

115TH CONGRESS
2D 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,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Megan Rondini and
5 Leah Griffin Sexual Assault Victims Protection Act of
6 2018”.

1 **SEC. 2. MEGAN RONDINI AND LEAH GRIFFIN NATIONAL**
2 **SEXUAL ASSAULT CARE AND TREATMENT**
3 **TASK FORCE.**

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

12 (b) MEMBERSHIP.—The Task Force shall include a
13 representative from the Centers for Medicare & Medicaid
14 Services, the Health and Human Services Immediate Of-
15 fice of the Secretary, the Health Resources and Services
16 Administration, the Indian Health Service, the Office for
17 Victims of Crime of the Department of Justice, the Office
18 on Women’s Health of the Department of Health and
19 Human Services, and the Office on Violence Against
20 Women of the Department of Justice, a survivor of sexual
21 assault; representatives from regional and national organi-
22 zations that collectively have expertise in forensic nursing,
23 rape trauma or crisis counseling, investigating rape and
24 gender violence cases, survivors’ advocacy and support,
25 sexual assault prevention education, rural health, and re-
26 sponding to sexual violence in Native communities; rep-

1 representatives from hospitals, patient groups, and emer-
2 gency department physicians; representatives of States, in-
3 cluding States that have in effect State laws or procedures
4 that address the objectives described in subsection (c); and
5 any other governmental or nongovernmental representa-
6 tive or stakeholder as specified by the Secretary, in con-
7 sultation with the Attorney General.

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

11 (1) identify barriers to the recruitment, train-
12 ing, and retention of sexual assault forensic exam-
13 iners, sexual assault response teams, sexual assault
14 nurse examiners, and others who perform such ex-
15 aminations;

16 (2) make recommendations for improving access
17 to medical forensic examinations, including the feasi-
18 bility of, or barriers to, utilizing mobile units and
19 telehealth services;

20 (3) make recommendations for improving co-
21 ordination of services, other protocols regarding the
22 care and treatment of sexual assault survivors, and
23 the preservation of evidence between law enforce-
24 ment officials and health care providers;

1 (4) make recommendations for updating na-
2 tional minimum standards for forensic medical ex-
3 aminer training and forensic medical evidence collec-
4 tion relating to sexual assault;

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

9 (6) make recommendations on the collection
10 and retention of sexual assault kits, including anony-
11 mous or unreported sexual assault kits;

12 (7) make recommendations on processes and
13 best practices for communicating to sexual assault
14 survivors who seek care in the emergency room in-
15 formation about the availability of forensic medical
16 evidence collection as part of the care and treatment
17 of such survivors;

18 (8) make recommendations to develop, promote,
19 and inculcate trauma-informed approaches (as de-
20 fined in subsection (g)) in the treatment of sexual
21 assault victims through training, leadership and su-
22 pervision;

23 (9) make recommendations to inform the devel-
24 opment of protocols to use when patients seeking
25 medical forensic care have not yet reported a crime

1 to law enforcement, including developing guidance
2 related to presenting patients with their options
3 when they request a medical forensic exam;

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

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

17 (d) TRANSPARENCY REQUIREMENTS.—

18 (1) IN GENERAL.—Not later than 18 months
19 after the date of the enactment of this Act, the Task
20 Force shall submit to the Secretary a report on the
21 recommendations, findings, and conclusions of the
22 Task Force.

23 (2) REPORT.—Not later than 2 years after the
24 date of enactment of this Act, the Secretary shall

1 submit to Congress a report on the recommenda-
2 tions, findings, and conclusions of the Task Force.

3 (e) SEXUAL ASSAULT TREATMENT RESOURCES.—

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

13 (A) RESOURCES FOR HEALTH CARE PRO-
14 VIDERS.—Resources and best practices for
15 health care providers, including—

16 (i) best practices for training per-
17 sonnel on sexual assault forensic evidence
18 collection;

19 (ii) best practices relating to providing
20 counseling and appropriate referrals to
21 such individuals; and

22 (iii) other resources and best practices
23 determined appropriate by the Secretary.

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

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

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

12 (iii) survivor advocacy group websites
13 and hotlines;

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

18 (v) other resources and best practices
19 determined appropriate by the Secretary.

20 (2) UPDATES.—As soon as practicable after the
21 submission of the report under subsection (d)(1) to
22 the Secretary, the Secretary shall update the re-
23 sources and best practices posted on the website of
24 the Department of Health and Human Services
25 under paragraph (1) to take into consideration the

1 recommendations, findings, and conclusions of the
2 Task Force contained in such report. The Secretary
3 shall update such resources and best practices peri-
4 odically, but not less frequently than annually, in-
5 cluding for purposes of taking into account the most
6 recent recommendations, findings, and conclusions
7 of the Task Force.

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

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

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

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

21 (3) SEXUAL ASSAULT.—The term “sexual as-
22 sault” means any non-consensual sexual act pro-
23 scribed by Federal, tribal, or State law, including
24 when the individual lacks capacity to consent.

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

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

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

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

23 (8) TRAUMA-INFORMED APPROACH.—The term
24 “trauma-informed approach” means an approach
25 that is built on an understanding of how trauma af-

1 fects a person’s physical, emotional, and psycho-
2 logical health, and accounts for the potential for
3 health care systems to unintentionally cause further
4 trauma.

5 **SEC. 3. PROMOTING COORDINATION OF SEXUAL ASSAULT**
6 **CARE IN LOCAL COMMUNITIES.**

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

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

21 (2) with respect to assurances related to local
22 and regional EMS system protocols described in sub-
23 paragraph (D) of such section, for an assurance that
24 such protocols include information with respect to

- 1 community on-call arrangements for screening and
- 2 treatment relating to sexual assault.

