

114TH CONGRESS  
2D SESSION

# H. R. 5405

To establish the Stop, Observe, Ask, and Respond to Health and Wellness Training pilot program to address human trafficking in the health care system.

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## IN THE HOUSE OF REPRESENTATIVES

JUNE 8, 2016

Mr. COHEN (for himself, Mr. KINZINGER of Illinois, Mr. CÁRDENAS, and Mrs. WAGNER) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To establish the Stop, Observe, Ask, and Respond to Health and Wellness Training pilot program to address human trafficking in the health care system.

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 “SOAR to Health and  
5 Wellness Act of 2016”.

6 **SEC. 2. DEFINITIONS.**

7 In this Act:

8 (1) HUMAN TRAFFICKING.—The term “human  
9 trafficking” has the meaning given the term “severe

1 forms of trafficking in persons” as defined in section  
2 103 of the Trafficking Victims Protection Act of  
3 2000 (22 U.S.C. 7102).

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

6 **SEC. 3. PILOT PROGRAM ESTABLISHMENT.**

7 (a) IN GENERAL.—The Secretary shall establish a  
8 pilot program to be known as “Stop, Observe, Ask, and  
9 Respond to Health and Wellness Training” (or “SOAR  
10 to Health and Wellness Training”) (referred to in this Act  
11 as the “pilot program”), to provide training to health care  
12 providers and other related providers, at all levels, on  
13 human trafficking in accordance with the purpose de-  
14 scribed in subsection (b).

15 (b) PURPOSE.—The pilot program established under  
16 subsection (a) shall train health care providers and other  
17 related providers to enable such providers to—

18 (1) identify potential human trafficking victims;

19 (2) implement proper protocols and procedures  
20 for working with law enforcement to report, and fa-  
21 cilitate communication with, such victims, in accord-  
22 ance with all applicable Federal, State, local, and  
23 tribal requirements, including legal confidentiality  
24 requirements for patients and health care providers;

1           (3) implement proper protocols and procedures  
2           for referring such victims to appropriate social or  
3           victims service agencies or organizations;

4           (4) provide such victims care that is—

5                   (A) coordinated;

6                   (B) victim centered;

7                   (C) culturally relevant;

8                   (D) comprehensive;

9                   (E) evidence based;

10                  (F) gender responsive;

11                  (G) age appropriate, with a focus on care

12           for youth; and

13                  (H) trauma informed; and

14           (5) consider the potential for integrating the  
15           training described in paragraphs (1) through (4)  
16           with training programs, in effect on the date of en-  
17           actment of this Act, for victims of domestic violence,  
18           dating violence, sexual assault, stalking, child abuse,  
19           child neglect, child maltreatment, and child sexual  
20           exploitation.

21           (c) FUNCTIONS.—

22                   (1) IN GENERAL.—The functions of the pilot  
23           program established under subsection (a) shall in-  
24           clude the functions of the Stop, Observe, Ask, and  
25           Respond to Health and Wellness Training program

1 that was operating on the day before the date of en-  
2 actment of this Act and the authorized initiatives de-  
3 scribed in paragraph (2).

4 (2) AUTHORIZED INITIATIVES.—The authorized  
5 initiatives of the pilot program established under  
6 subsection (a) shall include—

7 (A) engaging stakeholders, including vic-  
8 tims of human trafficking and any Federal,  
9 State, local, or tribal partners, to develop a  
10 flexible training module—

11 (i) for achieving the purpose described  
12 in subsection (b); and

13 (ii) that adapts to changing needs,  
14 settings, health care providers, and other  
15 related providers;

16 (B) making grants available to support  
17 training in health care sites that represent di-  
18 versity in—

19 (i) geography;

20 (ii) the demographics of the popu-  
21 lation served;

22 (iii) the predominate types of human  
23 trafficking cases; and

24 (iv) health care provider profiles;

1 (C) providing technical assistance for  
2 health education programs to implement nation-  
3 wide health care protocol, or develop continuing  
4 education training materials, that assist in  
5 achieving the purpose described in subsection  
6 (b);

7 (D) developing a strategy to incentivize the  
8 utilization of training materials developed under  
9 subparagraph (C) and the implementation of  
10 nationwide health care protocol described in  
11 such subparagraph, as the Secretary determines  
12 appropriate; and

13 (E) developing a reliable methodology for  
14 collecting data, and reporting such data, on the  
15 number of human trafficking victims identified  
16 and served in health care settings or other re-  
17 lated provider settings.

18 (d) TERMINATION.—The pilot program established  
19 under subsection (a) shall terminate on October 1, 2022.

20 **SEC. 4. DATA COLLECTION AND REPORTING REQUIRE-**  
21 **MENTS.**

22 (a) DATA COLLECTION.—

23 (1) IN GENERAL.—During each of fiscal years  
24 2018 through 2022, the Secretary shall collect data  
25 on each of the following:

1 (A) The total number of facilities that  
2 were operating under the pilot program estab-  
3 lished under section 3(a)—

- 4 (i) during the previous fiscal year; and  
5 (ii) before the previous fiscal year.

6 (B) The total number of health care pro-  
7 viders and other related providers trained  
8 through such pilot program during each of the  
9 periods described in clauses (i) and (ii) of sub-  
10 paragraph (A).

11 (2) INITIAL REPORT.—In addition to the data  
12 required to be collected under paragraph (1), for  
13 purposes of the initial report to be submitted under  
14 subsection (b), the Secretary shall collect data on  
15 the total number of facilities that were operating  
16 under, and the total number of health care providers  
17 and other related providers trained through, the  
18 Stop, Observe, Ask, and Respond to Health and  
19 Wellness Training program that was operating be-  
20 fore the establishment of the pilot program under  
21 section 3(a).

22 (b) REPORTING.—Not later than 90 days after the  
23 first day of each of fiscal years 2018 through 2022, the  
24 Secretary shall prepare and submit to Congress a report  
25 on the data collected under subsection (a).

1 **SEC. 5. AUTHORIZATION OF APPROPRIATIONS.**

2       There is authorized to be appropriated to carry out  
3 this Act \$3,000,000 for each of fiscal years 2018 through  
4 2022.

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