increasing the capacity of  
9 existing health care professionals and staff to ad-  
10 dress these issues or by contracting with or hiring  
11 domestic violence advocates to provide the services  
12 or other model appropriate to the geographic and  
13 cultural needs of a site;

14 “(6) the development of innovative and effective  
15 comprehensive approaches to domestic violence iden-  
16 tification, treatment, and prevention models unique  
17 to managed care settings, such as—

18 “(A) exploring ways to compensate health  
19 care professionals and staff for screening and  
20 other services related to domestic violence;

21 “(B) developing built-in incentives such as  
22 billing mechanisms and protocols to encourage  
23 health care professionals and staff to implement  
24 screening and other domestic violence pro-  
25 grams; or

1           “(C) contracts or other agreements which  
2           provide nonprofit community-based agencies  
3           with expertise serving victims of domestic vio-  
4           lence payment to provide domestic violence vic-  
5           tims access to advocates and services in health  
6           care settings; and

7           “(7) activities deemed necessary by the Sec-  
8           retary to enable evaluation.

9           “(e) EVALUATION.—The Secretary may use not to  
10          exceed 5 percent of the amount appropriated under sub-  
11          section (f) to evaluate the economic, health, and safety  
12          benefits of the programs and activities conducted by  
13          grantees under this section and the extent to which the  
14          institutionalization of such activities has been achieved.  
15          The Secretary shall ensure that all data is collected and  
16          maintained in a manner that protects the subject’s privacy  
17          and safety. The Secretary shall further ensure, to the  
18          maximum extent possible, that all data and health infor-  
19          mation is collected in a nonidentifiable manner, and in the  
20          event that nonidentifiable data is not feasible, the Sec-  
21          retary shall ensure that the subject’s consent was obtained  
22          for the use and transfer of such information.

23          “(f) AUTHORIZATION OF APPROPRIATIONS.—

24                 “(1) IN GENERAL.—There are authorized to be  
25                 appropriated to carry out this section—

1           “(A) \$11,000,000 for each of the fiscal  
2           years 2001 through 2003; and

3           “(B) \$10,000,000 for fiscal year 2004.

4           “(2) AVAILABILITY.—Amounts appropriated  
5           under paragraph (1) shall remain available until ex-  
6           pended.”.

7           (b) TECHNICAL AMENDMENT.—Section 305(a) of the  
8           Family Violence Prevention and Services Act (42 U.S.C.  
9           10405(a)) is amended—

10           (1) by striking “an employee” and inserting  
11           “one or more employees”; and

12           (2) by striking “individual” and inserting “indi-  
13           viduals”.

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