

Suspend the Rules and Pass the Bill, H.R. 7292, With an Amendment

(The amendment strikes all after the enacting clause and inserts a new text)

115TH CONGRESS
2^D SESSION

H. R. 7292

To require the Secretary of Health and Human Services to establish the Megan Rondini and Leah Griffin national sexual assault care and treatment task force, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 13, 2018

Mr. POE of Texas (for himself, Ms. JAYAPAL, Mr. GRIFFITH, and Mrs. BLACK) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, and the Judiciary, 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

A BILL

To require the Secretary of Health and Human Services to establish the Megan Rondini and Leah Griffin national sexual assault care and treatment task force, 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Megan Rondini and
3 Leah Griffin Sexual Assault Victims Protection Act of
4 2018”.

5 **SEC. 2. MEGAN RONDINI AND LEAH GRIFFIN NATIONAL**
6 **SEXUAL ASSAULT CARE AND TREATMENT**
7 **TASK FORCE.**

8 (a) ESTABLISHMENT.—The Secretary of Health and
9 Human Services shall establish a task force to be known
10 as the “Megan Rondini and Leah Griffin National Sexual
11 Assault Care and Treatment Task Force” (referred to in
12 this section as the “Task Force”) to identify barriers to
13 improving access to sexual assault forensic examiners, sex-
14 ual assault nurse examiners, and other forensic medical
15 examiners.

16 (b) MEMBERSHIP.—The Task Force shall include a
17 representative from the Centers for Medicare & Medicaid
18 Services, the Health and Human Services Immediate Of-
19 fice of the Secretary, the Health Resources and Services
20 Administration, the Indian Health Service, the Centers for
21 Disease Control and Prevention, the Office for Victims of
22 Crime of the Department of Justice, the Office on Wom-
23 en’s Health of the Department of Health and Human
24 Services, and the Office on Violence Against Women of
25 the Department of Justice, a survivor of sexual assault;
26 representatives from regional and national organizations

1 that collectively have expertise in forensic nursing, rape
2 trauma or crisis counseling, investigating rape and gender
3 violence cases, survivors' advocacy and support, sexual as-
4 sault prevention education, rural health, and responding
5 to sexual violence in Native communities; representatives
6 from hospitals, patient groups, and emergency department
7 physicians; representatives of States, including States that
8 have in effect State laws or procedures that address the
9 objectives described in subsection (c); and any other gov-
10 ernmental or nongovernmental representative or stake-
11 holder as specified by the Secretary, in consultation with
12 the Attorney General.

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

16 (1) identify barriers to the recruitment, train-
17 ing, and retention of sexual assault forensic exam-
18 iners, sexual assault response teams, sexual assault
19 nurse examiners, and others who perform such ex-
20 aminations;

21 (2) make recommendations for improving access
22 to medical forensic examinations, including the feasi-
23 bility of, or barriers to, utilizing mobile units and
24 telehealth services;

1 (3) make recommendations for improving co-
2 ordination of services, other protocols regarding the
3 care and treatment of sexual assault survivors, and
4 the preservation of evidence between law enforce-
5 ment officials and health care providers;

6 (4) make recommendations for updating na-
7 tional minimum standards for forensic medical ex-
8 aminer training and forensic medical evidence collec-
9 tion relating to sexual assault;

10 (5) make recommendations for the development
11 of resources and best practices described in sub-
12 section (e) for inclusion on the public website of the
13 Department of Health and Human Services;

14 (6) make recommendations on the collection
15 and retention of sexual assault kits, including anony-
16 mous or unreported sexual assault kits;

17 (7) make recommendations on processes and
18 best practices for communicating to sexual assault
19 survivors who seek care in the emergency room in-
20 formation about the availability of forensic medical
21 evidence collection as part of the care and treatment
22 of such survivors;

23 (8) make recommendations to develop, promote,
24 and inculcate trauma-informed approaches (as de-
25 fined in subsection (g)) in the treatment of sexual

1 assault victims through training, leadership and su-
2 pervision;

3 (9) make recommendations to inform the devel-
4 opment of protocols to use when patients seeking
5 medical forensic care have not yet reported a crime
6 to law enforcement, including developing guidance
7 related to presenting patients with their options
8 when they request a medical forensic exam;

9 (10) obtain feedback and review how the best
10 practices, protocols, care, and treatment for sexual
11 assault are impacting sexual assault survivors in
12 States with laws or procedures that address any of
13 the task force objectives described in a previous
14 paragraph of this subsection, including Texas,
15 Washington, and Illinois, including the impact on a
16 patient of any financial obligations associated with a
17 sexual assault forensic exam, including when the
18 exam is performed in a different jurisdiction than
19 where the assault was committed; and

20 (11) any other objective specified by the Sec-
21 retary, in consultation with the Attorney General.

22 (d) TRANSPARENCY REQUIREMENTS.—

23 (1) IN GENERAL.—Not later than 18 months
24 after the date of the enactment of this Act, the Task
25 Force shall submit to the Secretary a report on the

1 recommendations, findings, and conclusions of the
2 Task Force.

3 (2) REPORT.—Not later than 2 years after the
4 date of enactment of this Act, the Secretary shall
5 submit to Congress a report on the recommenda-
6 tions, findings, and conclusions of the Task Force.

7 (e) SEXUAL ASSAULT TREATMENT RESOURCES.—

8 (1) IN GENERAL.—Not later than July 1, 2019,
9 the Secretary shall post on the public website of the
10 Department of Health and Human Services re-
11 sources and best practices developed by health care
12 providers, forensic scientists, law enforcement rep-
13 resentatives, and advocates of sexual assault victims,
14 relating to the treatment of individuals for sexual
15 assault by health care providers. Such resources and
16 best practices shall include the following:

17 (A) RESOURCES FOR HEALTH CARE PRO-
18 VIDERS.—Resources and best practices for
19 health care providers, including—

20 (i) best practices for training per-
21 sonnel on sexual assault forensic evidence
22 collection;

23 (ii) best practices relating to providing
24 counseling and appropriate referrals to
25 such individuals; and

1 (iii) other resources and best practices
2 determined appropriate by the Secretary.

3 (B) RESOURCES FOR SEXUAL ASSAULT
4 SURVIVORS.—Resources and best practices for
5 sexual assault survivors, including—

6 (i) information about the forensic
7 exam furnished by a sexual assault forensic
8 examiner, including the process and poten-
9 tial benefits of collecting evidence;

10 (ii) information on available State-
11 wide databases of sexual assault nurse ex-
12 aminer-ready or sexual assault forensic ex-
13 aminer-ready facilities;

14 (iii) survivor advocacy group websites
15 and hotlines;

16 (iv) next-steps guides for survivors
17 with best practices for preserving evidence
18 and seeking treatment after an assault;
19 and

20 (v) other resources and best practices
21 determined appropriate by the Secretary.

22 (2) UPDATES.—As soon as practicable after the
23 submission of the report under subsection (d)(1) to
24 the Secretary, the Secretary shall update the re-
25 sources and best practices posted on the website of

1 the Department of Health and Human Services
2 under paragraph (1) to take into consideration the
3 recommendations, findings, and conclusions of the
4 Task Force contained in such report. The Secretary
5 shall update such resources and best practices peri-
6 odically, but not less frequently than annually, in-
7 cluding for purposes of taking into account the most
8 recent recommendations, findings, and conclusions
9 of the Task Force.

10 (f) ANNUAL MEETING.—The Task Force shall meet
11 annually to address gaps in health care provider care re-
12 lating to sexual assault and report findings, recommenda-
13 tions, and conclusions to the Secretary in a timely manner.

14 (g) DEFINITIONS.—For purposes of this section:

15 (1) MEDICAL FORENSIC EXAMINATION.—The
16 term “medical forensic examination” means an ex-
17 amination provided to a sexual assault survivor by
18 medical personnel trained to gather evidence of a
19 sexual assault in a manner suitable for use in a
20 court of law.

21 (2) SECRETARY.—The term “Secretary” means
22 the Secretary of Health and Human Services.

23 (3) SEXUAL ASSAULT.—The term “sexual as-
24 sault” means any non-consensual sexual act pro-

1 scribed by Federal, tribal, or State law, including
2 when the individual lacks capacity to consent.

3 (4) SEXUAL ASSAULT EXAMINER.—The term
4 “sexual assault examiner” means a registered nurse,
5 advanced practice nurse, physician, or physician as-
6 sistant specifically trained to provide comprehensive
7 care to sexual assault forensic examinations.

8 (5) SEXUAL ASSAULT FORENSIC EXAMINER.—
9 The term “sexual assault forensic examiner” means
10 a medical practitioner who has specialized forensic
11 training in treating sexual assault survivors and con-
12 ducting medical forensic examinations.

13 (6) SEXUAL ASSAULT NURSE EXAMINER.—The
14 term “sexual assault nurse examiner” means a reg-
15 istered nurse who has specialized forensic training in
16 treating sexual assault survivors and conducting
17 medical forensic examinations.

18 (7) SEXUAL ASSAULT RESPONSE TEAM.—The
19 term “sexual assault response team” means a multi-
20 disciplinary team that provides a specialized and im-
21 mediate response to survivors of sexual assault, and
22 may include health care personnel, law enforcement
23 representatives, community-based survivor advo-
24 cates, prosecutors, and forensic scientists.

1 (8) TRAUMA-INFORMED APPROACH.—The term
2 “trauma-informed approach” means an approach
3 that is built on an understanding of how trauma af-
4 fects a person’s physical, emotional, and psycho-
5 logical health, and accounts for the potential for
6 health care systems to unintentionally cause further
7 trauma.

8 **SEC. 3. PROMOTING COORDINATION OF SEXUAL ASSAULT**
9 **CARE IN LOCAL COMMUNITIES.**

10 Not later than one year after the date of the enact-
11 ment of this Act, the Secretary of Health and Human
12 Services shall revise section 489.24(j) of title 42, Code of
13 Federal Regulations, to require each formal community
14 call plan (as described in section 489.24(j)(2)(iii) of such
15 title (or a successor regulation)) to provide—

16 (1) with respect to the delineation of on-call
17 coverage responsibilities described in subparagraph
18 (A) of such section, for a delineation of such cov-
19 erage responsibilities for screening and treatment re-
20 lating to sexual assault and includes a schedule of
21 the on-call coverage availability for such screening
22 and treatment at each hospital with on-call coverage
23 responsibilities for such treatment; and

24 (2) with respect to assurances related to local
25 and regional EMS system protocols described in sub-

1 paragraph (D) of such section, for an assurance that
2 such protocols include information with respect to
3 community on-call arrangements for screening and
4 treatment relating to sexual assault.