

109TH CONGRESS  
1ST SESSION

# H. R. 4367

To improve the health care system’s response to domestic violence, dating violence, sexual assault, and stalking through the training and education of health care providers, developing comprehensive public health responses to violence.

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## IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 17, 2005

Mrs. CAPPS (for herself, Mr. LATOURETTE, Mr. WAXMAN, and Mrs. LOWEY) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To improve the health care system’s response to domestic violence, dating violence, sexual assault, and stalking through the training and education of health care providers, developing comprehensive public health responses to 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 “Domestic Violence  
5       Screening, Treatment, and Prevention Act”.

1 **SEC. 2. PURPOSE.**

2 It is the purpose of this Act to improve the health  
3 care system's response to domestic violence, dating vio-  
4 lence, sexual assault, and stalking through the training  
5 and education of health care providers, developing com-  
6 prehensive public health responses to violence.

7 **SEC. 3. TRAINING AND EDUCATION OF HEALTH PROFES-**  
8 **SIONALS IN DOMESTIC AND SEXUAL VIO-**  
9 **LENCE.**

10 Part D of title VII of the Public Health Service Act  
11 (42 U.S.C. 294 et seq.) is amended by adding at the end  
12 the following:

13 **“SEC. 758. INTERDISCIPLINARY TRAINING AND EDUCATION**  
14 **ON DOMESTIC VIOLENCE AND OTHER TYPES**  
15 **OF VIOLENCE AND ABUSE.**

16 “(a) GRANTS.—The Secretary, acting through the  
17 Director of the Health Resources and Services Adminis-  
18 tration, shall award grants under this section to develop  
19 interdisciplinary training and education programs that  
20 provide undergraduate, graduate, post-graduate medical,  
21 nursing (including advanced practice nursing students),  
22 and other health professions students with an under-  
23 standing of, and clinical skills pertinent to, domestic vio-  
24 lence, sexual assault, stalking, and dating violence.

25 “(b) ELIGIBILITY.—To be eligible to receive a grant  
26 under this section an entity shall—

1           “(1) be an accredited school of allopathic or os-  
2       teopathic medicine;

3           “(2) prepare and submit to the Secretary an  
4       application at such time, in such manner, and con-  
5       taining such information as the Secretary may re-  
6       quire, including—

7           “(A) information to demonstrate that the  
8       applicant includes the meaningful participation  
9       of a school of nursing and at least one other  
10      school of health professions or graduate pro-  
11      gram in public health, dentistry, social work,  
12      midwifery, or behavioral and mental health;

13          “(B) strategies for the dissemination and  
14      sharing of curricula and other educational ma-  
15      terials developed under the grant to other inter-  
16      ested medical and nursing schools and national  
17      resource repositories for materials on domestic  
18      violence and sexual assault; and

19          “(C) a plan for consulting with, and com-  
20      pensating community-based coalitions or indi-  
21      viduals who have experience and expertise in  
22      issues related to domestic violence, sexual as-  
23      sault, dating violence, and stalking for services  
24      provided under the program carried out under  
25      the grant.

1 “(c) USE OF FUNDS.—

2 “(1) REQUIRED USES.—Amounts provided  
3 under a grant under this section shall be used to—

4 “(A) fund interdisciplinary training and  
5 education projects that are designed to train  
6 medical, nursing, and other health professions  
7 students and residents to identify and provide  
8 health care services (including mental or behav-  
9 ioral health care services and referrals to appro-  
10 priate community services) to individuals who  
11 are or who have experienced domestic violence,  
12 sexual assault, and stalking or dating violence;  
13 and

14 “(B) plan and develop culturally competent  
15 clinical components for integration into ap-  
16 proved residency training programs that ad-  
17 dress health issues related to domestic violence,  
18 sexual assault, dating violence, and stalking,  
19 along with other forms of violence as appro-  
20 priate, and include the primacy of victim safety  
21 and confidentiality.

22 “(2) PERMISSIVE USES.—Amounts provided  
23 under a grant under this section may be used to—

24 “(A) offer community-based training op-  
25 portunities in rural areas for medical, nursing,

1 and other students and residents on domestic  
2 violence, sexual assault, stalking, and dating vi-  
3 olence, and other forms of violence and abuse,  
4 which may include the use of distance learning  
5 networks and other available technologies need-  
6 ed to reach isolated rural areas; or

7 “(B) provide stipends to students from ra-  
8 cial and ethnic population groups who are  
9 underrepresented in the health professions as  
10 necessary to promote and enable their partici-  
11 pation in clerkships, preceptorships, or other  
12 offsite training experiences that are designed to  
13 develop health care clinical skills related to do-  
14 mestic violence, sexual assault, dating violence,  
15 and stalking.

16 “(3) REQUIREMENTS.—

17 “(A) CONFIDENTIALITY AND SAFETY.—  
18 Grantees under this section shall ensure that all  
19 educational programs developed with grant  
20 funds address issues of confidentiality and pa-  
21 tient safety, and that faculty and staff associ-  
22 ated with delivering educational components are  
23 fully trained in procedures that will protect the  
24 immediate and ongoing security of the patients,  
25 patient records, and staff. Advocacy-based coali-

1           tions or other expertise available in the commu-  
2           nity shall be consulted on the development and  
3           adequacy of confidentially and security proce-  
4           dures, and shall be fairly compensated by  
5           grantees for their services.

6           “(B) RURAL PROGRAMS.—Rural training  
7           programs carried out under paragraph (2)(A)  
8           shall reflect adjustments in protocols and proce-  
9           dures or referrals that may be needed to protect  
10          the confidentiality and safety of patients who  
11          live in small or isolated communities and who  
12          are currently or have previously experienced vio-  
13          lence or abuse.

14          “(4) CHILD AND ELDER ABUSE.—Issues related  
15          to child and elder abuse may be addressed as part  
16          of a comprehensive programmatic approach imple-  
17          mented under a grant under this section.

18          “(d) REQUIREMENTS OF GRANTEEES.—

19                 “(1) LIMITATION ON ADMINISTRATIVE EX-  
20                 PENSES.—A grantee shall not use more than 10 per-  
21                 cent of the amounts received under a grant under  
22                 this section for administrative expenses.

23                 “(2) CONTRIBUTION OF FUNDS.—A grantee  
24                 under this section, and any entity receiving assist-  
25                 ance under the grant for training and education,

1 shall contribute non-Federal funds, either directly or  
 2 through in-kind contributions, to the costs of the ac-  
 3 tivities to be funded under the grant in an amount  
 4 that is not less than 25 percent of the total cost of  
 5 such activities.

6 “(e) AUTHORIZATION OF APPROPRIATIONS.—There  
 7 is authorized to be appropriated to carry out this section,  
 8 \$3,000,000 for each of fiscal years 2006 through 2010.  
 9 Amounts appropriated under this subsection shall remain  
 10 available until expended.”.

11 **SEC. 4. GRANTS TO FOSTER PUBLIC HEALTH RESPONSES**  
 12 **TO DOMESTIC VIOLENCE, DATING VIOLENCE,**  
 13 **SEXUAL ASSAULT, AND STALKING GRANTS.**

14 Part P of title III of the Public Health Service Act  
 15 (42 U.S.C. 280g et seq.) is amended by adding at the end  
 16 the following:

17 **“SEC. 399P. GRANTS TO FOSTER PUBLIC HEALTH RE-**  
 18 **SPONSES TO DOMESTIC VIOLENCE, DATING**  
 19 **VIOLENCE, SEXUAL ASSAULT, AND STALKING.**

20 “(a) AUTHORITY TO AWARD GRANTS.—

21 “(1) IN GENERAL.—The Secretary, acting  
 22 through the Director of the Centers for Disease  
 23 Control and Prevention, shall award grants to eligi-  
 24 ble State, tribal, territorial, or local entities to  
 25 strengthen the response of State, tribal, territorial,

1 or local health care systems to domestic violence,  
2 dating violence, sexual assault, and stalking.

3 “(2) ELIGIBLE ENTITIES.—To be eligible to re-  
4 ceive a grant under this section, an entity shall—

5 “(A) be—

6 “(i) a State department (or other divi-  
7 sion) of health, a State domestic or sexual  
8 assault coalition or service-based program,  
9 or any other nonprofit, nongovernmental,  
10 tribal, territorial, or State entity with a  
11 history of effective work in the fields of do-  
12 mestic violence, dating violence, sexual as-  
13 sault or stalking, and health care; or

14 “(ii) a nonprofit domestic violence,  
15 dating violence, sexual assault, or stalking  
16 service-based program, a local department  
17 (or other division) of health, a local health  
18 clinic, hospital, or health system, or any  
19 other nonprofit, tribal, or local entity with  
20 a history of effective work in the field of  
21 domestic or sexual violence and health;

22 “(B) prepare and submit to the Secretary  
23 an application at such time, in such manner,  
24 and containing such agreements, assurances,  
25 and information as the Secretary determines to



1           be necessary to carry out the purposes for  
2           which the grant is to be made; and

3           “(C) demonstrate that the entity is rep-  
4           resenting a team of organizations and agencies  
5           working collaboratively to strengthen the re-  
6           sponse of the health care system involved to do-  
7           mestic violence, dating violence, sexual assault,  
8           or stalking and that such team includes domes-  
9           tic violence, dating violence, sexual assault or  
10          stalking and health care organizations.

11          “(3) DURATION.—A program conducted under  
12          a grant awarded under this section shall not exceed  
13          3 years.

14          “(b) USE OF FUNDS.—

15               “(1) IN GENERAL.—An entity shall use  
16               amounts received under a grant under this section to  
17               design and implement comprehensive strategies to  
18               improve the response of the health care system in-  
19               volved to domestic or sexual violence in clinical and  
20               public health settings, hospitals, clinics, managed  
21               care settings (including behavioral and mental  
22               health), and other health settings.

23               “(2) MANDATORY STRATEGIES.—Strategies im-  
24               plemented under paragraph (1) shall include the fol-  
25               lowing:

1           “(A) The implementation, dissemination,  
2           and evaluation of policies and procedures to  
3           guide health care professionals and behavioral  
4           and public health staff in responding to domes-  
5           tic violence, dating violence, sexual assault, and  
6           stalking, including strategies to ensure that  
7           health information is maintained in a manner  
8           that protects the patient’s privacy and safety  
9           and prohibits insurance discrimination.

10           “(B) The development of on-site access to  
11           services to address the safety, medical, mental  
12           health, and economic needs of patients either by  
13           increasing the capacity of existing health care  
14           professionals and behavioral and public health  
15           staff to address domestic violence, dating vio-  
16           lence, sexual assault, and stalking, by con-  
17           tracting with or hiring domestic or sexual as-  
18           sault advocates to provide the services, or to  
19           model other services appropriate to the geo-  
20           graphic and cultural needs of a site.

21           “(C) The development or adaptation and  
22           dissemination of education materials for pa-  
23           tients and health care professionals and behav-  
24           ioral and public health staff.

1           “(D) The evaluation of practice and the in-  
2           stitutionalization of identification, intervention,  
3           and documentation including quality improve-  
4           ment measurements.

5           “(3) PERMISSIVE STRATEGIES.—Strategies im-  
6           plemented under paragraph (1) may include the fol-  
7           lowing:

8           “(A) Where appropriate, the development  
9           of training modules and policies that address  
10          the overlap of child abuse, domestic violence,  
11          dating violence, sexual assault, and stalking and  
12          elder abuse as well as childhood exposure to do-  
13          mestic violence.

14          “(B) The creation, adaptation, and imple-  
15          mentation of public education campaigns for  
16          patients concerning domestic violence, dating vi-  
17          olence, sexual assault, and stalking prevention.

18          “(C) The development, adaptation, and  
19          dissemination of domestic violence, dating vio-  
20          lence, sexual assault, and stalking education  
21          materials to patients and health care profes-  
22          sionals and behavioral and public health staff.

23          “(D) The promotion of the inclusion of do-  
24          mestic violence, dating violence, sexual assault,  
25          and stalking into health professional training

1 schools, including medical, dental, nursing  
 2 school, social work, and mental health cur-  
 3 rriculum.

4 “(E) The integration of domestic violence,  
 5 dating violence, sexual assault, and stalking  
 6 into health care accreditation and professional  
 7 licensing examinations, such as medical, dental,  
 8 social work, and nursing boards.

9 “(c) ALLOCATION OF FUNDS.—Funds appropriated  
 10 under this section shall be distributed equally between  
 11 State and local programs.

12 “(d) AUTHORIZATION OF APPROPRIATIONS.—There  
 13 is authorized to be appropriated to award grants under  
 14 this section, \$5,000,000 for each of fiscal years 2006  
 15 through 2010.”.

16 **SEC. 5. IMPROVING FEDERAL HEALTH PROGRAMS’ RE-**  
 17 **SPONSE TO DOMESTIC VIOLENCE, DATING VI-**  
 18 **OLENCE, SEXUAL ASSAULT, AND STALKING.**

19 (a) TRAINING GRANTS UNDER THE MATERNAL AND  
 20 CHILD HEALTH SERVICES BLOCK GRANT.—

21 (1) PREFERENCE IN CERTAIN FUNDING.—Sec-  
 22 tion 502(b)(2) of the Social Security Act (42 U.S.C.  
 23 702(b)(2)) is amended by adding at the end the fol-  
 24 lowing:

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 that 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 health effects of  
7 domestic violence, dating violence, sexual assault, or stalk-  
8 ing, including children who have been exposed to domestic  
9 or dating violence. Such training should include—

10           “(i) identifying patients of clients experiencing  
11 domestic violence, dating violence sexual assault, or  
12 stalking;

13           “(ii) assessing the immediate and short-term  
14 safety of the patient or client, the impact of the  
15 abuse on the health of the patient, and assisting the  
16 patient in developing a plan to promote his or her  
17 safety;

18           “(iii) examining and treating such patients or  
19 clients within the scope of the health professional’s  
20 discipline, training, and practice (including providing  
21 medical advice regarding the dynamics and nature of  
22 domestic violence, dating violence sexual assault, or  
23 stalking);

24           “(iv) maintaining complete medical or forensic  
25 records that include the documentation of the exam-

1 ination, treatment given, and referrals made, and re-  
2 cording the location and nature of the victim's inju-  
3 ries, and establishing mechanisms to ensure the pri-  
4 vacy and confidentiality of those medical records;

5 “(v) referring the patient or client to public and  
6 private nonprofit entities that provide services for  
7 such victims; and

8 “(vi) ensuring that all services are provided in  
9 a linguistically and culturally relevant manner.”.

10 (2) REQUIREMENT FOR PORTION OF EXPENDI-  
11 TURES ON DOMESTIC VIOLENCE IDENTIFICATION  
12 AND TREATMENT.—Section 505(a)(5) of the Social  
13 Security Act (42 U.S.C. 705(a)(5)) is amended—

14 (A) in subparagraph (E), by striking  
15 “and” at the end;

16 (B) in subparagraph (F), by striking the  
17 period and inserting “; and”; and

18 (C) by inserting after subparagraph (F),  
19 the following:

20 “(G) the State will set aside a reasonable  
21 portion (based upon the State's previous use of  
22 funds under this title) of the funds provided for  
23 domestic violence, dating violence, sexual as-  
24 sault, or stalking services.”.

1           (3) REPORTING DATA.—Section 506(a)(2) of  
 2           the Social Security Act (42 U.S.C. 706(a)(2)) is  
 3           amended by inserting after subparagraph (E) the  
 4           following:

5           “(F) Information on how funds provided under  
 6           this title are used to identify and treat domestic vio-  
 7           lence, dating violence, sexual assault, or stalking.”.

8           (4) SEPARATE PROGRAM FOR DOMESTIC VIO-  
 9           LENCE, DATING VIOLENCE, SEXUAL ASSAULT, AND  
 10          STALKING IDENTIFICATION AND TREATMENT.—Title  
 11          V of the Social Security Act (42 U.S.C. 701 et seq.)  
 12          is amended by adding at the end the following:

13       **“SEC. 511. SEPARATE PROGRAM FOR DOMESTIC VIOLENCE,**  
 14                       **DATING VIOLENCE, SEXUAL ASSAULT AND**  
 15                       **STALKING SCREENING AND TREATMENTS.**

16          “(a) ALLOTMENTS.—For the purpose described in  
 17          subsection (b), the Secretary shall, for fiscal year 2006  
 18          and each subsequent fiscal year, allot to each State that  
 19          has transmitted an application for the fiscal year under  
 20          section 505(a) an amount equal to the product of—

21               “(1) the amount appropriated under subsection  
 22               (d) for the fiscal year; and

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

1       “(b) PURPOSE.—The purpose of an allotment under  
2 subsection (a) with respect to a State is to enable the  
3 State to provide for domestic violence, dating violence, sex-  
4 ual assault, or stalking identification and treatment, in-  
5 cluding the provision of domestic violence, dating violence,  
6 sexual assault, or stalking identification, treatment serv-  
7 ices, increasing the number of persons identified, assessed,  
8 treated, and referred, and including training of health care  
9 professionals, and behavioral and public health staff, on  
10 how to identify and respond to adult and minor patients  
11 experiencing domestic violence, dating violence, sexual as-  
12 sault, or stalking. Such training shall include—

13               “(1) identifying patients of clients experiencing  
14 domestic violence, dating violence sexual assault, or  
15 stalking;

16               “(2) assessing the immediate and short-term  
17 safety of the patient or client, the impact of the  
18 abuse on the health of the patient, and assisting the  
19 patient in developing a plan to promote his or her  
20 safety;

21               “(3) examining and treating such patients or  
22 clients within the scope of the health professional’s  
23 discipline, training, and practice (including providing  
24 medical advice regarding the dynamics and nature of



1 domestic violence, dating violence sexual assault, or  
2 stalking);

3 “(4) maintaining complete medical or forensic  
4 records that include the documentation of the exam-  
5 ination, treatment given, and referrals made, and re-  
6 cording the location and nature of the victim’s inju-  
7 ries, and establishing mechanisms to ensure the pri-  
8 vacy and confidentiality of those medical records;

9 “(5) referring the patient or client to public and  
10 private nonprofit entities that provide services for  
11 such victims; and

12 “(6) ensuring that all services are provided in  
13 a linguistically and culturally relevant manner.

14 “(c) APPLICATION OF PROVISIONS.—

15 “(1) IN GENERAL.—Sections 503, 507, and 508  
16 apply to allotments under subsection (a) to the same  
17 extent and in the same manner as such sections  
18 apply to allotments under section 502(c).

19 “(2) SECRETARIAL DISCRETION.—Sections 505  
20 and 506 apply to allotments under subsection (a) to  
21 the extent determined by the Secretary to be appro-  
22 priate.

23 “(d) AUTHORIZATION OF APPROPRIATIONS.—For the  
24 purpose of making allotments under subsection (a), there

1 are authorized to be appropriated \$4,000,000 for each of  
 2 fiscal years 2006 through 2010.”.

3 (b) DOMESTIC VIOLENCE, DATING VIOLENCE, SEX-  
 4 UAL ASSAULT, AND STALKING IDENTIFICATION AND  
 5 TREATMENT SERVICES AT COMMUNITY HEALTH CEN-  
 6 TERS.—Part P of title III of the Public Health Service  
 7 Act (42 U.S.C. 280g et seq.), as amended by section 5,  
 8 is further amended by adding at the end the following:  
 9 “**SEC. 399P-1. DOMESTIC VIOLENCE, DATING VIOLENCE,**  
 10 **SEXUAL ASSAULT AND STALKING PREVEN-**  
 11 **TION, IDENTIFICATION, AND TREATMENT**  
 12 **GRANTS.**”

13 “(a) GRANTS AUTHORIZED.—The Secretary is au-  
 14 thorized to award grants to eligible entities to improve the  
 15 identification and treatment of domestic violence, dating  
 16 violence, sexual assault, or stalking.

17 “(b) USE OF FUNDS.—Grants awarded under sub-  
 18 section (a) may be used for activities such as—

19 “(1) the implementation, dissemination, and  
 20 evaluation of policies and procedures to guide health  
 21 care and behavioral health care professionals and  
 22 other staff responding to domestic violence, dating  
 23 violence, sexual assault, or stalking;

24 “(2) the provision of training and follow-up  
 25 technical assistance to health care professionals and

1 staff to identify domestic violence, dating violence,  
2 sexual assault, or stalking, and to appropriately as-  
3 sess, treat, and refer patients who are victims of do-  
4 mestic violence, dating violence, sexual assault, or  
5 stalking; and

6 “(3) the development of on-site access to serv-  
7 ices to address the safety, medical, mental health,  
8 and economic needs of patients either by increasing  
9 the capacity of existing health care professionals and  
10 staff to address these issues or by contracting with  
11 or hiring domestic violence or sexual assault advo-  
12 cates to provide the services, or by developing other  
13 models appropriate to the geographic, cultural, and  
14 linguistic needs of a site.

15 “(c) ELIGIBILITY.—To be eligible for a grant under  
16 this section, an entity shall—

17 “(1) be a federally qualified health center as de-  
18 fined in section 1861(aa)(4) of the Social Security  
19 Act (42 U.S.C. 1395x(aa)(4)); and

20 “(2) prepare and submit to the Secretary an  
21 application at such time, in such manner, and ac-  
22 companied by such information as the Secretary may  
23 require.

1 “(d) AUTHORIZATION OF APPROPRIATIONS.—There  
 2 is authorized to be appropriated to carry out this section,  
 3 \$4,000,000 for each of fiscal years 2006 through 2010.”.

4 **SEC. 6. RESEARCH ON EFFECTIVE INTERVENTIONS IN THE**  
 5 **HEALTHCARE SETTING.**

6 Subtitle B of the Violence Against Women Act of  
 7 1994 (Public Law 103–322; 108 Stat. 1902 et seq.), as  
 8 amended by the Violence Against Women Act of 2000  
 9 (114 Stat. 1491 et seq.), and as amended by this Act,  
 10 is further amended by adding at the end the following:

11 **“CHAPTER 11—RESEARCH ON EFFECTIVE**  
 12 **INTERVENTIONS TO ADDRESS VIO-**  
 13 **LENCE AGAINST WOMEN**

14 **“SEC. 40297. RESEARCH ON EFFECTIVE INTERVENTIONS IN**  
 15 **THE HEALTH CARE SETTING.**

16 “(a) PURPOSE.—The Secretary, acting through the  
 17 Director of the Centers for Disease Control and Preven-  
 18 tion and the Director of the Agency for Healthcare Re-  
 19 search and Quality, shall award grants and contracts to  
 20 fund research on effective interventions in the health care  
 21 setting that prevent domestic violence, dating violence, and  
 22 sexual assault across the lifespan and that prevent the  
 23 health effects of such violence and improve the safety and  
 24 health of individuals who are currently being victimized.

1       “(b) USE OF FUNDS.—Research conducted with  
2 amounts received under a grant or contract under this sec-  
3 tion shall include—

4               “(1) with respect to the authority of the Cen-  
5 ters for Disease Control and Prevention—

6                       “(A) research on the effects of domestic vi-  
7 olence, dating violence, sexual assault, and  
8 childhood exposure to domestic, dating, or sex-  
9 ual violence, on health behaviors, health condi-  
10 tions, and the health status of individuals, fami-  
11 lies, and populations; and

12                      “(B) research and testing of best messages  
13 and strategies to mobilize public action con-  
14 cerning the prevention of domestic, dating, or  
15 sexual violence

16               “(2) with respect to the authority of the Agency  
17 for Healthcare Research and Quality—

18                      “(A) ~research on the impact on the health  
19 care system, health care utilization, health care  
20 costs, and health status of domestic and dating  
21 violence and childhood exposure to domestic  
22 and dating violence; and

23                      “(B) research on effective interventions  
24 within primary care and emergency health care  
25 settings and with health care settings that in-

1           clude clinical partnerships within community  
2           domestic violence providers for adults and chil-  
3           dren exposed to domestic or dating violence.

4           “(c) AUTHORIZATION OF APPROPRIATIONS.—There  
5 is authorized to be appropriated to carry out this section,  
6 \$5,000,000 for each of fiscal years 2006 through 2010.”.

○