

108TH CONGRESS
1ST SESSION

H. R. 1267

To amend the Public Health Service Act, the Social Security Act, and chapter 89 of title 5, United States Code, to provide research on the health impact and prevention of family violence; to provide training for health care professionals, behavioral and public health staff, and community health centers regarding identification and treatment for families experiencing family violence; and to provide coverage for domestic violence identification and treatment under the Maternal and Child Health Services Block Grant Program, the Medicaid Program, the Federal Employees Health Benefits Program, and the Community Health Centers Program.

IN THE HOUSE OF REPRESENTATIVES

MARCH 13, 2003

Mrs. CAPPS (for herself, Mr. LATOURETTE, Mr. WAXMAN, Mrs. LOWEY, Mr. BROWN of Ohio, Mr. STARK, Ms. LOFGREN, Mr. GEORGE MILLER of California, Ms. LINDA T. SÁNCHEZ of California, Ms. LORETTA SANCHEZ of California, Ms. LEE, Mr. PAYNE, Mr. RODRIGUEZ, Ms. CORRINE BROWN of Florida, Mrs. MALONEY, Mr. KENNEDY of Rhode Island, Ms. NORTON, Mr. MORAN of Virginia, Mr. FRANK of Massachusetts, Ms. DELAURO, Mr. PALLONE, Mr. GRIJALVA, Mr. HOLDEN, Mr. ABERCROMBIE, Mr. FILNER, Mr. FROST, Mr. LYNCH, Mr. HINCHEY, Mr. SERRANO, Mr. MCGOVERN, Ms. KILPATRICK, Ms. CARSON of Indiana, Mr. BAIRD, Ms. SLAUGHTER, Mr. BISHOP of New York, Mrs. NAPOLITANO, Mr. OWENS, Mr. ACKERMAN, Ms. MILLENDER-MCDONALD, Ms. MCCOLLUM, Mr. DOGGETT, Mr. KUCINICH, Ms. SCHAKOWSKY, Mr. RANGEL, Ms. WOOLSEY, Mr. MCNULTY, Mr. FATTAH, Mr. REYES, Mr. KILDEE, Mr. DAVIS of Illinois, Mr. GUTIERREZ, Mr. FALEOMAVAEGA, Mr. CLYBURN, Mr. BOSWELL, Mr. MCDERMOTT, and Mr. CASE) 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 the Public Health Service Act, the Social Security Act, and chapter 89 of title 5, United States Code, to provide research on the health impact and prevention of family violence; to provide training for health care professionals, behavioral and public health staff, and community health centers regarding identification and treatment for families experiencing family violence; and to provide coverage for domestic violence identification and treatment under the Maternal and Child Health Services Block Grant Program, the Medicaid Program, the Federal Employees Health Benefits Program, and the Community Health Centers Program.

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 “Domestic Violence
5 Screening, Treatment, and Prevention Act of 2003”.

6 **SEC. 2. FINDINGS.**

7 The Congress finds as follows:

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

13 (2) 85 percent of violent victimizations are ex-
14 perienceed by women.

1 (3) 37 percent of all women who sought care in
2 hospital emergency rooms for violence-related inju-
3 ries were injured by a current or former spouse, boy-
4 friend, or girlfriend.

5 (4) In addition to injuries sustained during vio-
6 lent episodes, physical and psychological abuse are
7 linked to a number of adverse physical and mental
8 health effects. Women who have been abused are
9 much more likely to suffer from chronic pain, gas-
10 trointestinal disorders, diabetes, depression, unin-
11 tended pregnancies, substance abuse and sexually
12 transmitted infections, including HIV/AIDS.

13 (5) Medical services for abused women cost an
14 estimated \$857,300,000 every year and health plans
15 spend an average of \$1,775 more a year on abused
16 women than on general enrollees.

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

23 (7) Pregnant and recently pregnant women are
24 more likely to be victims of homicide than to die of
25 any other cause, and evidence exists that a signifi-

1 cant proportion of all female homicide victims are
2 killed by their intimate partners.

3 (8) Children who witness domestic violence are
4 more likely to exhibit behavioral and physical health
5 problems including depression, anxiety, and violence
6 towards peers. They are also more likely to attempt
7 suicide, abuse drugs and alcohol, run away from
8 home, engage in teenage prostitution, and commit
9 sexual assault crimes.

10 (9) Fifty percent of men who frequently assault
11 their wives frequently assault their children. The
12 U.S. Advisory Board on Child Abuse and Neglect
13 suggests that domestic violence may be the single
14 major precursor to child abuse and neglect fatalities
15 in this country.

16 (10) Currently, about 10 percent of primary
17 care physicians routinely screen for intimate partner
18 abuse during new patient visits and nine percent
19 routinely screen during periodic checkups.

20 (11) Recent clinical studies have proven the ef-
21 fectiveness of a 2-minute screening for early detec-
22 tion of abuse of pregnant women. Additional longitu-
23 dinal studies have tested a 10-minute intervention
24 that was proven highly effective in increasing the
25 safety of pregnant abused women. Comparable re-

1 search does not yet exist to support the effectiveness
2 of screening men.

3 (12) 70 to 81 percent of the patients studied
4 reported that they would like their healthcare pro-
5 viders to ask them privately about intimate partner
6 violence.

7 **TITLE I—RESEARCH ON HEALTH** 8 **AND FAMILY VIOLENCE**

9 **SEC. 101. HEALTH RESEARCH ON FAMILY VIOLENCE.**

10 Title III of the Public Health Service Act (42 U.S.C.
11 241 et seq.) is amended by adding at the end the following
12 part:

13 **“PART R—HEALTH RESEARCH ON FAMILY VIO-** 14 **LENCE; HEALTH PROFESSIONALS EDU-** 15 **CATION**

16 **“SEC. 399AA. DEFINITION.**

17 “In this part the term ‘family violence’ means any
18 act or threatened act of violence, including any forceful
19 detention of an individual, that—

20 “(1) results or threatens to result in physical
21 injury and/or sexual assault; and

22 “(2) is committed by a person against another
23 individual (including an elderly individual or a
24 child)—

1 “(A) to whom such person is or was re-
2 lated by blood or marriage or is otherwise le-
3 gally related;

4 “(B) with whom such person is or was law-
5 fully residing; or

6 “(C) with whom such person is or has been
7 in a social relationship of a romantic or inti-
8 mate nature.

9 **“SEC. 399AA-1. FAMILY VIOLENCE RESEARCH CENTERS.**

10 “(a) ESTABLISHMENT.—The Secretary shall provide
11 for the establishment of family violence research and edu-
12 cation centers to conduct research and disseminate infor-
13 mation, including professional and public education, con-
14 cerning family violence.

15 “(b) LINKAGES.—In establishing centers under sub-
16 section (a), the Secretary shall ensure that at least—

17 “(1) one center is affiliated with the National
18 Institutes of Health;

19 “(2) one center is affiliated with the Agency for
20 Health Care Research and Quality; and

21 “(3) each center is linked to national, State,
22 and local community resources, including domestic
23 violence state coalitions and local shelter-based do-
24 mestic violence programs, community health centers,
25 health care delivery systems, and domestic and sex-

1 ual assault hotlines, through which information may
2 be distributed.

3 “(c) GENERAL DUTIES.—Each center established
4 under subsection (a) may provide for the conduct of family
5 violence research, including—

6 “(1) research concerning the prevalence and
7 characteristics of different forms of family violence,
8 including child abuse, domestic violence, and elder
9 abuse;

10 “(2) research concerning the effects that family
11 violence and childhood exposure to family violence
12 have on health behaviors, health conditions and the
13 health status of individuals, families, and popu-
14 lations, and the health care utilization and costs at-
15 tributable to family violence;

16 “(3) research on effective interventions for
17 adults and children exposed to family violence;

18 “(4) research concerning the development, im-
19 plementation, evaluation, and dissemination of ap-
20 propriate curricula for health professional training
21 in the area of family violence;

22 “(5) research concerning the effectiveness of
23 different educational methodologies that are used to
24 present the curricula described in paragraph (4);

1 “(6) research concerning the effects of manda-
2 tory domestic violence reporting requirements, in-
3 cluding the effects of such requirements on—

4 “(A) the prevalence and incidence of family
5 violence;

6 “(B) victim and dependent safety and self-
7 efficacy;

8 “(C) referral and treatment patterns; and

9 “(D) access to health care, legal, and advo-
10 cacy services; and

11 “(7) research and testing of best messages and
12 strategies to mobilize public action concerning the
13 prevention of family violence.

14 “(d) GRANTS AND CONTRACTS.—

15 “(1) IN GENERAL.—In carrying out subsection
16 (a), the Secretary may make grants to and enter
17 into contracts with public and nonprofit private enti-
18 ties capable of conducting the research funded under
19 this section.

20 “(2) APPLICATION FOR AWARD.—The Secretary
21 may make an award of a grant or contract under
22 paragraph (1) only if an application for the award
23 is submitted to the Secretary and the application is
24 in such form, is made in such manner, and contains
25 such agreements, assurances, and information as the

1 Secretary determines to be necessary to carry out
2 the purposes for which the award is to be made.

3 “(e) ADVISORY BOARD.—

4 “(1) IN GENERAL.—The Secretary shall estab-
5 lish an advisory board to make recommendations
6 concerning the research agenda carried out by the
7 research centers under this section.

8 “(2) COMPOSITION.—

9 “(A) APPOINTED MEMBERS.—The advisory
10 board shall be composed of 19 members to be
11 appointed by the Secretary as follows:

12 “(i) Twelve members shall be ap-
13 pointed from among individuals who are
14 scientific or health care experts in the
15 areas of elder abuse, domestic violence,
16 child abuse, mental health, epidemiology,
17 social work, or health education.

18 “(ii) Seven members shall be ap-
19 pointed from among nationally recognized
20 experts in domestic violence, child abuse,
21 and elder abuse who have a documented
22 history of effective and respected work in
23 their respective field, of which—

1 “(I) at least one member shall be
2 an expert in domestic violence and
3 dating violence;

4 “(II) at least one member shall
5 be an expert in child abuse;

6 “(III) at least one member shall
7 be an expert in elder abuse;

8 “(IV) at least one member shall
9 be an expert in the impact of family
10 violence on children and youth; and

11 “(V) at least one member shall
12 be an expert in domestic violence
13 against older or disabled women.

14 “(B) EX OFFICIO MEMBERS.—The fol-
15 lowing shall be ex-officio members of the advi-
16 sory board:

17 “(i) The Assistant Secretary for
18 Health.

19 “(ii) The Director of the National In-
20 stitutes of Health.

21 “(iii) The Director of the Centers for
22 Disease Control and Prevention.

23 “(iv) The Assistant Secretary for
24 Children and Families.

1 “(v) The Assistant Secretary for
2 Aging.

3 “(vi) The Administrator of the Health
4 Resources and Services Administration.

5 “(vii) The Assistant Attorney General
6 for the Office of Justice Programs.

7 “(viii) The Director of the Agency for
8 Healthcare Research and Quality.

9 “(C) CHAIRPERSON.—The members of the
10 advisory board appointed under subparagraph
11 (A) shall elect a chairperson from among such
12 members.

13 “(3) MEETINGS.—The advisory board shall
14 meet at the call of the chairperson or upon the re-
15 quest of the Secretary, but not less often than 2
16 times each year.

17 “(4) DUTIES.—In order to ensure the most ef-
18 fective use and organization of Federal resources
19 concerning family violence, the advisory board shall
20 provide advice and make recommendations to Con-
21 gress and the Secretary with respect to the imple-
22 mentation and revision of the research agenda of the
23 research centers established under this section.

24 “(5) SUBCOMMITTEES.—In carrying out its
25 functions under this subsection, the advisory board

1 may establish subcommittees, convene workshops
2 and conferences, and collect data. Such subcommit-
3 tees may be composed of advisory board members
4 and nonmember consultants with expertise in the
5 particular area addressed by such subcommittees.

6 “(6) REPORTS.—The advisory board shall an-
7 nually report to the appropriate authorizing and ap-
8 propriations committees of Congress concerning the
9 research agenda for the centers established under
10 this section and the progress made in fulfilling that
11 research agenda.

12 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
13 are authorized to be appropriated to carry out this section
14 \$15,000,000 for fiscal year 2004, and such sums as may
15 be necessary for each of the fiscal years 2005 through
16 2008.”.

17 **TITLE II—HEALTH PROFES-**
18 **SIONAL EDUCATION PRO-**
19 **GRAMS**

20 **SEC. 201. HEALTH PROFESSIONAL EDUCATION GRANTS.**

21 Part R of title III of the Public Health Service Act,
22 as added by section 101 of this Act, is amended by adding
23 at the end the following:

1 **“SEC. 399AA-2. HEALTH PROFESSIONAL EDUCATION**
2 **GRANTS.**

3 “(a) IN GENERAL.—The Secretary shall award
4 grants to eligible entities to enable such entities to develop,
5 implement, evaluate, and disseminate family violence edu-
6 cation and training curricula, programs, and strategies.

7 “(b) ELIGIBILITY.—

8 “(1) IN GENERAL.—To be eligible to receive a
9 grant under subsection (a), an entity—shall have a
10 history of effective work in the field of family vio-
11 lence and health care and—

12 “(A) be a health care entity eligible for re-
13 imbursement under title XVIII of the Social Se-
14 curity Act or a local non-profit entity with ex-
15 pertise in family violence, a State coalition for
16 domestic violence, a State coalition for sexual
17 assault, or a State public health agency;

18 “(B) demonstrate an ability to maintain
19 the training systems established with amounts
20 received under the grant after the expiration of
21 the grant funding and provide an assurance
22 that such systems will be maintained if deter-
23 mined to be effective; and

24 “(C) prepare and submit to the Secretary
25 at such time, in such manner, and containing
26 such agreements, assurances, and information

1 as the Secretary determines to be necessary to
2 carry out the purposes for which the grant is to
3 be made.

4 “(2) PRIORITY.—Applicants that can dem-
5 onstrate that they represent a team of organizations
6 and agencies working collaboratively to strengthen
7 the health care system response to family violence
8 may receive priority in funding.

9 “(c) USE OF FUNDS.—An entity shall use amounts
10 received under a grant under this section to—

11 “(1) conduct evaluations of existing family vio-
12 lence identification and treatment training pro-
13 grams; and

14 “(2) develop (or adapt) and implement innova-
15 tive training models or programs to identify and ap-
16 propriately treat and refer victims of family violence
17 in health professional schools and for practicing,
18 health, behavioral health and public health providers.

19 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
20 are authorized to be appropriated to carry out this section
21 \$5,000,000 for fiscal year 2004, and such sums as may
22 be necessary for each of the fiscal years 2005 through
23 2008.”.

1 **TITLE III—GRANTS TO FOSTER**
2 **PUBLIC HEALTH RESPONSES**
3 **TO DOMESTIC VIOLENCE**

4 **SEC. 301. GRANTS.**

5 Part P of title III of the Public Health Service Act
6 (42 U.S.C. 280g et seq.) is amended by adding at the end
7 the following:

8 **“SEC. 3990. GRANTS TO FOSTER PUBLIC HEALTH RE-**
9 **SPONSES TO DOMESTIC VIOLENCE.**

10 **“(a) AUTHORITY TO AWARD GRANTS.—**

11 **“(1) IN GENERAL.—**The Secretary, acting
12 through the Assistant Secretary for the Administra-
13 tion for Children and Families, shall award grants
14 under this section to eligible State entities and eligi-
15 ble local entities in order to strengthen the response
16 of State and local health care systems to domestic
17 violence.

18 **“(2) DEFINITIONS OF ELIGIBLE ENTITIES.—**In
19 this section:

20 **“(A) ELIGIBLE STATE ENTITY.—**The term
21 eligible State entity’ means a State department
22 (or other division) of health, a State domestic
23 violence coalition or service-based program, or
24 any other nonprofit, tribal, or State entity with
25 a history of effective work in the field of domes-

1 tic violence and health care, that demonstrates
2 that the applicant is representing a team of or-
3 ganizations and agencies working collaboratively
4 to strengthen the response of the health care
5 system to domestic violence and that such team
6 includes domestic violence and health care orga-
7 nizations.

8 “(B) ELIGIBLE LOCAL ENTITY.—The term
9 eligible local entity’ means a nonprofit domestic
10 violence service based program, a local depart-
11 ment (or other division) of health, a local health
12 clinic, hospital, or health system, or any other
13 nonprofit, tribal, or local entity with a history
14 of effective work in the field of domestic vio-
15 lence and health.

16 “(b) NUMBER AND DURATION OF PROGRAMS; MAX-
17 IMUM AMOUNT OF GRANTS.—

18 “(1) NUMBER OF PROGRAMS.—Not more
19 than—

20 “(A) 10 programs shall be conducted by el-
21 igible State entities under a grant made under
22 this section; or

23 “(B) 10 programs shall be conducted by
24 eligible local entities under a grant made under
25 this section.

1 “(2) DURATION.—A program conducted under
2 a grant made under this section by an eligible State
3 entity or an eligible local entity shall not exceed 4
4 years.

5 “(3) MAXIMUM AMOUNT OF GRANTS.—A grant
6 awarded under this section shall not exceed—

7 “(A) \$350,000 per year, in the case of a
8 program conducted by an eligible State entity;
9 or

10 “(B) \$150,000 per year, in the case of a
11 program conducted by an eligible local entity.

12 “(c) USE OF FUNDS.—

13 “(1) ELIGIBLE STATE ENTITIES.—An eligible
14 State entity awarded a grant under this section shall
15 use funds provided under the grant to design and
16 implement comprehensive statewide strategies to im-
17 prove the response of the health care system to do-
18 mestic violence in clinical and public health care set-
19 tings and to promote education and awareness about
20 domestic violence at a statewide level. Such strate-
21 gies shall be in accordance with the following:

22 “(A) Such strategies shall include the fol-
23 lowing:

24 “(i) Collaboration with State depart-
25 ments (or other divisions) of health to inte-

1 grate responses to domestic violence into
2 existing policy, practice, and education ef-
3 forts.

4 “(ii) Promotion of policies and fund-
5 ing sources that advance domestic violence
6 identification, training, and protocol devel-
7 opment and that protect the confidentiality
8 of patients and prohibit insurance discrimi-
9 nation.

10 “(iii) Promotion of policies and fund-
11 ing sources that advance on-site access to
12 services to address the safety, medical,
13 mental health, and economic needs of pa-
14 tients in multiple settings either by in-
15 creasing the capacity of existing health
16 care professionals and behavioral and pub-
17 lic health staff to address domestic violence
18 issues or by contracting with or hiring do-
19 mestic violence advocates to provide the
20 services, or by modeling other services ap-
21 propriate to the geographic and cultural
22 needs of a site.

23 “(iv) Training and follow-up technical
24 assistance to health care professionals and
25 behavioral and public health staff to screen

1 for domestic violence, and then to appro-
2 priately assess, treat, and refer patients
3 who are victims of domestic violence to do-
4 mestic violence services.

5 “(B) Such strategies may also include the
6 following:

7 “(i) Dissemination, implementation,
8 and evaluation of practice guidelines on do-
9 mestic violence that guide the response of
10 health care professionals and behavioral
11 and public health staff to domestic vio-
12 lence.

13 “(ii) Where appropriate, development
14 of training modules and policies that ad-
15 dress the overlap of child abuse, domestic
16 violence and elder abuse as well as child-
17 hood exposure to domestic violence

18 “(iii) Creation and implementation of
19 public education campaigns for patients
20 and health care professionals and behav-
21 ioral and public health staff about domes-
22 tic violence prevention.

23 “(iv) Development and dissemination
24 of education materials to patients and

1 health care professionals and behavioral
2 and public health staff.

3 “(v) Promotion of the inclusion of do-
4 mestic violence into medical and nursing
5 school curriculum and integration of do-
6 mestic violence into health care accredita-
7 tion and professional licensing examina-
8 tions, such as medical boards.

9 “(vi) Evaluation of the practice and
10 institutionalization of identification, inter-
11 vention, and documentation of domestic vi-
12 olence and promotion of the use of quality
13 improvement measurements.

14 “(2) ELIGIBLE LOCAL ENTITIES.—An eligible
15 local entity awarded a grant under this section shall
16 use funds provided under the grant to design and
17 implement comprehensive local strategies to improve
18 the response of the health care system to domestic
19 violence in hospitals, clinics, managed care settings,
20 emergency medical services, and other health care
21 settings. Such strategies shall include the following:

22 “(A) Implementation, dissemination, and
23 evaluation of policies and procedures to guide
24 health care professionals and behavioral and
25 public health staff responding to domestic vio-

1 lence including identification, treatment, and
2 documentation of domestic violence and strate-
3 gies to ensure that health information is held in
4 a manner that protects the patient’s privacy
5 and safety.

6 “(B) Training and follow-up technical as-
7 sistance to health care professionals and behav-
8 ioral and public health staff to identify domestic
9 violence, and then to appropriately assess, treat,
10 and refer patients who are victims of domestic
11 violence to domestic violence services.

12 “(C) Development of on-site access to serv-
13 ices to address the safety, medical, mental
14 health, and economic needs of patients either by
15 increasing the capacity of existing health care
16 professionals and behavioral and public health
17 staff to address domestic violence issues, by
18 contracting with or hiring domestic violence ad-
19 vocates to provide the services, or to model
20 other services appropriate to the geographic and
21 cultural needs of a site.

22 “(D) Development or adaptation and dis-
23 semination of education materials for patients
24 and health care professionals and behavioral
25 and public health staff.

1 “(E) Evaluation of practice and the insti-
2 tutionalization of identification, intervention,
3 and documentation including quality improve-
4 ment measurements such as patient satisfaction
5 surveys, patient record reviews, case consulta-
6 tion, or other methods used to evaluate and en-
7 hance staff compliance with protocols.

8 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
9 is authorized to be appropriated for the purpose of award-
10 ing grants under this section \$5,000,000 for each of the
11 fiscal years 2004 through 2008.”.

12 **TITLE IV—PROVISION OF SERV-**
13 **ICES UNDER FEDERAL**
14 **HEALTH PROGRAMS**

15 **SEC. 401. OPTIONAL COVERAGE OF DOMESTIC VIOLENCE**
16 **IDENTIFICATION AND TREATMENT UNDER**
17 **THE MEDICAID PROGRAM.**

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

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

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

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

1 “(27) domestic violence identification and treat-
2 ment services (as defined in subsection (x));” and

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

5 “(x) The term ‘domestic violence identification and
6 treatment services’ means the following services (as speci-
7 fied under the State plan) furnished by an attending
8 health care provider (or, in the case of services described
9 in paragraph (3), under arrangements between the pro-
10 vider and domestic violence experts) to the patient:

11 “(1) Routine verbal inquiries of women aged 18
12 years or older for domestic violence by a provider if
13 the provider has not previously screened the patient
14 or if the patient has been screened but the patient
15 indicates that he or she is in a new relationship re-
16 gardless of whether there are any clinical indicators
17 or suspicion of abuse.

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

23 “(3) Treatment relating to domestic violence,
24 including the following:

1 “(A) Safety education to assist the patient
2 in developing a plan to promote her safety and
3 well-being, and appropriate follow up.

4 “(B) Health education which provides writ-
5 ten and verbal information about domestic vio-
6 lence, its impact on health, options for services,
7 and any necessary follow up.

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

13 “(D) Documentation of screening, assess-
14 ment, treatment, referrals, injuries, and ill-
15 nesses related to domestic violence and who per-
16 petrated the abuse using appropriate diagnostic
17 codes and confidentiality (except as required by
18 applicable State law).

19 “(4) Referral and case coordination for addi-
20 tional services, including services from domestic vio-
21 lence programs, community agencies, and judicial
22 and other systems.”.

23 (b) EFFECTIVE DATE.—The amendments made by
24 this section shall take effect on the date of the enactment

1 of this Act and shall apply to services furnished on or after
2 such date.

3 **SEC. 402. FEDERAL EMPLOYEES HEALTH BENEFITS PRO-**
4 **GRAM.**

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

8 “(p)(1) A contract may not be made or a plan ap-
9 proved which does not include coverage for domestic vio-
10 lence identification and treatment services.

11 “(2) For purposes of this subsection, the term ‘do-
12 mestic violence identification and treatment services’ has
13 the meaning given such term in section 1905(x) of the
14 Social Security Act.”.

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

19 **SEC. 403. TRAINING GRANTS UNDER THE MATERNAL AND**
20 **CHILD HEATH SERVICES BLOCK GRANT.**

21 (a) PREFERENCE IN CERTAIN FUNDING.—Section
22 502(b)(2) of the Social Security Act (42 U.S.C. 702(b)(2))
23 is amended by adding at the end the following new sub-
24 paragraph:

1 “(C) Of the amounts retained for projects described
2 in subparagraphs (A) through (F) of section 501(a)(3),
3 the Secretary shall provide preference to qualified appli-
4 cants which demonstrate that the activities to be carried
5 out with such amounts include training of service pro-
6 viders in how to identify and treat the effects of family
7 violence, including children who have been exposed to fam-
8 ily violence. This training should include—

9 “(i) identifying victims of family violence;

10 “(ii) assessing the immediate and short-term
11 safety of the victim, the impact of the abuse on his
12 or her health and assisting the victim in developing
13 a plan to promote his or her safety;

14 “(iii) examining and treating such victims with-
15 in the scope of the health professional’s discipline,
16 training, and practice (including providing medical
17 advice regarding the dynamics and nature of family
18 violence);

19 “(iv) maintaining complete medical records that
20 include documentation of the examination, treatment
21 given, and referrals made, and recording the location
22 and nature of the victim’s injuries, and establishing
23 mechanisms to promote the privacy and confiden-
24 tiality of those medical records; and

1 “(v) referring the victim to public and private
2 nonprofit entities that provide services for such vic-
3 tims.”.

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

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

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

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

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

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

22 “(F) Information on how funds provided under
23 this title are used to identify and treat domestic vio-
24 lence.”.

1 (d) SEPARATE PROGRAM FOR DOMESTIC VIOLENCE
2 IDENTIFICATION AND TREATMENT.—Title V of such Act
3 is 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 2004 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 identification and treatment, including the provi-
18 sion of domestic violence identification and treatment serv-
19 ices (as defined in section 1905(x)), increasing the number
20 of persons identified, assessed, treated, and referred and
21 including training of health care professionals, and behav-
22 ioral and public health staff, on how to identify and re-
23 spond to victims of domestic violence.

24 “(c)(1) Sections 503, 507, and 508 apply to allot-
25 ments under subsection (a) to the same extent and in the

1 same manner as such sections apply to allotments under
2 section 502(c).

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

6 “(d) For the purpose of allotments under subsection
7 (a), there are authorized to be appropriated for each fiscal
8 year, beginning with fiscal year 2004, such sums as may
9 be necessary.”.

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

15 **SEC. 404. DOMESTIC VIOLENCE IDENTIFICATION AND**
16 **TREATMENT SERVICES AT COMMUNITY**
17 **HEALTH CENTERS.**

18 Part P of title III of the Public Health Service Act
19 (42 U.S.C. 280g et seq.), as amended by section 301 of
20 this Act, is amended by adding at the end the following:

1 **“SEC. 399P. DOMESTIC VIOLENCE PREVENTION, IDENTI-**
2 **FICATION, AND TREATMENT AND PREVEN-**
3 **TION GRANTS.**

4 “(a) GRANTS AUTHORIZED.—The Secretary is au-
5 thorized to award grants to eligible entities to improve the
6 identification and treatment of domestic violence.

7 “(b) USE OF FUNDS.—Grants awarded pursuant to
8 subsection (a) may be used for activities such as—

9 “(1) the implementation, dissemination, and
10 evaluation of policies and procedures to guide health
11 care and behavioral health care professionals and
12 other staff responding to domestic violence;

13 “(2) the provision of training and follow-up
14 technical assistance to health care professionals and
15 staff to identify domestic violence, and then to ap-
16 propriately assess, treat, and refer patients who are
17 victims of domestic violence to domestic violence
18 service providers; and

19 “(3) the development of on-site access to serv-
20 ices to address the safety, medical, mental health,
21 and economic needs of patients either by increasing
22 the capacity of existing health care professionals and
23 staff to address these issues or by contracting with
24 or hiring domestic violence advocates to provide the
25 services, or by developing other models appropriate
26 to the geographic and cultural needs of a site.

1 “(c) ELIGIBLE ENTITY.—In this section, the term
2 ‘eligible entity’ shall mean a federally qualified health cen-
3 ter as defined in section 1861(aa)(4) of the Social Security
4 Act (42 U.S.C. 1395x(aa)(4)).

5 “(d) APPLICATIONS.—Each eligible entity desiring a
6 grant under this section shall submit an application to the
7 Secretary at such time, in such manner, and accompanied
8 by such information as the Secretary may require.

9 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
10 is authorized to be appropriated to carry out this section
11 \$5,000,000 for each of the fiscal years 2003 through
12 2006.”.

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