

115TH CONGRESS
2D SESSION

S. 3203

To plan, develop, and make recommendations to increase access to sexual assault examinations for survivors by holding hospitals accountable and supporting the providers that serve them.

IN THE SENATE OF THE UNITED STATES

JULY 12, 2018

Mrs. MURRAY (for herself and Ms. MURKOWSKI) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To plan, develop, and make recommendations to increase access to sexual assault examinations for survivors by holding hospitals accountable and supporting the providers that serve them.

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 “Survivors’ Access to
5 Supportive Care Act” or “SASCA”.

6 **SEC. 2. PURPOSE.**

7 It is the purpose of this Act to increase access to
8 medical forensic sexual assault examinations and treat-

1 ment provided by sexual assault forensic examiners for
2 survivors by identifying and addressing gaps in obtaining
3 those services.

4 **SEC. 3. DEFINITIONS.**

5 In this Act:

6 (1) COMMUNITY HEALTH AIDE AND COMMU-
7 NITY HEALTH PRACTITIONER.—The terms “commu-
8 nity health aide” and “community health practi-
9 tioner” have the meanings within the meaning of
10 section 119 of the Indian Health Care Improvement
11 Act (25 U.S.C. 1616l).

12 (2) MFE.—The term “medical forensic exam-
13 ination” or “MFE” means an examination provided
14 to a sexual assault survivor by medical personnel
15 trained to gather evidence of a sexual assault in a
16 manner suitable for use in a court of law.

17 (3) SAE.—The term “sexual assault examiner”
18 or “SAE” means a registered nurse, advanced prac-
19 tice nurse, physician, or physician assistant specifi-
20 cally trained to provide care to sexual assault foren-
21 sic examinations.

22 (4) SAFE.—The term “sexual assault forensic
23 examiner” or “SAFE” means a medical practitioner
24 who has specialized forensic training in treating sex-

1 ual assault survivors and conducting medical foren-
2 sic examinations.

3 (5) SANE.—The term “sexual assault nurse
4 examiner” or “SANE” means a registered nurse
5 who has specialized forensic training in treating sex-
6 ual assault survivors and conducting medical foren-
7 sic examinations.

8 (6) SART.—The term “sexual assault response
9 team” or “SART” means a multidisciplinary team
10 that provides a specialized and immediate response
11 to survivors of sexual assault, and may include
12 health care personnel, law enforcement representa-
13 tives, community-based survivor advocates, prosecu-
14 tors, and forensic scientists.

15 (7) SECRETARY.—The term “Secretary” means
16 the Secretary of Health and Human Services.

17 (8) SEXUAL ASSAULT.—The term “sexual as-
18 sault” means any nonconsensual sexual act pro-
19 scribed by Federal, tribal, or State law, including
20 when the individual lacks capacity to consent.

1 **TITLE I—STRENGTHENING THE**
2 **SEXUAL ASSAULT EXAMINER**
3 **WORKFORCE**

4 **SEC. 101. UNDERSTANDING SEXUAL ASSAULT CARE.**

5 (a) PURPOSE.—It is the purpose of this section to
6 identify areas for improvement in health care delivery sys-
7 tems providing services to survivors of sexual assault.

8 (b) GRANTS.—The Secretary shall award grants to
9 States to develop and implement State surveys to iden-
10 tify—

11 (1) the availability of and patient access to
12 trained SAFE, SANE, and other providers who per-
13 form MFEs;

14 (2) the hospitals or clinics that offer MFEs and
15 whether each hospital or clinic has full-time, part-
16 time, or on-call coverage;

17 (3) regional, provider, or other barriers to ac-
18 cess sexual assault care and services, including
19 MFEs;

20 (4) billing and reimbursement practices for
21 MFEs, including private health insurance, Medicare,
22 Medicaid, the State's victims compensation program,
23 and any other crime funding or other sources of
24 funding that contribute to payment for such exami-
25 nations;

1 (5) State requirements, minimum standards,
2 and protocols for training sexual assault examiners;

3 (6) State requirements, minimum standards,
4 and protocols for training non-SANE or SAFE
5 emergency services personnel involved in MFEs;

6 (7) the availability of SAFE or SANE training,
7 frequency of when training is convened, the pro-
8 viders of such training, the State's role in such
9 training, and what process or procedures are in
10 place for continuing education of such examiners;

11 (8) the dedicated Federal and State funding to
12 support SAFE or SANE training; and

13 (9) funding opportunities for SANE or SAFE
14 training and continuing education.

15 (c) ELIGIBILITY.—To be eligible to receive a grant
16 under this section, a State shall—

17 (1) have public, private, or nonprofit hospitals
18 that receive Federal funding; and

19 (2) submit to the Secretary an application
20 through a competitive process to be determined by
21 the Secretary.

22 (d) PUBLIC DISSEMINATION AND CAMPAIGN.—

23 (1) PUBLIC AVAILABILITY.—The results of the
24 surveys conducted under grants awarded under this
25 section shall be published by the Secretary on the

1 website of the Department of Health and Human
2 Services on a biennial basis.

3 (2) CAMPAIGNS.—A State that receives a grant
4 under this section shall carry out the following:

5 (A) Make the findings of the survey con-
6 ducted under the grant public.

7 (B) Use the findings to develop a strategic
8 action plan to increase the number of trained
9 examiners available in the State and create poli-
10 cies to increase survivor access to trained exam-
11 iners.

12 (C) Use the findings to develop and imple-
13 ment a public awareness campaign that in-
14 cludes the following:

15 (i) An online toolkit describing how
16 and where sexual assault survivors can ob-
17 tain assistance and care, including MFEs,
18 in the State.

19 (ii) A Model Standard Response Pro-
20 tocol for health care providers to imple-
21 ment upon arrival of a patient seeking care
22 for sexual assault.

23 (iii) A Model Sexual Assault Response
24 Team Protocol incorporating interdiscipli-
25 nary community coordination between hos-

1 pitals, emergency departments, hospital
 2 administration, local rape crisis programs,
 3 law enforcement, prosecuting attorneys,
 4 and other health and human service agen-
 5 cies and stakeholders with respect to deliv-
 6 ering survivor-centered sexual assault care
 7 and MFEs.

8 (iv) A notice of State and Federal
 9 laws prohibiting charging or billing sur-
 10 vivors of sexual assault for care and serv-
 11 ices related to sexual assault.

12 (e) AUTHORIZATION OF APPROPRIATIONS.—There is
 13 authorized to be appropriated to carry out this section,
 14 \$2,000,000 for each of fiscal years 2019 through 2024.

15 **SEC. 102. IMPROVING AND STRENGTHENING THE SEXUAL**
 16 **ASSAULT EXAMINER WORKFORCE CLINICAL**
 17 **AND CONTINUING EDUCATION PILOT PRO-**
 18 **GRAM.**

19 (a) PURPOSE.—It is the purpose of this section to
 20 establish a pilot program to develop, test, and implement
 21 training and continuing education which expands and sup-
 22 ports the availability of SAFE, SAE, and SANE, pro-
 23 viders and services for survivors of sexual assault.

24 (b) ESTABLISHMENT.—

1 (1) IN GENERAL.—Not later than 1 year after
2 the date of enactment of this Act, the Secretary
3 shall establish a National Continuing and Clinical
4 Education Pilot Program for SAFEs, SANEs, and
5 other individuals who perform such examinations in
6 consultation with the Department of Justice, the
7 Centers for Medicare & Medicaid Services, the Cen-
8 ters for Disease Control and Prevention, the Health
9 Resources and Services Administration, the Indian
10 Health Service, the Office for Victims of Crime of
11 the Department of Justice, the Office on Violence
12 Against Women of the Department of Justice, and
13 the Office on Women’s Health of the Department of
14 Health and Human Services and with input from re-
15 gional and national organizations with expertise in
16 forensic nursing, rape trauma or crisis counseling,
17 investigating rape and gender violence cases, sur-
18 vivors’ advocacy and support, sexual assault preven-
19 tion education, rural health, and responding to sex-
20 ual violence in Native communities. Such pilot pro-
21 gram shall be 2 years in duration.

22 (2) FUNCTIONS.—The pilot program estab-
23 lished under paragraph (1) shall develop, pilot, im-
24 plement, and update, as appropriate, continuing and
25 clinical education program modules, webinars, and

1 programs for all hospitals and providers to increase
2 access to SANE and SAFE services and address on-
3 going competency issues in SAFE or SANE practice
4 of care, including—

5 (A) training and continuing education to
6 help support SAFEs or SANEs practicing in
7 rural or underserved areas;

8 (B) training to help connect sexual assault
9 survivors who are Native American with SAFEs
10 or SANEs, including through emergency first
11 aid, referrals, culturally competent support, and
12 forensic evidence collection in rural commu-
13 nities;

14 (C) replication of successful SANE or
15 SAFE programs to help develop and improve
16 the evidence base for MFEs; and

17 (D) training to increase the number of
18 medical professionals who are considered
19 SAFEs or SANEs based on the recommenda-
20 tions of the National Sexual Assault Forensic
21 Examination Training Standards issued by the
22 Department of Justice on Violence Against
23 Women.

24 (3) ELIGIBILITY TO PARTICIPATE IN PILOT
25 PROGRAMS.—The Secretary shall ensure that SAFE

1 or SANE services provided under the pilot program
2 established under paragraph (1), and other medical
3 forensic examiner services under the pilot program
4 shall be provided by health care providers who are
5 also one of the following:

6 (A) A physician, including a resident phy-
7 sician.

8 (B) A nurse practitioner.

9 (C) A nurse midwife.

10 (D) A physician assistant.

11 (E) A certified nurse specialist.

12 (F) A registered nurse.

13 (G) A community health practitioner or a
14 community health aide who has completed level
15 III or level IV certification and training re-
16 quirements.

17 (4) NATURE OF TRAINING.—The continuing
18 education program established under this section
19 shall incorporate and reflect current best practices
20 and standards on MFEs consistent with the purpose
21 of this section.

22 (c) AVAILABILITY.—After termination of the pilot
23 program established under subsection (b)(1), the training
24 and continuing education program established under such
25 program shall be available to all SAFEs, SANEs, and

1 other providers employed by, or any individual providing
2 services through, facilities that receive Federal funding.
3 The Task Force established under section 201 shall review
4 and recommend updates to the training and continuing
5 education program after the termination of the pilot pro-
6 gram.

7 (d) EFFECTIVE DATE.—

8 (1) IN GENERAL.—The pilot program estab-
9 lished under this section shall terminate on the date
10 that is 2 years after the date of such establishment.

11 (2) AUTHORITY FOR MODIFICATIONS.—Upon
12 termination of the pilot program as provided for in
13 paragraph (1), the Secretary or the Task Force es-
14 tablished under section 201 may implement modi-
15 fications relating to training and continuing edu-
16 cation requirements based on such program to in-
17 crease access to SANE and SAFE services for sur-
18 vivors of sexual assault.

19 (e) AUTHORIZATION.—There are authorized to be ap-
20 propriated to carry out this section \$5,000,000 for each
21 of fiscal years 2019 through 2021.

22 **SEC. 103. NATIONAL REPORT ON SEXUAL ASSAULT SERV-**
23 **ICES IN OUR NATION'S HEALTH SYSTEM.**

24 (a) IN GENERAL.—Not later than 1 year after the
25 date of enactment of this Act, and annually thereafter,

1 the Agency for Healthcare Research and Quality, in con-
 2 sultation with the Centers for Medicare & Medicaid Serv-
 3 ices, the Centers for Disease Control and Prevention, the
 4 Health Resources and Services Administration, the Indian
 5 Health Service, the Office for Victims of Crime of the De-
 6 partment of Justice, the Office on Women’s Health of the
 7 Department of Health and Human Services, and the Of-
 8 fice of Violence Against Women of the Department of Jus-
 9 tice (hereafter referred to in this section collectively as the
 10 “Agencies”), shall submit to the Secretary a report of ex-
 11 isting Federal and State practices relating to SAFEs,
 12 SANEs, and others who perform such examinations which
 13 reflects the findings of the surveys developed under section
 14 101.

15 (b) CORE COMPETENCIES.—In conducting activities
 16 under this section, the Agencies shall address SAFE or
 17 SANE competencies, including—

- 18 (1) providing comprehensive medical care to
 19 sexual assault patients;
- 20 (2) demonstrating the ability to conduct a MFE
 21 to include an evaluation for evidence collection;
- 22 (3) showing compassion and sensitivity towards
 23 survivors of sexual assault;
- 24 (4) testifying in Federal, State, local, and tribal
 25 courts; and

1 (5) other competencies as determined appro-
2 priate by the Agencies.

3 (c) PUBLICATION.—

4 (1) AHRQ.—The Agency for Healthcare Re-
5 search and Quality shall establish, maintain, and
6 publish on the website of the Department of Health
7 and Human Services an online public map of SAFE,
8 SANE, and other forensic medical examiners. Such
9 maps shall clarify if there is full-time, part-time, or
10 on-call coverage.

11 (2) STATES.—A State that receives Federal
12 funds shall maintain and make available an online
13 public map displaying the number and location of
14 available SAFE or SANE programs and other foren-
15 sic medical examiners in the State. Such maps shall
16 clarify if there is full-time, part-time, or on-call cov-
17 erage.

18 **SEC. 104. HOSPITAL REPORTING.**

19 Not later than 1 year after the date of enactment
20 of this Act, and annually thereafter, a hospital that re-
21 ceives Federal funds shall submit to the Secretary a report
22 that identifies the level of community access provided by
23 the hospital to trained SAFEs, SARTs, SANEs, and oth-
24 ers who perform such examinations. Such report shall de-
25 scribe—

1 (1) the number of sexual assault survivors who
 2 present at the hospital for MFEs in the year for
 3 which the report is being prepared;

4 (2) the number of personnel who are trained
 5 and practicing as a SANE or SAFE to perform sex-
 6 ual assault exams, indicating the employment basis
 7 of such personnel as either full-time, part-time, or
 8 on-call;

9 (3) the number of sexual assault exams per-
 10 formed by SANEs or SAFEs;

11 (4) the number of sexual assault exams per-
 12 formed by personnel other than a SANE or SAFE;

13 (5) the training that such SAFEs or SANEs
 14 undergo for purposes of maintaining competency;
 15 and

16 (6) the SAFE/SANE standards of care applied
 17 by the hospital.

18 **TITLE II—STANDARDS OF CARE**

19 **SEC. 201. NATIONAL SEXUAL ASSAULT CARE AND TREAT-** 20 **MENT TASK FORCE.**

21 (a) ESTABLISHMENT.—The Secretary shall establish
 22 a task force to be known as the “SASCA Task Force”
 23 (referred to in this section as the “Task Force”) to iden-
 24 tify barriers to improving access to SAFE/SANE and
 25 other forensic medical examiners.

1 (b) MEMBERSHIP.—The Task Force shall include a
2 representative from the Centers for Medicare & Medicaid
3 Services, the Centers for Disease Control and Prevention,
4 the Health Resources and Services Administration, the In-
5 dian Health Service, the Office for Victims of Crime of
6 the Department of Justice, the Office on Women’s Health
7 of the Department of Health and Human Services, and
8 the Office on Violence Against Women of the Department
9 of Justice, a survivor of sexual assault, and representa-
10 tives from regional and national organizations with exper-
11 tise in forensic nursing, rape trauma or crisis counseling,
12 investigating rape and gender violence cases, survivors’ ad-
13 vocacy and support, sexual assault prevention education,
14 rural health, and responding to sexual violence in Native
15 communities.

16 (c) OBJECTIVES.—To assist and standardize State-
17 level efforts to improve medical forensic evidence collection
18 relating to sexual assault, the Task Force shall—

19 (1) identify barriers to the recruitment, train-
20 ing, and retention of SAFEs, SARTs, SANEs, and
21 others who perform such examinations;

22 (2) make recommendations for improving access
23 to medical forensic examinations, including the feasi-
24 bility of, or barriers to, utilizing mobile units;

1 (3) improve coordination of services, and other
2 protocols regarding the care and treatment of sexual
3 assault survivors and the preservation of evidence
4 between law enforcement officials and health care
5 providers; and

6 (4) update national minimum standards for fo-
7 rensic medical examiner training and forensic med-
8 ical evidence collection relating to sexual assault.

9 (d) TRANSPARENCY REQUIREMENTS.—

10 (1) IN GENERAL.—Not later than 1 year after
11 first convening, the Task Force shall report to the
12 Secretary in a public document on—

13 (A) the recommendation for best practices
14 with respect to improving medical forensic evi-
15 dence collection relating to sexual assault; and

16 (B) the national minimum standards for
17 MFEs and treatments relating to sexual as-
18 sault.

19 (2) REPORT.—Not later than 18 months after
20 the date of enactment of this Act, the Secretary
21 shall submit to Congress a report on the findings
22 and conclusions of the Task Force.

23 (e) ANNUAL SUMMIT.—The Secretary shall convene
24 an annual stakeholder meeting to address gaps in health

1 care provider care relating to sexual assault that includes
2 the Task Force.

3 **SEC. 202. INSTITUTIONS OF HIGHER EDUCATION CAMPUS**
4 **ACTION PLAN.**

5 Each institution of higher education that receives
6 Federal funds shall—

7 (1) inform survivors of sexual assault about the
8 availability of MFEs, including the nearest available
9 locations at which such examinations are provided
10 by a SANE and that Federal law requires such
11 exams to be provided at no cost to the survivor; and

12 (2) make the information described in para-
13 graph (1) available on the website of the institution,
14 to the extent practicable.

15 **SEC. 203. EXPANDING ACCESS TO UNIFIED CARE.**

16 Part B of title VIII of the Public Health Service Act
17 (42 U.S.C. 296j et seq.) is amended by adding at the end
18 the following:

19 **“SEC. 812. DEMONSTRATION GRANTS FOR SEXUAL ASSAULT**
20 **EXAMINER TRAINING PROGRAMS.**

21 “(a) ESTABLISHMENT OF PROGRAM.—The Secretary
22 shall establish a demonstration program (referred to in
23 this section as the ‘program’) to award grants to eligible
24 partnered entities for the clinical training of SAFEs/
25 SANEs (including registered nurses, nurse practitioners,

1 nurse midwives, clinical nurse specialists, physician assist-
 2 ants, and physicians) to administer medical forensic ex-
 3 aminations and treatments to survivors of sexual assault.

4 “(b) PURPOSE.—The purpose of the program is to
 5 enable each grant recipient to expand access to SAFE/
 6 SANE services by providing new providers with the clin-
 7 ical training necessary to establish and maintain com-
 8 petency in SAFE/SANE services and to test the provisions
 9 of such services at new facilities in expanded health care
 10 settings.

11 “(c) GRANTS.—Under the program, the Secretary
 12 shall award 3-year grants to eligible entities that meet the
 13 requirements established by the Secretary.

14 “(d) ELIGIBLE ENTITIES.—To be eligible to receive
 15 a grant under this section, an entity shall—

16 “(1) be—

17 “(A) a rural health care services provider
 18 or community-based service provider (as defined
 19 by the Secretary), a center or clinic under sec-
 20 tion 330, or a health center receiving assistance
 21 under title X, acting in partnership with a high-
 22 volume emergency services provider or a hos-
 23 pital currently providing sexual assault medical
 24 forensic examinations performed by SANEs or
 25 SAFEs, that will use grant funds to—

1 “(i) assign rural health care service
2 providers to the high-volume hospitals for
3 clinical practicum hours to qualify such
4 providers as a SAFE/SANE; or

5 “(ii) assign practitioners at high-vol-
6 ume hospitals to a rural health care serv-
7 ices providers to instruct, oversee, and ap-
8 prove clinical practicum hours in the com-
9 munity to be served; or

10 “(B) an organization described in section
11 501(c)(3) of the Internal Revenue Code of 1986
12 and exempt from taxation under 501(a) of that
13 Act, that provides legal training and technical
14 assistance to tribal communities and to organi-
15 zations and agencies serving Native people; and

16 “(2) submit to the Secretary an application at
17 such time, in such manner, and containing such in-
18 formation as the Secretary may require, including a
19 description of whether the applicant will provide
20 services under subparagraph (A) or (B) of para-
21 graph (1).

22 “(e) GRANT AMOUNT.—Each grant awarded under
23 this section shall be in an amount not to exceed \$400,000
24 per year. A grant recipient may carry over funds from one

1 fiscal year to the next without obtaining approval from
 2 the Secretary.

3 “(f) AUTHORIZATION OF APPROPRIATIONS.—

4 “(1) IN GENERAL.—There is authorized to be
 5 appropriated to carry out this section \$11,000,000
 6 for each of fiscal years 2019 through 2024.

7 “(2) SET-ASIDE.—Of the amount appropriated
 8 under this subsection for a fiscal year, the Secretary
 9 shall reserve 15 percent of such amount for purposes
 10 of making grants to entities that are affiliated with
 11 Indian tribes or tribal organizations (as defined in
 12 section 4 of the Indian Self-Determination and Edu-
 13 cation Assistance Act (25 U.S.C. 5304)), or Urban
 14 Indian organizations (as defined in section 4 of the
 15 Indian Health Care Improvement Act (25 U.S.C.
 16 1603)). Amounts reserved may be used to support
 17 referrals and the delivery of emergency first aid, cul-
 18 turally competent support, and forensic evidence col-
 19 lection training.”.

20 **SEC. 204. TECHNICAL ASSISTANCE GRANTS AND LEARNING**
 21 **COLLECTIVES.**

22 Part B of title VIII of the Public Health Service Act
 23 (42 U.S.C. 296j et seq.), as amended by section 203, is
 24 further amended by adding at the end the following:

1 **“SEC. 812A. TECHNICAL ASSISTANCE CENTER AND RE-**
 2 **GIONAL LEARNING COLLECTIVES.**

3 “(a) IN GENERAL.—The Secretary shall establish a
 4 State and provider technical resource center to provide
 5 technical assistance to health care providers to increase
 6 the quality of, and access to, MFEs by entering into con-
 7 tracts with national experts (such as the International Fo-
 8 rensic Nurses Association and others).

9 “(b) REGIONAL LEARNING COLLECTIVES.—The Sec-
 10 retary shall convene State and hospital regional learning
 11 collectives to assist health care providers and States in
 12 sharing best practices, discussing practices, and improving
 13 the quality of, and access to, MFEs.

14 “(c) REPOSITORY.—The Secretary shall establish and
 15 maintain a secure Internet-based data repository to serve
 16 as an online learning collective for State and entity col-
 17 laborations. An entity receiving a grant under section 812
 18 may use such repository for—

19 “(1) technical assistance; and

20 “(2) best practice sharing.”.

21 **SEC. 205. QUALITY STRATEGIES.**

22 The Secretary shall identify SAFE/SANE access and
 23 quality in hospitals and other appropriate health care fa-
 24 cilities as a national priority for improvement under sec-
 25 tion 399HH(a)(2) of the Public Health Service Act (42
 26 U.S.C. 280j(a)(2)).

1 **SEC. 206. OVERSIGHT.**

2 Not later than one year after the date of enactment
3 of this Act, the Office of the Inspector General shall issue
4 a report concerning hospital compliance with section 1867
5 of the Social Security Act (42 U.S.C. 1395dd) and the
6 Violence Against Women Act of 1994 (34 U.S.C. 12291
7 et seq.) with respect to access to, and reimbursements for,
8 sexual assault medical forensic examinations at the na-
9 tional, State, and individual hospital level. Such report
10 shall address hospital awareness of reimbursements, total
11 reimbursed costs, and any costs for survivors.

○