

2016, 130 Stat. 706, provided that: “It is the purpose of this Act [enacting this section and provisions set out as a note under section 201 of this title] to—

“(1) foster the establishment of State-administered controlled substance monitoring systems in order to ensure that health care providers have access to the accurate, timely prescription history information that they may use as a tool for the early identification of patients at risk for addiction in order to initiate appropriate medical interventions and avert the tragic personal, family, and community consequences of untreated addiction; and

“(2) establish, based on the experiences of existing State controlled substance monitoring programs, a set of best practices to guide the establishment of new State programs and the improvement of existing programs.”

§ 280g-4. Grants to strengthen the healthcare system’s response to domestic violence, dating violence, sexual assault, and stalking

(a) In general

The Secretary shall award grants for—

(1) the development or enhancement and implementation of interdisciplinary training for health professionals, public health staff, community health workers, violence prevention advocates working with health providers, and allied health professionals;

(2) the development or enhancement and implementation of education programs for medical, psychology, dental, social work, nursing, and other health profession students, interns, residents, fellows, or current health care providers (including midwives and doulas);

(3) the development or enhancement and implementation of comprehensive statewide strategies to improve the capacity of clinics, public health facilities, hospitals, and other health settings (including behavioral and mental health programs) to prevent and respond to domestic violence, dating violence, sexual assault, and stalking;

(4) the development or enhancement and implementation of training programs to improve the capacity of early childhood programs to address domestic violence, dating violence, sexual assault, and stalking among families they serve; and

(5) the development or enhancement and implementation of comprehensive statewide strategies for health and violence prevention programs to work together to promote primary prevention of domestic violence, dating violence, sexual assault, and stalking.

(b) Use of funds

(1) Required uses

Amounts provided under a grant under this section shall be used to—

(A) fund interdisciplinary training and education programs under paragraphs (1) and (2) of subsection (a) that—

(i) are designed to train medical, psychology, dental, social work, nursing, and other health profession students, interns, residents, fellows, or current health care providers to provide universal education on healthy relationships and provide trauma-informed health care services (including mental or behavioral health care services and referrals to appropriate commu-

nity services) to individuals who are or who have been victims of domestic violence, dating violence, sexual assault, or stalking;

(ii) plan and develop training components that center the experiences of, and are developed in collaboration with, culturally specific individuals and American Indians and Alaska Natives, and include community-defined practices such as the use of doulas, midwives, and traditional healers, for integration into approved internship, residency, and fellowship training or continuing medical or other health education training that address physical, mental, and behavioral health issues, including protective factors, related to domestic violence, dating violence, sexual assault, stalking, and other forms of violence and abuse (including labor and sex trafficking), focus on reducing health inequities and preventing violence and abuse, and include the primacy of victim safety and confidentiality;

(iii) are designed to be inclusive of the experiences of all individuals, including LGBT individuals, and include training on improving equity and reducing disparities in access to health care services and prevention resources; and

(iv) include training on the use of a universal prevention education approach to both prevent and respond to domestic violence, dating violence, sexual assault, or stalking in health care settings;

(B) design and implement comprehensive strategies to improve the capacity of the health care system to prevent and respond to domestic or sexual violence in clinical and public health settings, hospitals, clinics, and other health settings (including behavioral and mental health), under subsection (a)(3) through—

(i) the implementation, dissemination, and evaluation of policies and procedures to guide health professionals and public health staff in identifying, responding to, and promoting prevention of domestic violence, dating violence, sexual assault, and stalking during in-person or virtual visits, including strategies to ensure that health information is maintained in a manner that protects the patient’s privacy and safety, and safely uses health information technology to improve documentation, identification, assessment, treatment, and follow-up care and to maximize victim choice on the use and sharing of their health information;

(ii) the development of services to address the safety, medical, and mental health needs of patients by—

(I) increasing the capacity of existing health care professionals (including professionals who specialize in trauma or in substance use disorders) in behavioral and mental health care, community health workers, and public health staff to address domestic violence, dating violence, sexual assault, stalking, and children exposed to violence;

(II) contracting with or hiring advocates for victims of domestic violence or sexual assault to provide such services; or

(III) providing funding to State domestic and sexual violence coalitions to improve the capacity of such coalitions to coordinate and support health advocates and other health system partnerships;

(iii) the development of measures and methods for the evaluation of the practice of prevention, intervention, and documentation regarding victims of domestic violence, dating violence, sexual assault, and stalking during in-person or virtual visits, including the development and testing of quality improvement measurements, in accordance with the multi-stakeholder and quality measurement processes established under paragraphs (7) and (8) of section 1395aaa(b) of this title and section 1395aaa-1 of this title;

(iv) the provision of training and follow-up technical assistance to health care professionals, and public health staff, and allied health professionals to identify, assess, treat, and refer clients who are victims of domestic violence, dating violence, sexual assault, or stalking, and promote prevention during in-person or virtual visits, including using tools and training materials already developed;

(v) the development, implementation, dissemination, and evaluation of best practices, tools, and training materials, including culturally relevant tools, for mental health, behavioral health, and substance use disorder professionals to identify and respond to domestic violence, sexual violence, stalking, and dating violence; and

(vi) the development and provision of culturally relevant training and follow-up technical assistance to health care professionals, and public health staff, and allied health professionals to identify, assess, treat, and refer clients who are victims of domestic violence, dating violence, sexual assault, or stalking from culturally specific communities and promote prevention, using tools and training materials, developed by and for culturally specific communities, with priority given to trainings provided by culturally specific organizations; and

(C) design and implement comprehensive strategies to prevent domestic or sexual violence including through the use of universal education in clinical and public health settings, hospitals, clinics and other health settings.

(2) Permissible uses

(A) Child abuse and abuse in later life

To the extent consistent with the purpose of this section, a grantee may use amounts received under this section to address, as part of a comprehensive programmatic approach implemented under the grant, issues relating to child abuse or abuse in later life.

(B) Rural areas

Grants funded under paragraphs (1) and (2) of subsection (a) may be used to offer to rural areas community-based training opportunities, which may include the use of distance learning networks and other available technologies needed to reach isolated rural areas, for medical, nursing, and other health profession students and residents on domestic violence, dating violence, sexual assault, stalking, and, as appropriate, other forms of violence and abuse.

(C) Other uses

Grants funded under subsection (a)(3) may be used for—

(i) the development of training modules and policies that address the overlap of child abuse, domestic violence, dating violence, sexual assault, and stalking and abuse in later life, as well as childhood exposure to domestic and sexual violence;

(ii) the development, expansion, and implementation of programs that promote the prevention of sexual assault as well as sexual assault forensic medical examination or sexual assault nurse examiner programs;

(iii) the inclusion of the health effects of lifetime exposure to violence and abuse and exposure to violence across generations as well as related protective factors and behavioral risk factors in health professional training schools including medical, dental, nursing, social work, and mental and behavioral health curricula, and allied health service training courses;

(iv) the integration of knowledge of domestic violence, dating violence, sexual assault, and stalking into health care accreditation and professional licensing examinations, such as medical, dental, mental health, social work, and nursing boards, and where appropriate, other allied health exams and certifications;

(v) providing funding to culturally specific organizations to improve the capacity of such organizations to engage and partner with health care providers to support victims and meet increased referrals from health systems;

(vi) developing a State-level pilot program to—

(I) improve the response of substance use disorder treatment programs, harm reduction programs for people who use substances, and systems to domestic violence, dating violence, sexual assault, and stalking;

(II) improve the capacity of substance use disorder treatment programs, harm reduction programs for people who use substances, and systems to serve survivors of domestic violence, dating violence, sexual assault, and stalking dealing with substance use disorder; and

(III) improve the capacity of domestic violence, dating violence, sexual assault, and stalking programs to serve survivors who have substance use history; or

(vii) developing and utilizing existing technical assistance and training re-

sources to improve the capacity of substance use disorder treatment programs and harm reduction programs for people who use substances to address domestic violence, dating violence, sexual assault, and stalking among patients the programs serve.

(c) Requirements for grantees

(1) Confidentiality and safety

(A) In general

Grantees under this section shall ensure that all programs developed with grant funds address issues of confidentiality and patient safety and comply with applicable confidentiality and nondisclosure requirements under section 12291(b)(2) of title 34 and the Family Violence Prevention and Services Act [42 U.S.C. 10401 et seq.], and that faculty and staff associated with delivering educational components are fully trained in procedures that will protect the immediate and ongoing security and confidentiality of the patients, patient records, and staff. Such grantees shall consult entities with demonstrated expertise in the confidentiality and safety needs of victims of domestic violence, dating violence, sexual assault, and stalking on the development and adequacy of confidentiality and security procedures, and provide documentation of such consultation.

(B) Advance notice of information disclosure

Grantees under this section shall provide to patients advance notice about any circumstances under which information may be disclosed, such as mandatory reporting laws, and shall give patients the option to receive information and referrals without affirmatively disclosing abuse.

(2) Limitation on administrative expenses

A grantee shall use not more than 10 percent of the amounts received under a grant under this section for administrative expenses.

(3) Application

(A) Preference

In selecting grant recipients under this section, the Secretary shall give preference to applicants based on the strength of their evaluation strategies, with priority given to—

- (i) outcome based evaluations;
- (ii) culturally specific and population specific organizations; and
- (iii) programs developing and implementing community-driven solutions to address domestic violence, dating violence, sexual assault, or stalking.

(B) Subsection (a)(1) and (2) grantees

Applications for grants under paragraphs (1) and (2) of subsection (a) shall include—

- (i) documentation that the applicant represents a team of entities working collaboratively to strengthen the response of the health care system to domestic violence, dating violence, sexual assault, or stalking, and which includes at least one of each of—

- (I) an accredited school of allopathic or osteopathic medicine, psychology, nursing, dentistry, social work, or other health field;

- (II) a health care facility or system; or

- (III) a government or nonprofit entity, including a culturally specific organization or community-based organization working to address the social determinants of health, with a history of effective work in the fields of domestic violence, dating violence, sexual assault, or stalking; and

- (ii) strategies for the dissemination and sharing of curricula and other educational materials developed under the grant, if any, with other interested health professions schools and national resource repositories for materials on domestic violence, dating violence, sexual assault, and stalking.

(C) Subsection (a)(3) grantees

An entity desiring a grant under subsection (a)(3) shall submit an application to the Secretary at such time, in such a manner, and containing such information and assurances as the Secretary may require, including—

- (i) documentation that all training, education, screening, assessment, services, treatment, and any other approach to patient care will be informed by an understanding of violence and abuse victimization and trauma-specific approaches that will be integrated into prevention, intervention, and treatment activities;

- (ii) strategies—

- (I) for the development and implementation of policies to prevent and address domestic violence, dating violence, sexual assault, and stalking over the lifespan and generations in health care settings; and

- (II) to address primary prevention of domestic violence, dating violence, sexual assault, and stalking over the lifespan and generations, including strategies that address related social determinants of health, economic justice, and equity issues, and that are inclusive of LGBT individuals;

- (iii) a plan for consulting with State and tribal domestic violence or sexual assault coalitions, national nonprofit victim advocacy organizations, culturally specific organizations, and population specific organizations with demonstrated expertise in domestic violence, dating violence, sexual assault, or stalking;

- (iv) with respect to an application for a grant under which the grantee will have contact with patients, a plan, developed in collaboration with local victim service providers (including culturally specific organizations), to respond appropriately to and make correct referrals for individuals who disclose that they are victims of domestic violence, dating violence, sexual assault, stalking, or other types of violence,

and documentation provided by the grantee of an ongoing collaborative relationship with a local victim service provider; and

(v) with respect to an application for a grant proposing to fund a program described in subsection (b)(2)(C)(ii), a certification that any sexual assault forensic medical examination and sexual assault nurse examiner programs supported with such grant funds will adhere to the guidelines set forth by the Attorney General.

(d) Eligible entities

(1) In general

To be eligible to receive funding under paragraph (1) or (2) of subsection (a), an entity shall be—

(A) a nonprofit organization with a history of effective work in the field of training health professionals with an understanding of, and clinical skills pertinent to, domestic violence, dating violence, sexual assault, or stalking, and lifetime exposure to violence and abuse;

(B) an accredited school of allopathic or osteopathic medicine, psychology, nursing, dentistry, social work, or allied health;

(C) a health care provider membership or professional organization, or a health care system; or

(D) a State, tribal, territorial, or local entity.

(2) Subsection (a)(3) grantees

To be eligible to receive funding under subsection (a)(3), an entity shall be—

(A) a State department (or other division) of health (including mental health or substance abuse agencies), a State, tribal, or territorial domestic violence or sexual assault coalition or victim service provider, or any other nonprofit, nongovernmental organization with a history of effective work in the fields of domestic violence, dating violence, sexual assault, or stalking, and health care, including physical or behavioral health care and substance use disorder prevention and treatment; or

(B) a local victim service provider, a local department (or other division) of health, a local health clinic, hospital, behavioral health treatment system, or health system, a community-based organization with a history of effective work in the field of domestic violence, dating violence, sexual assault, or stalking and health care, including physical or mental health care or substance use disorder prevention and treatment, or a community-based organization with a history of partnership with programs in the field of domestic violence, dating violence, sexual assault, or stalking and health care, including physical or mental health care or substance use disorder prevention and treatment.

(e) Technical assistance

(1) In general

Of the funds made available to carry out this section for any fiscal year, the Secretary may make grants or enter into contracts to provide

technical assistance with respect to the planning, development, and operation of any program, activity or service carried out pursuant to this section. Not more than 8 percent of the funds appropriated under this section in each fiscal year may be used to fund technical assistance under this subsection.

(2) Availability of materials

The Secretary shall make publicly available materials developed by grantees under this section, including materials on training, best practices, and research and evaluation.

(3) Reporting

The Secretary shall publish a biennial report on—

(A) the distribution of funds under this section; and

(B) the programs and activities supported by such funds.

(f) Research and evaluation

(1) In general

Of the funds made available to carry out this section for any fiscal year, the Secretary may use not more than 20 percent to make a grant or enter into a contract for research and evaluation of—

(A) grants awarded under this section; and

(B) other training for health professionals and effective interventions in the health care setting that prevent domestic violence, dating violence, and sexual assault across the lifespan, prevent the health effects of such violence, and improve the safety and health of individuals who are currently being victimized.

(2) Research

Research authorized in paragraph (1) may include—

(A) research on the effects of domestic violence, dating violence, sexual assault, and childhood exposure to domestic, dating or sexual violence on health behaviors, health conditions, and health status of individuals, families, and populations, including underserved populations;

(B) research to determine effective health care interventions to respond to and prevent domestic violence, dating violence, sexual assault, and stalking;

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

(D) research on the impact of adverse childhood experiences on adult experience with domestic violence, dating violence, sexual assault, stalking, and adult health outcomes, including how to reduce or prevent the impact of adverse childhood experiences through the health care setting.

(g) Authorization of appropriations

There is authorized to be appropriated to carry out this section, \$20,000,000 for each of fiscal years 2023 through 2027.

(h) Definitions

Except as otherwise provided, the definitions in section 12291 of title 34 shall apply to this section.

(July 1, 1944, ch. 373, title III, §399P, formerly §399O, as added Pub. L. 109-162, title V, §504, Jan. 5, 2006, 119 Stat. 3026; renumbered §399P, Pub. L. 109-450, §4(1), Dec. 22, 2006, 120 Stat. 3342; amended Pub. L. 113-4, title V, §501(a), Mar. 7, 2013, 127 Stat. 96; Pub. L. 117-103, div. W, title V, §501, Mar. 15, 2022, 136 Stat. 869.)

Editorial Notes

REFERENCES IN TEXT

The Family Violence Prevention and Services Act, referred to in subsec. (c)(1)(A), is title III of Pub. L. 98-457, Oct. 9, 1984, 98 Stat. 1757, which is classified generally to chapter 110 (§10401 et seq.) of this title. For complete classification of this Act to the Code, see Short Title note set out under section 10401 of this title and Tables.

AMENDMENTS

2022—Subsec. (a)(1). Pub. L. 117-103, §501(1)(A), inserted “community health workers, violence prevention advocates working with health providers,” after “health staff.”

Subsec. (a)(2). Pub. L. 117-103, §501(1)(B), substituted “for medical, psychology, dental, social work, nursing, and other health profession students, interns, residents, fellows, or current health care providers (including midwives and doulas);” for “for medical, nursing, dental, and other health profession students and residents to prevent and respond to domestic violence, dating violence, sexual assault, and stalking; and”.

Subsec. (a)(3). Pub. L. 117-103, §501(1)(C)(i), (ii), substituted “capacity” for “response” and inserted “prevent and respond to” after “(including behavioral and mental health programs) to”.

Subsec. (a)(4), (5). Pub. L. 117-103, §501(1)(C)(iii), (D), added pars. (4) and (5).

Subsec. (b)(1)(A)(i). Pub. L. 117-103, §501(2)(A)(i), substituted “to provide universal education on healthy relationships and provide trauma-informed” for “to identify and provide”.

Subsec. (b)(1)(A)(ii). Pub. L. 117-103, §501(2)(B), substituted “training components that center the experiences of, and are developed in collaboration with, culturally specific individuals and American Indians and Alaska Natives, and include community-defined practices such as the use of doulas, midwives, and traditional healers,” for “culturally competent clinical training components” and “inequities” for “disparities” and inserted “(including labor and sex trafficking)” after “other forms of violence and abuse”.

Subsec. (b)(1)(A)(iii), (iv). Pub. L. 117-103, §501(2)(A)(ii), (C), added cls. (iii) and (iv).

Subsec. (b)(1)(B). Pub. L. 117-103, §501(2)(D), substituted “capacity of the health care system to prevent and respond” for “response of the health care system” in introductory provisions.

Subsec. (b)(1)(B)(i). Pub. L. 117-103, §501(2)(E), substituted “identifying, responding to, and promoting prevention of” for “identifying and responding to” and inserted “during in-person or virtual visits” after “and stalking” and “and to maximize victim choice on the use and sharing of their health information” before semicolon at end.

Subsec. (b)(1)(B)(ii). Pub. L. 117-103, §501(2)(F), substituted “services to address the safety, medical, and mental health needs of patients by—” and subcls. (I) to (III) for “on-site access to services to address the safety, medical, and mental health needs of patients by increasing the capacity of existing health care professionals and public health staff to address domestic violence, dating violence, sexual assault, and stalking, or by contracting with or hiring domestic or sexual assault advocates to provide such services or to model other services appropriate to the geographic and cultural needs of a site;”.

Subsec. (b)(1)(B)(iii). Pub. L. 117-103, §501(2)(G)(i), (ii), substituted “of prevention” for “of identification” and

inserted “during in-person or virtual visits” after “and stalking”.

Subsec. (b)(1)(B)(iv). Pub. L. 117-103, §501(2)(H)(i), inserted “and promote prevention during in-person or virtual visits,” after “or stalking.”

Subsec. (b)(1)(B)(v), (vi). Pub. L. 117-103, §501(2)(G)(iii), (H)(ii), (I), added cls. (v) and (vi).

Subsec. (b)(1)(C). Pub. L. 117-103, §501(2)(J), added subpar. (C).

Subsec. (b)(2)(A). Pub. L. 117-103, §501(3), substituted “Child abuse and abuse in later life” for “Child and elder abuse” in heading and “child abuse or abuse in later life” for “child or elder abuse” in text.

Subsec. (b)(2)(C)(i). Pub. L. 117-103, §501(4), substituted “abuse in later life” for “elder abuse”.

Subsec. (b)(2)(C)(ii). Pub. L. 117-103, §501(5), inserted “programs that promote the prevention of sexual assault as well as” after “implementation of”.

Subsec. (b)(2)(C)(iii). Pub. L. 117-103, §501(6)(A), inserted “and exposure to violence across generations” after “abuse”.

Subsec. (b)(2)(C)(iv). Pub. L. 117-103, §501(7), inserted “mental health,” after “dental,” and substituted “exams and certifications;” for “exams.”

Subsec. (b)(2)(C)(v) to (vii). Pub. L. 117-103, §501(6)(B), (8), added cls. (v) to (vii).

Subsec. (c)(3)(A). Pub. L. 117-103, §501(9), substituted “given to—” and cls. (i) to (iii) for “given to outcome based evaluations.”

Subsec. (c)(3)(B)(i)(III). Pub. L. 117-103, §501(10), inserted “, including a culturally specific organization or community-based organization working to address the social determinants of health,” after “nonprofit entity”.

Subsec. (c)(3)(C)(ii). Pub. L. 117-103, §501(11), substituted “strategies—” for “strategies”, inserted subcl. (I) designation before “for the development”, inserted “and generations” after “lifespan” and added subcl. (II).

Subsec. (c)(3)(C)(iii). Pub. L. 117-103, §501(12), substituted “culturally specific organizations” for “State or tribal law enforcement task forces (where appropriate)”.

Subsec. (c)(3)(C)(iv). Pub. L. 117-103, §501(13), inserted “(including culturally specific organizations)” after “service providers”.

Subsec. (d)(2)(A). Pub. L. 117-103, §501(14)(C), which directed insertion of “and substance use disorder prevention and treatment” before “the semicolon at the end”, was executed by making the insertion before “; or”, to reflect the probable intent of Congress.

Pub. L. 117-103, §501(14)(A), (B), inserted “(including mental health or substance abuse agencies)” after “of health” and substituted “or behavioral” for “or mental”.

Subsec. (d)(2)(B). Pub. L. 117-103, §501(15), substituted “hospital, behavioral health treatment system, or health system, a community-based” for “hospital, or health system, or any other community-based” and inserted “or substance use disorder prevention and treatment, or a community-based organization with a history of partnership with programs in the field of domestic violence, dating violence, sexual assault, or stalking and health care, including physical or mental health care or substance use disorder prevention and treatment” after “mental health care”.

Subsec. (g). Pub. L. 117-103, §501(16), substituted “\$20,000,000” for “\$10,000,000” and “2023 through 2027” for “2014 through 2018”.

Subsec. (h). Pub. L. 117-103, §501(17), struck out “herein” after “otherwise provided” and “provided for” after “definitions”.

2013—Pub. L. 113-4 amended section generally. Prior to amendment, section related to grants to foster public health responses to domestic violence, dating violence, sexual assault, and stalking.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 2022 AMENDMENT

Amendment by Pub. L. 117-103 not effective until Oct. 1 of the first fiscal year beginning after Mar. 15, 2022,

see section 4(a) of div. W of Pub. L. 117-103, set out as an Effective Date note under section 6851 of Title 15, Commerce and Trade.

FINDINGS

Pub. L. 109-162, title V, §501, Jan. 5, 2006, 119 Stat. 3023, provided that: "Congress makes the following findings:

"(1) The health-related costs of intimate partner violence in the United States exceed \$5,800,000,000 annually.

"(2) Thirty-seven percent of all women who sought care in hospital emergency rooms for violence-related injuries were injured by a current or former spouse, boyfriend, or girlfriend.

"(3) In addition to injuries sustained during violent episodes, physical and psychological abuse is linked to a number of adverse physical and mental health effects. Women who have been abused are much more likely to suffer from chronic pain, diabetes, depression, unintended pregnancies, substance abuse and sexually transmitted infections, including HIV/AIDS.

"(4) Health plans spend an average of \$1,775 more a year on abused women than on general enrollees.

"(5) Each year about 324,000 pregnant women in the United States are battered by the men in their lives. This battering leads to complications of pregnancy, including low weight gain, anemia, infections, and first and second trimester bleeding.

"(6) Pregnant and recently pregnant women are more likely to be victims of homicide than to die of any other pregnancy-related cause, and evidence exists that a significant proportion of all female homicide victims are killed by their intimate partners.

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

"(8) Recent research suggests that women experiencing domestic violence significantly increase their safety-promoting behaviors over the short- and long-term when health care providers screen for, identify, and provide followup care and information to address the violence.

"(9) Currently, only about 10 percent of primary care physicians routinely screen for intimate partner abuse during new patient visits and 9 percent routinely screen for intimate partner abuse during periodic checkups.

"(10) Recent clinical studies have proven the effectiveness of a 2-minute screening for early detection of abuse of pregnant women. Additional longitudinal studies have tested a 10-minute intervention that was proven highly effective in increasing the safety of pregnant abused women. Comparable research does not yet exist to support the effectiveness of screening men.

"(11) Seventy to 81 percent of the patients studied reported that they would like their healthcare providers to ask them privately about intimate partner violence."

PURPOSE

Pub. L. 109-162, title V, §502, Jan. 5, 2006, 119 Stat. 3024, provided that: "It is the purpose of this title [enacting this section, sections 294h and 13973 of this title, and provisions set out as a note above] 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 against women and children, increasing the number of women properly screened, identified, and treated for lifetime exposure to violence, and expanding research on effective interventions in the health care setting."

§ 280g-4a. Understanding sexual assault care in health systems

(a) Purpose

It is the purpose of this section to identify areas for improvement in health care delivery systems providing forensic examinations to survivors of sexual assault.

(b) Grants

The Secretary of Health and Human Services (referred to in this section as "the Secretary") shall award grants to States and Indian Tribes to develop and implement State and Tribal surveys to identify—

(1) the availability of, and patient access to, medical forensic examinations;

(2) the training level of the health care providers who perform medical forensic examinations;

(3) the hospitals or clinics that offer medical forensic examinations and whether each hospital or clinic has full-time, part-time, or on-call coverage;

(4) barriers to medical forensic examinations provided through sexual assault care and services;

(5) billing and reimbursement practices for medical forensic examinations;

(6) State and Tribal requirements, minimum standards, and protocols for training sexual assault examiners for sexual assault forensic examiners and for other personnel involved in medical forensic examinations;

(7) the availability of sexual assault forensic examiner training, the frequency of such training, the providers of such training, the State's or Indian Tribe's role in such training, and the processes or procedures in place for continuing education of such examiners; and

(8) the dedicated Federal and State funding available to support sexual assault forensic examiner training.

(c) Eligibility

To be eligible to receive a grant under this section, a State or Indian Tribe shall submit to the Secretary an application through a competitive process to be determined by the Secretary.

(d) Public dissemination and campaign

(1) Public availability

The results of the surveys conducted under grants awarded under this section shall be published by the Secretary on the website of the Department of Health and Human Services on a biennial basis.

(2) Campaigns

A State or Indian Tribe that receives a grant under this section shall carry out the following activities:

(A) Make the findings of the survey conducted using amounts received under the grant public, including a map showing health care providers who perform medical forensic examinations, based on the findings from the State and Tribal surveys under subsection (b)(3).

(B) Use the findings to develop a strategic action plan to increase the number of trained medical forensic examiners available