

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

in the State or Tribal community and create policies to increase survivor access to trained examiners.

(C) Use the findings to develop and implement a public awareness campaign that includes the following:

(i) An online toolkit describing how and where sexual assault survivors can obtain assistance and care, including medical forensic examinations, in the State or Tribal community.

(ii) A model standard response protocol for health care providers to implement upon arrival of a patient seeking care for sexual assault.

(iii) A model sexual assault response team protocol incorporating interdisciplinary community coordination between hospitals, emergency departments, hospital administration, local rape crisis programs, law enforcement, prosecuting attorneys, and other health and human service agencies and stakeholders with respect to delivering survivor-centered sexual assault care and medical forensic examinations.

(iv) A notice of applicable laws prohibiting charging or billing survivors of sexual assault for care and services related to sexual assault.

(e) Authorization of appropriations

There is authorized to be appropriated to carry out this section \$7,000,000 for each of fiscal years 2023 through 2027.

(Pub. L. 117-103, div. W, title V, §503, Mar. 15, 2022, 136 Stat. 874.)

Editorial Notes

CODIFICATION

Section was enacted as part of the Violence Against Women Act Reauthorization Act of 2022, and also as part of the Consolidated Appropriations Act, 2022, and not as part of the Public Health Service Act which comprises this chapter.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE

Section 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 a note under section 6851 of Title 15, Commerce and Trade.

NATIONAL REPORT ON SEXUAL ASSAULT SERVICES IN NATION'S HEALTH SYSTEM

Pub. L. 117-103, div. W, title V, §504, Mar. 15, 2022, 136 Stat. 876, provided that:

“(a) IN GENERAL.—Not later than 1 year after the date of enactment of this Act [Mar. 15, 2022], and annually thereafter, the Agency for Healthcare Research and Quality, in consultation with the Centers for Medicare & Medicaid Services, the Centers for Disease Control and Prevention, the Health Resources and Services Administration, the Indian Health Service, the Office for Victims of Crime of the Department of Justice, the Office on Women's Health of the Department of Health and Human Services, and the Office of Violence Against Women of the Department of Justice (collectively referred to in this section as the ‘Agencies’), shall submit to the Secretary of Health and Human Services (referred to in this section as ‘the Secretary’) a report of existing Federal, Indian Tribe, and State practices re-

lating to medical forensic examinations which may include the findings of the surveys developed under section 503 [42 U.S.C. 280g-4a].

“(b) CORE COMPETENCIES.—In conducting activities under this section, the Agencies shall address sexual assault forensic examination competencies, including—

“(1) providing medical care to sexual assault patients;

“(2) demonstrating the ability to conduct a medical forensic examination, including an evaluation for evidence collection;

“(3) showing compassion and sensitivity towards survivors of sexual assault;

“(4) testifying in Federal, State, local, and Tribal courts; and

“(5) other competencies, as the Agencies determine appropriate.

“(c) PUBLICATION.—The Agency for Healthcare Research and Quality shall establish, maintain, and publish on the website of the Department of Health and Human Services an online public map of availability of sexual assault forensic examinations. Such maps shall clarify if there is full-time, part-time, or on-call coverage.

“(d) REPORT TO CONGRESS.—Not later than 60 days after receiving the report described in subsection (a), the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce and the Committee on Education and Labor [now Committee on Education and the Workforce] of the House of Representatives recommendations for improving sexual assault forensic examination competencies based on the report described in subsection (a).”

[For definition of terms used in section 504 of div. W of Pub. L. 117-103, set out above, see section 12291 Title 34, Crime Control and Law Enforcement, as made applicable by section 2(b) of div. W of Pub. L. 117-103, which is set out as a note under section 12291 of Title 34].

DEFINITIONS

For definitions of terms used in this section, see section 12291 of Title 34, Crime Control and Law Enforcement, as made applicable by section 2(b) of div. W of Pub. L. 117-103, which is set out as a note under section 12291 of Title 34.

§ 280g-4b. Expanding access to unified care

(a) Establishment of program

The Secretary of Health and Human Services (referred to in this section as the “Secretary”) shall establish a program (referred to in this section as the “program”) to award grants to eligible entities for the clinical training of sexual assault forensic examiners (including registered nurses, nurse practitioners, nurse midwives, clinical nurse specialists, physician assistants, and physicians) to administer medical forensic examinations and treatments to survivors of sexual assault.

(b) Purpose

The purpose of the program is to enable each grant recipient to expand access to medical forensic examination services by providing new providers with the clinical training necessary to establish and maintain competency in such services and to test the provisions of such services at new facilities in expanded health care settings.

(c) Grants

Under the program, the Secretary shall award 3-year grants to eligible entities that meet the requirements established by the Secretary.

(d) Eligible entities

To be eligible to receive a grant under this section, an entity shall—