

AMENDMENT TO RULES COMMITTEE PRINT 116-9

OFFERED BY MS. JAYAPAL OF WASHINGTON

Page 171, after line 2, insert the following (and conform the table of contents accordingly):

1 **TITLE XV—SURVIVORS’ ACCESS**
2 **TO SUPPORTIVE CARE**

3 **SEC. 1501. SHORT TITLE.**

4 This title may be cited as the “Survivors’ Access to
5 Supportive Care Act” or “SASCA”.

6 **SEC. 1502. PURPOSE.**

7 It is the purpose of this title to increase access to
8 medical forensic sexual assault examinations and treat-
9 ment provided by sexual assault forensic examiners for
10 survivors by identifying and addressing gaps in obtaining
11 those services.

12 **SEC. 1503. DEFINITIONS.**

13 In this title:

14 (1) **COMMUNITY HEALTH AIDE AND COMMU-**
15 **NITY HEALTH PRACTITIONER.**—The terms “commu-
16 nity health aide” and “community health practi-
17 tioner” have the meanings within the meaning of
18 section 119 of the Indian Health Care Improvement
19 Act (25 U.S.C. 1616l).

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

6 (3) SAE.—The term “sexual assault examiner”
7 or “SAE” means a registered nurse, advanced prac-
8 tice nurse, physician, or physician assistant specifi-
9 cally trained to provide care to sexual assault foren-
10 sic examinations.

11 (4) SAFE.—The term “sexual assault forensic
12 examiner” or “SAFE” means a medical practitioner
13 who has specialized forensic training in treating sex-
14 ual assault survivors and conducting medical foren-
15 sic examinations.

16 (5) SANE.—The term “sexual assault nurse
17 examiner” or “SANE” means a registered nurse
18 who has specialized forensic training in treating sex-
19 ual assault survivors and conducting medical foren-
20 sic examinations.

21 (6) SART.—The term “sexual assault response
22 team” or “SART” means a multidisciplinary team
23 that provides a specialized and immediate response
24 to survivors of sexual assault, and may include
25 health care personnel, law enforcement representa-

1 tives, community-based survivor advocates, prosecu-
2 tors, and forensic scientists.

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

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

9 **SEC. 1504. UNDERSTANDING SEXUAL ASSAULT CARE.**

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

13 (b) GRANTS.—The Secretary shall award grants to
14 States to develop and implement State surveys to iden-
15 tify—

16 (1) the availability of and patient access to
17 trained SAFE, SANE, and other providers who per-
18 form MFEs;

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

22 (3) regional, provider, or other barriers to ac-
23 cess sexual assault care and services, including
24 MFEs;

1 (4) billing and reimbursement practices for
2 MFEs, including private health insurance, Medicare,
3 Medicaid, the State's victims compensation program,
4 and any other crime funding or other sources of
5 funding that contribute to payment for such exami-
6 nations;

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

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

12 (7) the availability of SAFE or SANE training,
13 frequency of when training is convened, the pro-
14 viders of such training, the State's role in such
15 training, and what process or procedures are in
16 place for continuing education of such examiners;

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

19 (9) funding opportunities for SANE or SAFE
20 training and continuing education.

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

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

1 (2) submit to the Secretary an application
2 through a competitive process to be determined by
3 the Secretary.

4 (d) PUBLIC DISSEMINATION AND CAMPAIGN.—

5 (1) PUBLIC AVAILABILITY.—The results of the
6 surveys conducted under grants awarded under this
7 section shall be published by the Secretary on the
8 website of the Department of Health and Human
9 Services on a biennial basis.

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

12 (A) Make the findings of the survey con-
13 ducted under the grant public.

14 (B) Use the findings to develop a strategic
15 action plan to increase the number of trained
16 examiners available in the State and create poli-
17 cies to increase survivor access to trained exam-
18 iners.

19 (C) Use the findings to develop and imple-
20 ment a public awareness campaign that in-
21 cludes the following:

22 (i) An online toolkit describing how
23 and where sexual assault survivors can ob-
24 tain assistance and care, including MFEs,
25 in the State.

1 (ii) A Model Standard Response Pro-
2 tocol for health care providers to imple-
3 ment upon arrival of a patient seeking care
4 for sexual assault.

5 (iii) A Model Sexual Assault Response
6 Team Protocol incorporating interdiscipli-
7 nary community coordination between hos-
8 pitals, emergency departments, hospital
9 administration, local rape crisis programs,
10 law enforcement, prosecuting attorneys,
11 and other health and human service agen-
12 cies and stakeholders with respect to deliv-
13 ering survivor-centered sexual assault care
14 and MFEs.

15 (iv) A notice of State and Federal
16 laws prohibiting charging or billing sur-
17 vivors of sexual assault for care and serv-
18 ices related to sexual assault.

19 (e) AUTHORIZATION OF APPROPRIATIONS.—There is
20 authorized to be appropriated to carry out this section,
21 \$2,000,000 for each of fiscal years 2019 through 2024.

1 **SEC. 1505. IMPROVING AND STRENGTHENING THE SEXUAL**
2 **ASSAULT EXAMINER WORKFORCE CLINICAL**
3 **AND CONTINUING EDUCATION PILOT PRO-**
4 **GRAM.**

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

10 (b) ESTABLISHMENT.—

11 (1) IN GENERAL.—Not later than 1 year after
12 the date of enactment of this title, the Secretary
13 shall establish a National Continuing and Clinical
14 Education Pilot Program for SAFEs, SANEs, and
15 other individuals who perform such examinations in
16 consultation with the Department of Justice, the
17 Centers for Medicare & Medicaid Services, the Cen-
18 ters for Disease Control and Prevention, the Health
19 Resources and Services Administration, the Indian
20 Health Service, the Office for Victims of Crime of
21 the Department of Justice, the Office on Violence
22 Against Women of the Department of Justice, and
23 the Office on Women’s Health of the Department of
24 Health and Human Services and with input from re-
25 gional and national organizations with expertise in
26 forensic nursing, rape trauma or crisis counseling,

1 investigating rape and gender violence cases, sur-
2 vivors' advocacy and support, sexual assault preven-
3 tion education, rural health, and responding to sex-
4 ual violence in Native communities. Such pilot pro-
5 gram shall be 2 years in duration.

6 (2) FUNCTIONS.—The pilot program estab-
7 lished under paragraph (1) shall develop, pilot, im-
8 plement, and update, as appropriate, continuing and
9 clinical education program modules, webinars, and
10 programs for all hospitals and providers to increase
11 access to SANE and SAFE services and address on-
12 going competency issues in SAFE or SANE practice
13 of care, including—

14 (A) training and continuing education to
15 help support SAFEs or SANEs practicing in
16 rural or underserved areas;

17 (B) training to help connect sexual assault
18 survivors who are Native American with SAFEs
19 or SANEs, including through emergency first
20 aid, referrals, culturally competent support, and
21 forensic evidence collection in rural commu-
22 nities;

23 (C) replication of successful SANE or
24 SAFE programs to help develop and improve
25 the evidence base for MFEs; and

1 (D) training to increase the number of
2 medical professionals who are considered
3 SAFEs or SANEs based on the recommenda-
4 tions of the National Sexual Assault Forensic
5 Examination Training Standards issued by the
6 Department of Justice on Violence Against
7 Women.

8 (3) ELIGIBILITY TO PARTICIPATE IN PILOT
9 PROGRAMS.—The Secretary shall ensure that SAFE
10 or SANE services provided under the pilot program
11 established under paragraph (1), and other medical
12 forensic examiner services under the pilot program
13 shall be provided by health care providers who are
14 also one of the following:

15 (A) A physician, including a resident phy-
16 sician.

17 (B) A nurse practitioner.

18 (C) A nurse midwife.

19 (D) A physician assistant.

20 (E) A certified nurse specialist.

21 (F) A registered nurse.

22 (G) A community health practitioner or a
23 community health aide who has completed level
24 III or level IV certification and training re-
25 quirements.

1 (4) NATURE OF TRAINING.—The continuing
2 education program established under this section
3 shall incorporate and reflect current best practices
4 and standards on MFEs consistent with the purpose
5 of this section.

6 (c) AVAILABILITY.—After termination of the pilot
7 program established under subsection (b)(1), the training
8 and continuing education program established under such
9 program shall be available to all SAFEs, SANEs, and
10 other providers employed by, or any individual providing
11 services through, facilities that receive Federal funding.
12 The Task Force established under section 201 shall review
13 and recommend updates to the training and continuing
14 education program after the termination of the pilot pro-
15 gram.

16 (d) EFFECTIVE DATE.—

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

20 (2) AUTHORITY FOR MODIFICATIONS.—Upon
21 termination of the pilot program as provided for in
22 paragraph (1), the Secretary or the Task Force es-
23 tablished under section 201 may implement modi-
24 fications relating to training and continuing edu-
25 cation requirements based on such program to in-

1 (b) CORE COMPETENCIES.—In conducting activities
2 under this section, the Agencies shall address SAFE or
3 SANE competencies, including—

4 (1) providing comprehensive medical care to
5 sexual assault patients;

6 (2) demonstrating the ability to conduct a MFE
7 to include an evaluation for evidence collection;

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

10 (4) testifying in Federal, State, local, and tribal
11 courts; and

12 (5) other competencies as determined appro-
13 priate by the Agencies.

14 (c) PUBLICATION.—

15 (1) AHRQ.—The Agency for Healthcare Re-
16 search and Quality shall establish, maintain, and
17 publish on the website of the Department of Health
18 and Human Services an online public map of SAFE,
19 SANE, and other forensic medical examiners. Such
20 maps shall clarify if there is full-time, part-time, or
21 on-call coverage.

22 (2) STATES.—A State that receives Federal
23 funds shall maintain and make available an online
24 public map displaying the number and location of
25 available SAFE or SANE programs and other foren-

1 sic medical examiners in the State. Such maps shall
2 clarify if there is full-time, part-time, or on-call cov-
3 erage.

4 **SEC. 1507. HOSPITAL REPORTING.**

5 Not later than 1 year after the date of enactment
6 of this title, and annually thereafter, a hospital that re-
7 ceives Federal funds shall submit to the Secretary a report
8 that identifies the level of community access provided by
9 the hospital to trained SAFEs, SARTs, SANEs, and oth-
10 ers who perform such examinations. Such report shall de-
11 scribe—

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

15 (2) the number of personnel who are trained
16 and practicing as a SANE or SAFE to perform sex-
17 ual assault exams, indicating the employment basis
18 of such personnel as either full-time, part-time, or
19 on-call;

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

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

1 (5) the training that such SAFEs or SANEs
2 undergo for purposes of maintaining competency;
3 and

4 (6) the SAFE/SANE standards of care applied
5 by the hospital.

6 **SEC. 1508. NATIONAL SEXUAL ASSAULT CARE AND TREAT-**
7 **MENT TASK FORCE.**

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

13 (b) MEMBERSHIP.—The Task Force shall include a
14 representative from the Centers for Medicare & Medicaid
15 Services, the Centers for Disease Control and Prevention,
16 the Health Resources and Services Administration, the In-
17 dian Health Service, the Office for Victims of Crime of
18 the Department of Justice, the Office on Women’s Health
19 of the Department of Health and Human Services, and
20 the Office on Violence Against Women of the Department
21 of Justice, a survivor of sexual assault, and representa-
22 tives from regional and national organizations with exper-
23 tise in forensic nursing, rape trauma or crisis counseling,
24 investigating rape and gender violence cases, survivors’ ad-
25 vocacy and support, sexual assault prevention education,

1 rural health, and responding to sexual violence in Native
2 communities.

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

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

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

12 (3) improve coordination of services, and other
13 protocols regarding the care and treatment of sexual
14 assault survivors and the preservation of evidence
15 between law enforcement officials and health care
16 providers; and

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

20 (d) TRANSPARENCY REQUIREMENTS.—

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

1 (A) the recommendation for best practices
2 with respect to improving medical forensic evi-
3 dence collection relating to sexual assault; and

4 (B) the national minimum standards for
5 MFEs and treatments relating to sexual as-
6 sault.

7 (2) REPORT.—Not later than 18 months after
8 the date of enactment of this title, the Secretary
9 shall submit to Congress a report on the findings
10 and conclusions of the Task Force.

11 (e) ANNUAL SUMMIT.—The Secretary shall convene
12 an annual stakeholder meeting to address gaps in health
13 care provider care relating to sexual assault that includes
14 the Task Force.

15 **SEC. 1509. INSTITUTIONS OF HIGHER EDUCATION CAMPUS**

16 **ACTION PLAN.**

17 Each institution of higher education that receives
18 Federal funds shall—

19 (1) inform survivors of sexual assault about the
20 availability of MFEs, including the nearest available
21 locations at which such examinations are provided
22 by a SANE and that Federal law requires such
23 exams to be provided at no cost to the survivor; and

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

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

6 “(1) be—

7 “(A) a rural health care services provider
8 or community-based service provider (as defined
9 by the Secretary), a center or clinic under sec-
10 tion 330, or a health center receiving assistance
11 under title X, acting in partnership with a high-
12 volume emergency services provider or a hos-
13 pital currently providing sexual assault medical
14 forensic examinations performed by SANEs or
15 SAFEs, that will use grant funds to—

16 “(i) assign rural health care service
17 providers to the high-volume hospitals for
18 clinical practicum hours to qualify such
19 providers as a SAFE/SANE; or

20 “(ii) assign practitioners at high-vol-
21 ume hospitals to a rural health care serv-
22 ices providers to instruct, oversee, and ap-
23 prove clinical practicum hours in the com-
24 munity to be served; or

1 “(B) an organization described in section
2 501(c)(3) of the Internal Revenue Code of 1986
3 and exempt from taxation under 501(a) of that
4 Act, that provides legal training and technical
5 assistance to tribal communities and to organi-
6 zations and agencies serving Native people; and

7 “(2) submit to the Secretary an application at
8 such time, in such manner, and containing such in-
9 formation as the Secretary may require, including a
10 description of whether the applicant will provide
11 services under subparagraph (A) or (B) of para-
12 graph (1).

13 “(e) GRANT AMOUNT.—Each grant awarded under
14 this section shall be in an amount not to exceed \$400,000
15 per year. A grant recipient may carry over funds from one
16 fiscal year to the next without obtaining approval from
17 the Secretary.

18 “(f) AUTHORIZATION OF APPROPRIATIONS.—

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

22 “(2) SET-ASIDE.—Of the amount appropriated
23 under this subsection for a fiscal year, the Secretary
24 shall reserve 15 percent of such amount for purposes
25 of making grants to entities that are affiliated with

1 Indian tribes or tribal organizations (as defined in
2 section 4 of the Indian Self-Determination and Edu-
3 cation Assistance Act (25 U.S.C. 5304)), or Urban
4 Indian organizations (as defined in section 4 of the
5 Indian Health Care Improvement Act (25 U.S.C.
6 1603)). Amounts reserved may be used to support
7 referrals and the delivery of emergency first aid, cul-
8 turally competent support, and forensic evidence col-
9 lection training.”.

10 **SEC. 1511. TECHNICAL ASSISTANCE GRANTS AND LEARN-**
11 **ING COLLECTIVES.**

12 Part B of title VIII of the Public Health Service Act
13 (42 U.S.C. 296j et seq.), as amended by section 203, is
14 further amended by adding at the end the following:

15 **“SEC. 812A. TECHNICAL ASSISTANCE CENTER AND RE-**
16 **GIONAL LEARNING COLLECTIVES.**

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

23 “(b) REGIONAL LEARNING COLLECTIVES.—The Sec-
24 retary shall convene State and hospital regional learning
25 collectives to assist health care providers and States in

1 sharing best practices, discussing practices, and improving
2 the quality of, and access to, MFEs.

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

8 “(1) technical assistance; and

9 “(2) best practice sharing.”.

10 **SEC. 1512. QUALITY STRATEGIES.**

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

16 **SEC. 1513. OVERSIGHT.**

17 Not later than one year after the date of enactment
18 of this title, the Office of the Inspector General shall issue
19 a report concerning hospital compliance with section 1867
20 of the Social Security Act (42 U.S.C. 1395dd) and the
21 Violence Against Women Act of 1994 (34 U.S.C. 12291
22 et seq.) with respect to access to, and reimbursements for,
23 sexual assault medical forensic examinations at the na-
24 tional, State, and individual hospital level. Such report

- 1 shall address hospital awareness of reimbursements, total
- 2 reimbursed costs, and any costs for survivors.

