

107TH CONGRESS
2D SESSION

H. R. 4032

To amend titles V and XIX of the Social Security Act and chapter 89 of title 5, United States Code, to provide coverage for domestic violence screening and treatment under the maternal and child health block grant program, the Medicaid Program, and the Federal employees health benefits program.

IN THE HOUSE OF REPRESENTATIVES

MARCH 20, 2002

Mrs. CAPPS (for herself, Mr. LATOURETTE, Mr. WAXMAN, and Mr. GREENWOOD) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Government Reform, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend titles V and XIX of the Social Security Act and chapter 89 of title 5, United States Code, to provide coverage for domestic violence screening and treatment under the maternal and child health block grant program, the Medicaid Program, and the Federal employees health benefits program.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE; FINDINGS.**

2 (a) SHORT TITLE.—This Act may be cited as the
3 “Domestic Violence Screening and Treatment Act of
4 2002”.

5 (b) FINDINGS.—Congress finds the following:

6 (1) Nearly one-third of American women (31
7 percent) report being physically or sexually abused
8 by a husband or boyfriend at some point in their
9 lives, and about 1200 women are murdered every
10 year by their intimate partner, nearly 3 each day.

11 (2) 85 percent of violent victimizations are ex-
12 perienceed by women.

13 (3) 37 percent of all women who sought care in
14 hospital emergency rooms for violence-related inju-
15 ries were injured by a current or former spouse, boy-
16 friend, or girlfriend.

17 (4) In addition to injuries sustained during vio-
18 lent episodes, physical and psychological abuse are
19 linked to a number of adverse physical health effects
20 including arthritis, chronic neck or back pain, mi-
21 graine and other frequent headaches, stammering,
22 problems with vision, and sexually transmitted infec-
23 tions, including HIV/AIDS.

24 (5) Medical services for abused women cost an
25 estimated \$857.3 million every year.

1 (6) Each year, at least six percent of all preg-
2 nant women, about 240,000 pregnant women, in this
3 country are battered by the men in their lives. This
4 battering leads to complications of pregnancy, in-
5 cluding low weight gain, anemia, infections, and first
6 and second trimester bleeding.

7 (7) Pregnant and recently pregnant women are
8 more likely to be victims of homicide than to die of
9 any other cause, and evidence exists that a signifi-
10 cant proportion of all female homicide victims are
11 killed by their intimate partners.

12 (8) Children who witness domestic violence are
13 more likely to exhibit behavioral and physical health
14 problems including depression, anxiety, and violence
15 towards peers. They are also more likely to attempt
16 suicide, abuse drugs and alcohol, run away from
17 home, engage in teenage prostitution, and commit
18 sexual assault crimes.

19 (9) Fifty percent of men who frequently assault
20 their wives frequently assault their children. The
21 U.S. Advisory Board on Child Abuse and Neglect
22 suggests that domestic violence may be the single
23 major precursor to child abuse and neglect fatalities
24 in this country.

1 (10) Currently, about 10 percent of primary
2 care physicians routinely screen for intimate partner
3 abuse during new patient visits and nine percent
4 routinely screen during periodic checkups.

5 (11) Recent clinical studies have proven the ef-
6 fectiveness of a 2-minute screening for early detec-
7 tion of abuse of pregnant women. Additional longitu-
8 dinal studies have tested a 10-minute intervention
9 that was proven highly effective in increasing the
10 safety of pregnant abused women. Comparable re-
11 search does not yet exist to support the effectiveness
12 of screening men.

13 (12) 70 to 81 percent of the patients studied
14 reported that they would like their healthcare pro-
15 viders to ask them privately about intimate partner
16 violence.

17 **SEC. 2. COVERAGE OF DOMESTIC VIOLENCE SCREENING**
18 **AND TREATMENT UNDER THE MEDICAID**
19 **PROGRAM.**

20 (a) IN GENERAL.—Section 1905 of the Social Secu-
21 rity Act (42 U.S.C. 1396d) is amended—

22 (1) in subsection (a)(26), by striking “and” at
23 the end;

24 (2) by redesignating paragraph (27) of sub-
25 section (a) as paragraph (28); and

1 (3) by inserting after paragraph (26) of sub-
2 section (a) the following new paragraph:

3 “(27) domestic violence screening and treat-
4 ment services (as defined in subsection (x));” and

5 (4) by adding at the end the following new sub-
6 section:

7 “(x) The term ‘domestic violence screening and treat-
8 ment services’ means the following services (as specified
9 under the State plan) furnished by an attending health
10 care provider (or, in the case of services described in para-
11 graph (3), under arrangements between the provider and
12 domestic violence experts) to women 18 years of age or
13 older:

14 “(1) Routine verbal screening for domestic vio-
15 lence by a provider if the provider has not previously
16 screened the patient or if the patient has been
17 screened but the patient indicates that she is in a
18 new relationship regardless of whether there are any
19 clinical indicators or suspicion of abuse.

20 “(2) Danger assessment for women who posi-
21 tively identify for domestic violence, including an im-
22 mediate safety assessment, an initial risk assess-
23 ment, and follow-up risk assessments during subse-
24 quent visits.

1 “(3) Treatment relating to domestic violence,
2 including the following:

3 “(A) Safety education to assist the patient
4 in developing a plan to promote her safety and
5 well-being, such as keeping an emergency kit,
6 talking to someone, and arranging for a place
7 to stay, and appropriate follow up.

8 “(B) Health education which provides writ-
9 ten and verbal information about domestic vio-
10 lence, its impact on health, options for services,
11 and any necessary follow up.

12 “(C) Psycho-social and counseling services
13 that include an initial assessment, development
14 of a plan of care, individual or group counseling
15 (as needed), and follow-up assessment, treat-
16 ment, or intervention.

17 “(D) Documentation of screening, assess-
18 ment, treatment, referrals, injuries, and ill-
19 nesses related to domestic violence and who in-
20 flicted them, using appropriate diagnostic codes
21 and absolute confidentiality (except as required
22 by applicable State law).

23 “(4) Referral and case coordination for addi-
24 tional services, including services from domestic vio-

(b) **EFFECTIVE DATE.**—The amendments made by this section shall take effect on the date of the enactment of this Act and shall apply to services furnished on or after such date.

7 SEC. 3. FEDERAL EMPLOYEES HEALTH BENEFITS PRO-
8 GRAM.

9 (a) IN GENERAL.—Section 8902 of title 5, United
10 States Code, is amended by adding at the end the fol-
11 lowing:

“(p)(1) A contract may not be made or a plan approved which does not include coverage for domestic violence screening and treatment services.

“(2) For purposes of this subsection, the term ‘domestic violence screening and treatment services’ has the meaning given such term in section 1905(x) of the Social Security Act.”.

(b) **EFFECTIVE DATE.**—The amendment made by subsection (a) shall apply to contracts made, and plans approved, after the end of the 6-month period beginning on the date of the enactment of this Act.

1 **SEC. 4. MATERNAL AND CHILD HEALTH SERVICES BLOCK**
 2 **GRANT.**

3 (a) REQUIREMENT FOR PORTION OF EXPENDITURES
 4 ON DOMESTIC VIOLENCE SCREENING AND TREAT-
 5 MENT.—Section 505(a)(5) of the Social Security Act (42
 6 U.S.C. 705(a)(5)) is amended—

7 (1) by striking “and” at the end of subpara-
 8 graph (E);

9 (2) by striking the period at the end of sub-
 10 paragraph (F) and inserting “; and”; and

11 (3) by inserting after subparagraph (F) the fol-
 12 lowing new subparagraph:

13 “(G) the State will set aside a reasonable
 14 portion (based upon the State’s previous use of
 15 funds under this title) of the funds provided for
 16 domestic violence screening and treatment serv-
 17 ices (as defined in section 1902(x)).”.

18 (b) PREFERENCE IN CERTAIN FUNDING.—Section
 19 502(b)(2) of such Act (42 U.S.C. 702(b)(2)) is amended
 20 by adding at the end the following new subparagraph:

21 “(C) Of the amounts retained for projects described
 22 in subparagraphs (A) through (F) of section 501(a)(3),
 23 the Secretary shall provide preference to qualified appli-
 24 cants which demonstrate that the activities to be carried
 25 out with such amounts includes training of providers in

1 how to screen for, and treat, domestic violence and train-
2 ing that includes—

3 “(i) identifying victims of domestic violence and
4 maintaining complete medical records that include
5 documentation of the examination, treatment given,
6 and referrals made, and recording the location and
7 nature of the victim’s injuries;

8 “(ii) examining and treating such victims, with-
9 in the scope of the health professional’s discipline,
10 training, and practice (including medical advice re-
11 garding the dynamics and nature of domestic vio-
12 lence);

13 “(iii) assessing the immediate and short-term
14 safety of the victim and assisting the victim in devel-
15 oping a plan to promote his or her safety; and

16 “(iv) referring the victim to public and private
17 nonprofit private entities that provide services for
18 such victims.”.

19 (c) REPORTING DATA.—Section 506(a)(2) of such
20 Act (42 U.S.C. 706(a)(2)) is amended by adding at the
21 end the following new subparagraph:

22 “(F) Information on how funds provided under
23 this title are used to screen for and treat domestic
24 violence.”.

1 (d) SEPARATE PROGRAM FOR DOMESTIC VIOLENCE
2 SCREENING AND TREATMENT.—Title V of such Act is
3 amended by adding at the end the following new section:

4 “SEPARATE PROGRAM FOR DOMESTIC VIOLENCE

5 SCREENING AND TREATMENT

6 “SEC. 511. (a) For the purpose described in sub-
7 section (b), the Secretary shall, for fiscal year 2003 and
8 each subsequent fiscal year, allot to each State which has
9 transmitted an application for the fiscal year under section
10 505(a) an amount equal to the product of

11 “(1) the amount appropriated in subsection (d)
12 for the fiscal year; and

13 “(2) the percentage determined for the State
14 under section 502(c)(1)(B)(ii).

15 “(b) The purpose of an allotment under subsection
16 (a) to a State is to enable the State to provide for domestic
17 violence screening and treatment, including the provision
18 of domestic violence screening and treatment services (as
19 defined in section 1905(x)), increasing the number of
20 women screened, assessed, treated, and referred and in-
21 cluding training of health care providers on how to identify
22 and respond to victims of domestic violence.

23 “(c)(1) Sections 503, 507, and 508 apply to allot-
24 ments under subsection (a) to the same extent and in the
25 same manner as such sections apply to allotments under
26 section 502(c).

1 “(2) Sections 505 and 506 apply to allotments under
2 subsection (a) to the extent determined by the Secretary
3 to be appropriate.

4 “(d) For the purpose of allotments under subsection
5 (a), there is authorized to be appropriated for each fiscal
6 year, beginning with fiscal year 2003, such sums as may
7 be necessary.”.

8 (e) EFFECTIVE DATE.—The amendments made by
9 subsections (a) and (b) shall apply to fiscal years begin-
10 ning after the date of the enactment of this Act and the
11 amendment made by subsection (c) shall apply to annual
12 reports submitted for such fiscal years.

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