

115TH CONGRESS
2D SESSION

H. R. 7212

To amend the Public Health Service Act to provide for additional programs funded by grants to strengthen the healthcare system’s response to domestic violence, dating violence, sexual assault, and stalking, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 3, 2018

Mrs. DINGELL (for herself, Mr. COSTELLO of Pennsylvania, Ms. CLARKE of New York, Mrs. MIMI WALTERS of California, Ms. CASTOR of Florida, Mrs. McMORRIS RODGERS, Ms. ESHOO, Ms. STEFANIK, Ms. ROYBAL-ALLARD, and Mr. KATKO) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to provide for additional programs funded by grants to strengthen the healthcare system’s response to domestic violence, dating violence, sexual assault, and stalking, and for other purposes.

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 “Violence Against
5 Women Health Act of 2018”.

1 **SEC. 2. FINDINGS.**

2 Congress finds that—

3 (1) millions of Americans continue to experience
4 domestic or sexual violence each year with more
5 than three women murdered by their partners each
6 day;

7 (2) this type of violence and abuse results in
8 short-term and chronic physical and behavioral
9 health consequences that have a significant economic
10 burden to victims and communities;

11 (3) new CDC data found the lifetime per-victim
12 cost of intimate partner violence was \$103,767 for
13 women victims with 59 percent going to medical
14 costs. Public funding paid 37 percent of this total
15 cost;

16 (4) victims are also at a higher risk for devel-
17 oping addictions to tobacco, alcohol, or drugs; for ex-
18 ample, 31 percent to 67 percent of women in sub-
19 stance use disorder treatment programs report expe-
20 riencing domestic violence within the past year;

21 (5) over 50 percent of survivors of domestic vio-
22 lence have experienced depression, post-traumatic
23 stress disorder, and substance use and 23 percent
24 have experienced suicidality;

25 (6) a study conducted by the National Domestic
26 Violence Hotline, in conjunction with the National

1 Center on Domestic Violence, Trauma & Mental
2 Health practice mental health and substance use co-
3 ercion where abusers intentionally undermine their
4 partners' sanity or sobriety, control their access to
5 medication, and sabotage their treatment and recov-
6 ery efforts among other coercion tactics;

7 (7) researchers have also found that exposure
8 to multiple childhood traumas such as sexual abuse
9 and domestic violence can cause long-term negative
10 physical and emotional health outcomes such as
11 heart disease, cancer and depression;

12 (8) health care providers can identify survivors
13 of violence and interventions can decrease risk for
14 violence and improve health outcomes, but health
15 providers need training and systems level support in
16 order to do so;

17 (9) Congress authorized a public health re-
18 sponse to victims of domestic and sexual violence in
19 the Violence Against Women Act of 2005;

20 (10) since its enactment, the VAWA Health
21 program has trained more than 13,000 health care
22 providers to assess for and respond to domestic and
23 sexual violence in over 230 clinical settings serving
24 more than 1.3 million patients;

1 (11) last year, the Health Resources & Services
 2 Administration made this issue a priority across all
 3 of its bureaus and released the “HRSA Strategy to
 4 Address Intimate Partner Violence 2017–2020” with
 5 four key priorities:

6 (A) Train the Nation’s health care and
 7 public health workforce to address intimate
 8 partner violence (IPV) at the community and
 9 health systems levels.

10 (B) Develop partnerships to raise aware-
 11 ness about IPV within HRSA and HHS.

12 (C) Increase access to quality IPV-in-
 13 formed health care services across all popu-
 14 lations.

15 (D) Address gaps in knowledge about IPV
 16 risks, impacts, and interventions.; and

17 (12) a strong public health response can pre-
 18 vent and address the immediate and long-term
 19 health impacts of this type of violence and abuse.

20 **SEC. 3. GRANTS TO STRENGTHEN THE HEALTH CARE SYS-**
 21 **TEM’S RESPONSE TO DOMESTIC VIOLENCE,**
 22 **DATING VIOLENCE, SEXUAL ASSAULT, AND**
 23 **STALKING, AND FOR OTHER PURPOSES.**

24 Section 399P of the Public Health Service Act (42
 25 U.S.C. 280g–4) is amended—

1 (1) in subsection (a)—

2 (A) in paragraph (2), by striking “and” at
3 the end;

4 (B) in paragraph (3), by striking the pe-
5 riod at the end and inserting “; and”; and

6 (C) by adding at the end the following:

7 “(4) development or enhancement and imple-
8 mentation of training programs to improve the ca-
9 pacity of early childhood programs to address do-
10 mestic violence, dating violence, sexual assault, and
11 stalking among families they serve.”;

12 (2) in subsection (b)—

13 (A) in paragraph (1)—

14 (i) in subparagraph (A)(ii), by insert-
15 ing after “and other forms of violence and
16 abuse” the following: “(including labor and
17 sex trafficking)”; and

18 (ii) in subparagraph (B)—

19 (I) in clause (ii)—

20 (aa) by striking “on-site ac-
21 cess to”; and

22 (bb) by striking “or to
23 model other services appropriate
24 to the geographic and cultural
25 needs of a site” and inserting the

1 following: “or by providing fund-
2 ing to national, State, Tribal, or
3 territorial domestic and sexual vi-
4 olence coalitions to improve their
5 capacity to coordinate and sup-
6 port health advocates and health
7 system partnerships”;

8 (II) in clause (iii), by striking
9 “and” at the end;

10 (III) in clause (iv), by striking
11 the period at the end and inserting “,
12 with priority given to programs ad-
13 ministered through the Health Re-
14 sources and Services Administration,
15 Office of Women’s Health; and”;

16 (IV) by adding at the end the fol-
17 lowing:

18 “(v) the development, dissemination,
19 and evaluation of best practices, tools and
20 training materials for behavioral health
21 professionals to identify and respond to do-
22 mestic violence, sexual violence, stalking,
23 and dating violence.”; and

24 (B) in paragraph (2)—

1 (i) in subparagraph (A), to read as
 2 follows:

3 “(A) CHILD ABUSE AND ABUSE IN LATER
 4 LIFE.—To the extent consistent with the pur-
 5 pose of this section, a grantee may address, as
 6 part of a comprehensive programmatic ap-
 7 proach implemented under a grant under this
 8 section, issues relating to child abuse or abuse
 9 in later life.”; and

10 (ii) in subparagraph (C)—

11 (I) in clause (ii), by striking
 12 “elder abuse” and inserting “abuse in
 13 later life”;

14 (II) in clause (iv)—

15 (aa) by inserting “, mental
 16 health” after “dental”;

17 (bb) by inserting “and cer-
 18 tification” after “exams”; and

19 (cc) by striking the period at
 20 the end and inserting “; and”;
 21 and

22 (III) by adding at the end the
 23 following:

24 “(v) development of a state-level pilot
 25 program to improve the response of sub-

stance use disorder treatment programs and systems to domestic violence, dating violence, sexual assault, and stalking and the capacity of domestic violence, dating violence, sexual assault, and stalking to serve survivors dealing with substance use disorder; and

“(vi) development and utilization of existing technical assistance and training resources to improve the capacity of substance use disorder treatment programs to address domestic violence, dating violence, sexual assault, and stalking among patients they serve.”;

(3) in subsection (d)(2)—

(A) in subparagraph (A)—

(i) by inserting “or behavioral health,” after “a State department (or other division) of health,”; and

(ii) by striking “mental health care” and inserting “behavioral health care”; and

(B) in subparagraph (B)—

(i) by striking “or health system” and inserting “behavioral health treatment system”; and

1 (ii) by striking “mental health care”
2 and inserting “behavioral health care”;
3 (4) in subsection (f), to read as follows:

4 “(f) RESEARCH, AND EVALUATION, AND DATA COL-
5 LECTION.—

6 “(1) IN GENERAL.—Of the funds made avail-
7 able to carry out this section for any fiscal year, the
8 Secretary may use not more than 20 percent to
9 make a grant or enter into a contract for research,
10 and evaluation, or data collection of—

11 “(A) grants awarded under this section;
12 and

13 “(B) other training for health professionals
14 and effective interventions in the health care or
15 behavioral health setting that prevent domestic
16 violence, dating violence, and sexual assault
17 across the lifespan, prevent the health effects of
18 such violence, and improve the safety and
19 health of individuals who are currently being
20 victimized.

21 “(2) RESEARCH AND DATA COLLECTION.—Re-
22 search or data collection authorized in paragraph (1)
23 may include—

24 “(A) research on the effects of domestic vi-
25 olence, dating violence, sexual assault, and

1 childhood exposure to domestic, dating or sex-
2 ual violence on health behaviors, health condi-
3 tions, and health status of individuals, families,
4 and populations, including underserved popu-
5 lations;

6 “(B) research to determine effective health
7 care interventions to respond to and prevent do-
8 mestic violence, dating violence, sexual assault,
9 and stalking;

10 “(C) research on the impact of domestic,
11 dating and sexual violence, childhood exposure
12 to such violence, and stalking on the health care
13 system, health care utilization, health care
14 costs, and health status;

15 “(D) research on the impact of adverse
16 childhood experiences on adult experience with
17 domestic violence, dating violence, sexual as-
18 sault, stalking and adult health outcomes, in-
19 cluding how to reduce or prevent the impact of
20 adverse childhood experiences through the
21 health care setting;

22 “(E) research on the intersection of sub-
23 stance use disorder and domestic violence, dat-
24 ing violence, sexual assault, and stalking, in-
25 cluding effect of coerced use and efforts by an

1 abusive partner or other to interfere with sub-
2 stance use disorder treatment and recovery; and
3 “(F) improved data collection using exist-
4 ing federal surveys by including questions about
5 domestic violence, dating violence, sexual as-
6 sault, or stalking and substance use disorder,
7 coerced use, and mental health.”; and
8 (5) in subsection (g), by striking “2014 through
9 2018” and inserting “2019 through 2023”.

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