

103<sup>D</sup> CONGRESS  
1<sup>ST</sup> SESSION

# S. 1320

To amend title III of the Public Health Service Act to revise and extend certain injury control programs, and for other purposes.

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## IN THE SENATE OF THE UNITED STATES

JULY 29 (legislative day, JUNE 30), 1993

Mr. KENNEDY (for himself, Mrs. KASSEBAUM, Mr. DODD, and Mr. WELLSTONE) introduced the following bill; which was read twice and referred to the Committee on Labor and Human Resources

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## A BILL

To amend title III of the Public Health Service Act to revise and extend certain injury control programs, 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 “Injury Control and  
5 Violence Prevention Act of 1993”.

6 **SEC. 2. FINDINGS.**

7 Congress finds that—

8 (1) violence or the threat of violence has ad-  
9 verse effects on the health and safety of Americans

1 of all ages, races, ethnicities and economic condi-  
2 tions;

3 (2) the majority of homicides and violent as-  
4 saults are committed by people who have relation-  
5 ships with their victims and are not committed by  
6 strangers;

7 (3) violence is being committed in private as  
8 well as public, in homes, schools, and neighborhoods;

9 (4) interventions by law enforcement and crimi-  
10 nal justice systems have limited ability to prevent  
11 violence;

12 (5) family and interpersonal violence represent  
13 serious threats to the health and well-being of mil-  
14 lions of women in the United States;

15 (6) violence against women has serious health  
16 consequences for its victims, including fatality, se-  
17 vere trauma, repeated physical injuries, and chronic  
18 stress-related disorder;

19 (7) violence against women has serious mental  
20 health consequences for its victims, including sub-  
21 stance abuse, severe psychological trauma, and  
22 suicide;

23 (8) fewer than 5 percent of injured women are  
24 correctly diagnosed by medical personnel as being  
25 victims of domestic violence;

1           (9) hospitals and clinics do not have a uniform  
2 set of protocols for the identification and referral of  
3 victims of family and interpersonal violence, or for  
4 the training of health care professionals to perform  
5 such functions;

6           (10) a national surveillance system for monitor-  
7 ing the health effects of injury should be established  
8 to determine the nature and extent of family and  
9 interpersonal violence in the United States; and

10           (11) the Surgeon General has identified domes-  
11 tic violence as a public health problem to which all  
12 health care providers must actively and vigorously  
13 respond.

14 **SEC. 3. FAMILY AND INTERPERSONAL VIOLENCE PREVEN-**  
15 **TION.**

16           Section 393 of the Public Health Service Act (42  
17 U.S.C. 280b-2) is amended to read as follows:

18 **“SEC. 393. PREVENTION OF FAMILY AND INTERPERSONAL**  
19 **VIOLENCE.**

20           “(a) RESEARCH AND TECHNICAL ASSISTANCE.—The  
21 Secretary, acting through the Director of the Centers for  
22 Disease Control and Prevention, may conduct research  
23 and provide technical assistance to appropriate public and  
24 nonprofit private entities and to academic institutions to  
25 assist such entities in performing research in, and con-

1 ducting training and public health programs for, the pre-  
2 vention of injuries and deaths associated with family and  
3 interpersonal violence.

4 “(b) GRANTS.—The Secretary, acting through the  
5 Director of the Centers for Disease Control and Preven-  
6 tion, may award grants to States, political subdivisions of  
7 States, and any other public and nonprofit private entity  
8 for—

9 “(1) the conduct of research into identifying ef-  
10 fective strategies to prevent interpersonal violence  
11 within the family and among acquaintances;

12 “(2) the development, implementation, and  
13 evaluation of demonstration projects for the preven-  
14 tion of interpersonal violence within families and  
15 among acquaintances;

16 “(3) the implementation of public information  
17 and education programs for prevention of family and  
18 interpersonal violence and to broaden public aware-  
19 ness of the public health consequences of family and  
20 interpersonal violence; and

21 “(4) the provision of education, training and  
22 clinical skills improvement programs for health care  
23 professionals to—

24 “(A) appropriately interview and identify  
25 individuals whose medical condition or state-

1           ments indicate that the individuals are victims  
2           of domestic violence or sexual assault; and

3           “(B) refer the individuals to entities that  
4           provide services regarding such violence and as-  
5           sault, including referrals for counseling, hous-  
6           ing, legal services, and services of community  
7           organizations.

8           “(c) INJURY SURVEILLANCE PROGRAM.—The Sec-  
9           retary, acting through the Director of the Centers for Dis-  
10          ease Control and Prevention, shall support the establish-  
11          ment of national systematic surveillance of injuries, in-  
12          cluding those caused by family and interpersonal violence.

13          “(d) DEFINITION.—As used in this section, the term  
14          ‘interpersonal violence within families and acquaintances’  
15          means any intentional violence, controlling, or coercive be-  
16          havior or pattern of behavior by an individual who is cur-  
17          rently or who was previously, in an intimate or acquaint-  
18          ance relationship with the victim. Such behavior may  
19          occur at any stage of the lifecycle and may encompass sin-  
20          gle acts or a syndrome of actual or threatened physical  
21          injury, sexual assault, rape, psychological abuse, or ne-  
22          glect. Such term includes behavior which currently may  
23          be described as “child neglect”, “child abuse”, “spousal  
24          abuse”, “domestic violence”, “woman battering”, “partner  
25          abuse”, “elder abuse”, and “date rape”.

1       “(e) APPLICATION.—To be eligible to receive assist-  
2       ance under subsection (a) or (b), an entity shall prepare  
3       and submit to the Secretary an application at such time,  
4       in such manner, and containing such information as the  
5       Secretary may require.”.

6       **SEC. 4. ADVISORY COMMITTEE; REPORTS.**

7       Part J of title III of the Public Health Service Act  
8       (as amended by Public Law 103-43) is amended by insert-  
9       ing after section 393 (42 U.S.C. 280b-2) the following new  
10      section:

11      **“SEC. 393A. GENERAL PROVISIONS.**

12      “(a) ADVISORY COMMITTEE.—The Secretary, acting  
13      through the Director of the Centers for Disease Control  
14      and Prevention, shall establish an advisory committee to  
15      advise the Secretary and such Director with respect to the  
16      prevention and control of injuries.

17      “(b) REPORT.—Not later than February 1 of 1994  
18      and of every second year thereafter, the Secretary, acting  
19      through the Director of the Centers for Disease Control  
20      and Prevention, shall submit to the Committee on Energy  
21      and Commerce of the House of Representatives, and to  
22      the Committee on Labor and Human Resources of the  
23      Senate, a report describing the activities carried out under  
24      this part during the preceding 2 fiscal years. Such report  
25      shall include a description of such activities that were car-

1 ried out with respect to domestic violence and sexual as-  
2 sault and with respect to rural areas.”.

3 **SEC. 5. TECHNICAL CORRECTIONS.**

4 (a) TERMINOLOGY.—Part J of title III of the Public  
5 Health Service Act (42 U.S.C. 280b et seq.) (as amended  
6 by Public Law 103-43) is amended—

7 (1) in the heading for such part, by striking  
8 “INJURY CONTROL” and inserting “PREVENTION  
9 AND CONTROL OF INJURIES”; and

10 (2) in section 392—

11 (A) in the heading for such section, by in-  
12 serting “PREVENTION AND” before “CONTROL  
13 ACTIVITIES”;

14 (B) in subsection (a)(1), by inserting “and  
15 control” after “prevention”; and

16 (C) in subsection (b)(1), by striking “inju-  
17 ries and injury control” and inserting “the pre-  
18 vention and control of injuries”.

19 (b) PROVISIONS RELATING TO PUBLIC LAW 102-  
20 531.—Part K of title III of the Public Health Service Act  
21 (42 U.S.C. 280b et seq.), as amended by section 301 of  
22 Public Law 102-531 (106 Stat. 3482), is amended—

23 (1) in section 392(b)(2), by striking “to pro-  
24 mote injury control” and all that follows and insert-

1 ing “to promote activities regarding the prevention  
2 and control of injuries; and”; and

3 (2) in section 391(b), by adding at the end the  
4 following sentence: “In carrying out the preceding  
5 sentence, the Secretary shall disseminate such infor-  
6 mation to the public, including through elementary  
7 and secondary schools.”.

8 **SEC. 6. AUTHORIZATION OF APPROPRIATIONS.**

9 Section 394 of the Public Health Service Act (42  
10 U.S.C. 280b-3) is amended—

11 (1) by striking “391 and 392” and inserting  
12 “391, 392, and 393”; and

13 (2) by striking “\$10,000,000” and all that fol-  
14 lows through the period and inserting  
15 “\$60,000,000” for fiscal year 1994, and such sums  
16 as may be necessary for each of the fiscal years  
17 1995 through 1998.”.

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