

107<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# H. R. 4032

To amend titles V and XIX of the Social Security Act and chapter 89 of title 5, United States Code, to provide coverage for domestic violence screening and treatment under the maternal and child health block grant program, the Medicaid Program, and the Federal employees health benefits program.

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## IN THE HOUSE OF REPRESENTATIVES

MARCH 20, 2002

Mrs. CAPPS (for herself, Mr. LATOURETTE, Mr. WAXMAN, and Mr. GREENWOOD) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Government Reform, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To amend titles V and XIX of the Social Security Act and chapter 89 of title 5, United States Code, to provide coverage for domestic violence screening and treatment under the maternal and child health block grant program, the Medicaid Program, and the Federal employees health benefits program.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE; FINDINGS.**

2 (a) SHORT TITLE.—This Act may be cited as the  
3 “Domestic Violence Screening and Treatment Act of  
4 2002”.

5 (b) FINDINGS.—Congress finds the following:

6 (1) Nearly one-third of American women (31  
7 percent) report being physically or sexually abused  
8 by a husband or boyfriend at some point in their  
9 lives, and about 1200 women are murdered every  
10 year by their intimate partner, nearly 3 each day.

11 (2) 85 percent of violent victimizations are ex-  
12 perienceed by women.

13 (3) 37 percent of all women who sought care in  
14 hospital emergency rooms for violence-related inju-  
15 ries were injured by a current or former spouse, boy-  
16 friend, or girlfriend.

17 (4) In addition to injuries sustained during vio-  
18 lent episodes, physical and psychological abuse are  
19 linked to a number of adverse physical health effects  
20 including arthritis, chronic neck or back pain, mi-  
21 graine and other frequent headaches, stammering,  
22 problems with vision, and sexually transmitted infec-  
23 tions, including HIV/AIDS.

24 (5) Medical services for abused women cost an  
25 estimated \$857.3 million every year.

1           (6) Each year, at least six percent of all preg-  
2           nant women, about 240,000 pregnant women, in this  
3           country are battered by the men in their lives. This  
4           battering leads to complications of pregnancy, in-  
5           cluding low weight gain, anemia, infections, and first  
6           and second trimester bleeding.

7           (7) Pregnant and recently pregnant women are  
8           more likely to be victims of homicide than to die of  
9           any other cause, and evidence exists that a signifi-  
10          cant proportion of all female homicide victims are  
11          killed by their intimate partners.

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

19          (9) Fifty percent of men who frequently assault  
20          their wives frequently assault their children. The  
21          U.S. Advisory Board on Child Abuse and Neglect  
22          suggests that domestic violence may be the single  
23          major precursor to child abuse and neglect fatalities  
24          in this country.



1           (3) by inserting after paragraph (26) of sub-  
2           section (a) the following new paragraph:

3           “(27) domestic violence screening and treat-  
4           ment services (as defined in subsection (x));” and

5           (4) by adding at the end the following new sub-  
6           section:

7           “(x) The term ‘domestic violence screening and treat-  
8           ment services’ means the following services (as specified  
9           under the State plan) furnished by an attending health  
10          care provider (or, in the case of services described in para-  
11          graph (3), under arrangements between the provider and  
12          domestic violence experts) to women 18 years of age or  
13          older:

14                 “(1) Routine verbal screening for domestic vio-  
15                 lence by a provider if the provider has not previously  
16                 screened the patient or if the patient has been  
17                 screened but the patient indicates that she is in a  
18                 new relationship regardless of whether there are any  
19                 clinical indicators or suspicion of abuse.

20                 “(2) Danger assessment for women who posi-  
21                 tively identify for domestic violence, including an im-  
22                 mediate safety assessment, an initial risk assess-  
23                 ment, and follow-up risk assessments during subse-  
24                 quent visits.

1           “(3) Treatment relating to domestic violence,  
2 including the following:

3           “(A) Safety education to assist the patient  
4 in developing a plan to promote her safety and  
5 well-being, such as keeping an emergency kit,  
6 talking to someone, and arranging for a place  
7 to stay, and appropriate follow up.

8           “(B) Health education which provides writ-  
9 ten and verbal information about domestic vio-  
10 lence, its impact on health, options for services,  
11 and any necessary follow up.

12           “(C) Psycho-social and counseling services  
13 that include an initial assessment, development  
14 of a plan of care, individual or group counseling  
15 (as needed), and follow-up assessment, treat-  
16 ment, or intervention.

17           “(D) Documentation of screening, assess-  
18 ment, treatment, referrals, injuries, and ill-  
19 nesses related to domestic violence and who in-  
20 flicted them, using appropriate diagnostic codes  
21 and absolute confidentiality (except as required  
22 by applicable State law).

23           “(4) Referral and case coordination for addi-  
24 tional services, including services from domestic vio-

1 lence programs, community agencies, and judicial  
2 and other systems.”.

3 (b) EFFECTIVE DATE.—The amendments made by  
4 this section shall take effect on the date of the enactment  
5 of this Act and shall apply to services furnished on or after  
6 such date.

7 **SEC. 3. FEDERAL EMPLOYEES HEALTH BENEFITS PRO-**  
8 **GRAM.**

9 (a) IN GENERAL.—Section 8902 of title 5, United  
10 States Code, is amended by adding at the end the fol-  
11 lowing:

12 “(p)(1) A contract may not be made or a plan ap-  
13 proved which does not include coverage for domestic vio-  
14 lence screening and treatment services.

15 “(2) For purposes of this subsection, the term ‘do-  
16 mestic violence screening and treatment services’ has the  
17 meaning given such term in section 1905(x) of the Social  
18 Security Act.”.

19 (b) EFFECTIVE DATE.—The amendment made by  
20 subsection (a) shall apply to contracts made, and plans  
21 approved, after the end of the 6-month period beginning  
22 on the date of the enactment of this Act.

1 **SEC. 4. MATERNAL AND CHILD HEALTH SERVICES BLOCK**  
2 **GRANT.**

3 (a) REQUIREMENT FOR PORTION OF EXPENDITURES  
4 ON DOMESTIC VIOLENCE SCREENING AND TREAT-  
5 MENT.—Section 505(a)(5) of the Social Security Act (42  
6 U.S.C. 705(a)(5)) is amended—

7 (1) by striking “and” at the end of subpara-  
8 graph (E);

9 (2) by striking the period at the end of sub-  
10 paragraph (F) and inserting “; and”; and

11 (3) by inserting after subparagraph (F) the fol-  
12 lowing new subparagraph:

13 “(G) the State will set aside a reasonable  
14 portion (based upon the State’s previous use of  
15 funds under this title) of the funds provided for  
16 domestic violence screening and treatment serv-  
17 ices (as defined in section 1902(x)).”.

18 (b) PREFERENCE IN CERTAIN FUNDING.—Section  
19 502(b)(2) of such Act (42 U.S.C. 702(b)(2)) is amended  
20 by adding at the end the following new subparagraph:

21 “(C) Of the amounts retained for projects described  
22 in subparagraphs (A) through (F) of section 501(a)(3),  
23 the Secretary shall provide preference to qualified appli-  
24 cants which demonstrate that the activities to be carried  
25 out with such amounts includes training of providers in

1 how to screen for, and treat, domestic violence and train-  
2 ing that includes—

3 “(i) identifying victims of domestic violence and  
4 maintaining complete medical records that include  
5 documentation of the examination, treatment given,  
6 and referrals made, and recording the location and  
7 nature of the victim’s injuries;

8 “(ii) examining and treating such victims, with-  
9 in the scope of the health professional’s discipline,  
10 training, and practice (including medical advice re-  
11 garding the dynamics and nature of domestic vio-  
12 lence);

13 “(iii) assessing the immediate and short-term  
14 safety of the victim and assisting the victim in devel-  
15 oping a plan to promote his or her safety; and

16 “(iv) referring the victim to public and private  
17 nonprofit private entities that provide services for  
18 such victims.”.

19 (c) REPORTING DATA.—Section 506(a)(2) of such  
20 Act (42 U.S.C. 706(a)(2)) is amended by adding at the  
21 end the following new subparagraph:

22 “(F) Information on how funds provided under  
23 this title are used to screen for and treat domestic  
24 violence.”.

1 (d) SEPARATE PROGRAM FOR DOMESTIC VIOLENCE  
2 SCREENING AND TREATMENT.—Title V of such Act is  
3 amended by adding at the end the following new section:

4 “SEPARATE PROGRAM FOR DOMESTIC VIOLENCE  
5 SCREENING AND TREATMENT

6 “SEC. 511. (a) For the purpose described in sub-  
7 section (b), the Secretary shall, for fiscal year 2003 and  
8 each subsequent fiscal year, allot to each State which has  
9 transmitted an application for the fiscal year under section  
10 505(a) an amount equal to the product of

11 “(1) the amount appropriated in subsection (d)  
12 for the fiscal year; and

13 “(2) the percentage determined for the State  
14 under section 502(c)(1)(B)(ii).

15 “(b) The purpose of an allotment under subsection  
16 (a) to a State is to enable the State to provide for domestic  
17 violence screening and treatment, including the provision  
18 of domestic violence screening and treatment services (as  
19 defined in section 1905(x)), increasing the number of  
20 women screened, assessed, treated, and referred and in-  
21 cluding training of health care providers on how to identify  
22 and respond to victims of domestic violence.

23 “(c)(1) Sections 503, 507, and 508 apply to allot-  
24 ments under subsection (a) to the same extent and in the  
25 same manner as such sections apply to allotments under  
26 section 502(c).

1       “(2) Sections 505 and 506 apply to allotments under  
2 subsection (a) to the extent determined by the Secretary  
3 to be appropriate.

4       “(d) For the purpose of allotments under subsection  
5 (a), there is authorized to be appropriated for each fiscal  
6 year, beginning with fiscal year 2003, such sums as may  
7 be necessary.”.

8       (e) EFFECTIVE DATE.—The amendments made by  
9 subsections (a) and (b) shall apply to fiscal years begin-  
10 ning after the date of the enactment of this Act and the  
11 amendment made by subsection (c) shall apply to annual  
12 reports submitted for such fiscal years.

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