

114TH CONGRESS  
2D SESSION

**S.** \_\_\_\_\_

To plan, develop, and make recommendations to increase access to sexual assault examinations for survivors by holding hospitals accountable and supporting the providers that serve them.

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IN THE SENATE OF THE UNITED STATES

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Mrs. MURRAY introduced the following bill; which was read twice and referred to the Committee on \_\_\_\_\_

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**A BILL**

To plan, develop, and make recommendations to increase access to sexual assault examinations for survivors by holding hospitals accountable and supporting the providers that serve them.

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 “Survivors’ Access to  
5 Supportive Care Act” or “SASCA”.

6 **SEC. 2. PURPOSE.**

7 It is the purpose of this Act to increase access to  
8 medical forensic sexual assault examinations and treat-

1 ment provided by sexual assault forensic examiners for  
2 survivors by identifying and addressing gaps in obtaining  
3 those services.

4 **SEC. 3. DEFINITIONS.**

5 In this Act:

6 (a) **TERMS RELATING TO GAO REPORT.**—In this  
7 Act, the following terms shall, with respect to hospitals  
8 that receive Federal funds, have the meanings given such  
9 terms in the report of the Government Accountability Of-  
10 fice entitled “Information on Training, Funding, and the  
11 Availability of Forensic Examiners” (GAO-16-334: Pub-  
12 lished: Mar 18, 2016):

13 (1) **MFE.**—The term “medical forensic exam-  
14 ination” or “MFE”.

15 (2) **SAFE.**—The term “sexual assault forensic  
16 examiner” or “SAFE”.

17 (3) **SANE.**—The term “sexual assault nurse  
18 examiner” or “SANE”.

19 (4) **SART.**—The term “sexual assault response  
20 team” or “SART”.

21 (b) **OTHER TERMS.**—In this Act:

22 (1) **SECRETARY.**—The term “Secretary” means  
23 the Secretary of Health and Human Services.

24 (2) **SEXUAL ASSAULT.**—The term “sexual as-  
25 sault” has the meaning given such term by the Fed-

1       eral Bureau of Investigation in the Uniform Crime  
2       Reporting Program's Summary Reporting System.

3       **TITLE I—STRENGTHENING THE**  
4       **SEXUAL ASSAULT EXAMINER**  
5       **WORKFORCE**

6       **SEC. 101. UNDERSTANDING SEXUAL ASSAULT CARE.**

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

10       (b) GRANTS.—The Secretary may award grants to  
11       State governments for the development and implementa-  
12       tion of State surveys on health care provider access for  
13       sexual assault forensic examination services to identify—

14               (1) State requirements, minimum standards,  
15               and protocols for training sexual assault examiners;

16               (2) State requirements, minimum standards,  
17               and protocols for training non-SANE/SAFE emer-  
18               gency services personnel involved in sexual assault  
19               medical forensic examinations;

20               (3) the availability of, and patient access to,  
21               trained SAFE, SANE, and other providers who per-  
22               form such examinations;

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

1           (5) the dedicated Federal and State funding to  
2 support SAFE/SANE training;

3           (6) funding opportunities for SANE/SAFE  
4 training and continuing education;

5           (7) billing and reimbursement practices for  
6 medical forensic examinations including private  
7 health insurance, Medicare, Medicaid, the State's  
8 victims compensation program and any other crime  
9 funding or special sources of funding that contribute  
10 to payment for such examinations;

11           (8) an assessment of which hospitals and States  
12 are not in compliance with Federal law, are not pro-  
13 viding survivors of sexual assault for their medical  
14 forensic examination or sexual assault examination,  
15 and which are billing such survivors for such serv-  
16 ices; and

17           (9) the availability of SAFE/SANE training,  
18 frequency of which training is convened, the pro-  
19 viders of such training, what (if any) is the State's  
20 role in such training, and what process or proce-  
21 dures are in place for continuing education of such  
22 examiners.

23           (c) ELIGIBILITY.—To be eligible to receive a grant  
24 under this section, an entity shall—

1           (1) be a State with public, private, and non-  
2           profit hospitals that receive Federal funding; and

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

6           (d) PUBLIC DISSEMINATION AND CAMPAIGN.—

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

12          (2) CAMPAIGNS.—An entity that receives a  
13          grant under this section shall—

14                 (A) make the findings of the survey con-  
15                 ducted under the grant public;

16                 (B) develop policies, best practices rec-  
17                 ommendations, and an action plan to increase  
18                 access to SAFE/SANE; and

19                 (C) utilize such findings to develop and im-  
20                 plement a public awareness campaign to im-  
21                 prove patient access to services and providers,  
22                 and improve hospital and stakeholder practices,  
23                 with respect to sexual assault forensic examina-  
24                 tions.

1 (e) AUTHORIZATION OF APPROPRIATIONS.—There is  
2 authorized to be appropriated to carry out this section,  
3 \$2,000,000 for each of fiscal years 2017 through 2019.

4 **SEC. 102. IMPROVING AND STRENGTHENING THE SEXUAL**  
5 **ASSAULT EXAMINER WORKFORCE PILOT**  
6 **PROGRAM.**

7 (a) PURPOSE.—It is the purpose of this section to  
8 establish a pilot program to develop, test, and implement  
9 SAFE training which expands the availability of SAFE,  
10 SANE, and SART providers for survivors of sexual as-  
11 sault.

12 (b) ELIGIBILITY TO PROVIDE SERVICES.—With re-  
13 spect to hospitals that receive Federal funds, SAFE/  
14 SANE services, and other forensic medical examiner serv-  
15 ices shall be provided by health care providers who are  
16 also one of the following:

17 (1) A physician, including a resident physician.

18 (2) A nurse practitioner.

19 (3) A nurse midwife.

20 (4) A physician assistant.

21 (5) A certified nurse specialist.

22 (6) A registered nurse.

23 (7) Where a provider of the type described in  
24 paragraphs (1) through (6) is not available, such  
25 services may be provided by an individual who has

1 completed sexual assault forensic examiner training  
2 and maintained continuing education in such train-  
3 ing, as developed by the Secretary and the Task  
4 Force under section 201.

5 (c) TRAINING AND CONTINUING EDUCATION.—

6 (1) ESTABLISHMENT.—

7 (A) IN GENERAL.—Not later than 1 year  
8 after the date of enactment of this Act, the Sec-  
9 retary, in consultation with the Attorney Gen-  
10 eral, the Centers for Medicare & Medicaid Serv-  
11 ices, the Centers for Disease Control and Pre-  
12 vention, the Health Resources and Services Ad-  
13 ministration, the Indian Health Service, the Of-  
14 fice for Victims of Crime, the Office on Wom-  
15 en’s Health, and the Department of Justice Of-  
16 fice on Violence Against Women, and with  
17 input from national experts such as the Inter-  
18 national Association of Forensic Nurses, the  
19 Emergency Nurses Association, the Rape,  
20 Abuse, and Incest National Network, the Na-  
21 tional Alliance to End Sexual Violence, the Na-  
22 tional Sexual Violence Resource Center, and  
23 others shall—

24 (i) establish a national continuing and  
25 clinical education pilot program for

1           SAFEs, SANEs, and other individuals who  
2           perform such examinations; and

3                   (ii) develop, pilot, implement, and up-  
4           date as appropriate continuing and clinical  
5           education program modules, webinars, and  
6           programs for all hospitals and providers to  
7           increase access to SANE and SAFE serv-  
8           ices and address ongoing competency  
9           issues in SAFE/SANE practice of care.

10           (B) APPLICATION.—The training and con-  
11           tinuing education program established under  
12           subparagraph (A) shall be available to all  
13           SAFEs, SANEs, and other providers employed  
14           by, or any individual providing services through,  
15           facilities that receive Federal funding.

16           (2) ELEMENTS.—The training and continuing  
17           education program established under this subsection  
18           shall require that the provision of training in sexual  
19           assault medical forensic examinations be provided by  
20           qualified personnel who possess—

21                   (A) the minimum training required to be  
22           considered a SAFE/SAFE described in para-  
23           graph (1); or

24                   (B) training and clinical or forensic experi-  
25           ence in sexual assault forensic examinations



1 similar to that required for a certification de-  
2 scribed in subparagraph (A) based in part on  
3 the recommendations of the National Sexual  
4 Assault Forensic Examination Training Stand-  
5 ards issued by the Department of Justice on  
6 Violence Against Women.

7 (3) NATURE OF TRAINING.—The training pro-  
8 vided under the training and clinical and continuing  
9 education program established under this subsection  
10 shall incorporate and reflect current best practices  
11 and standards on sexual assault medical forensic ex-  
12 aminations consistent with the purpose described in  
13 section 2, such as the use of telemedicine consistent  
14 with section 201.

15 (4) APPLICABILITY OF TRAINING REQUIRE-  
16 MENTS.—

17 (A) IN GENERAL.—Effective beginning 1  
18 year after the date of the enactment of this Act,  
19 a licensed medical professional shall not provide  
20 SAFE/SANE services, or provide any other fo-  
21 rensic medical examiner services, unless the  
22 professional has completed—

23 (i) all training required under the  
24 training and continuing education pilot  
25 program established in this subsection;

1 (ii) all training required to be consid-  
2 ered a SANE by the International Associa-  
3 tion of Forensic Nurses; or

4 (iii) all training required to be cer-  
5 tified or credentialed as a SAFE/SANE by  
6 the applicable State issuing body.

7 (B) CONTINUED APPLICATION OF CLIN-  
8 ICAL EDUCATION AND TRAINING.—If a prac-  
9 ticing SAFE/SANE was qualified or trained  
10 through a practical training program (such as  
11 the International Association of Forensic  
12 Nurses SANE training) prior to the date of en-  
13 actment of this Act, such examiner shall be per-  
14 mitted to continue to provide services as a  
15 SAFE or SANE so long as such examiner  
16 meets the applicable continuing clinical edu-  
17 cation requirements.

18 (C) RULE OF CONSTRUCTION.—Nothing in  
19 this Act (or the amendments made by this Act)  
20 shall be construed to preempt any provision of  
21 Federal or State law to the extent that such  
22 Federal or State law provides protections for  
23 survivor's access to SAFE/SANE care that are  
24 greater than the protections provided for in this  
25 Act (or amendments).

1 (5) EFFECTIVE DATE.—

2 (A) IN GENERAL.—The pilot program es-  
3 tablished under this section shall terminate on  
4 the date that is 2 years after the date of such  
5 establishment.

6 (B) AUTHORITY FOR MODIFICATIONS.—  
7 Upon the expiration of the pilot program as  
8 provided for in subparagraph (A), the Secretary  
9 may implement modifications relating to train-  
10 ing and continuing education requirements  
11 based on such program to increase access to  
12 SANE and SAFE services for survivors of sex-  
13 ual assault.

14 (C) TECHNICAL ASSISTANCE.—The Sec-  
15 retary and the Attorney General shall provide  
16 technical assistance and guidance to ensure  
17 compliance with the requirements of this sec-  
18 tion.

19 (D) PREEMPTION.—Nothing in this section  
20 shall be construed to preempt any provision of  
21 Federal or State law to the extent that such  
22 Federal or State law provides protections for  
23 survivors of sexual assault that are greater than  
24 the protections provided for in this section.

1 **SEC. 103. NATIONAL REPORT ON SEXUAL ASSAULT SERV-**  
2 **ICES IN OUR NATION'S HEALTH SYSTEM.**

3 (a) IN GENERAL.—Not later than 1 year after the  
4 date of enactment of this Act, and annually thereafter,  
5 the Agency for Healthcare Research and Quality, in con-  
6 sultation with the Centers for Medicare & Medicaid Serv-  
7 ices, the Centers for Disease Control and Prevention, the  
8 Health Resources and Services Administration, the Indian  
9 Health Service, the Office for Victims of Crime, the Office  
10 on Women's Health, and the Office of Violence Against  
11 Women of the Department of Justice (hereafter referred  
12 to in this section collectively as the "Agencies"), shall sub-  
13 mit to the Secretary a report of existing Federal and State  
14 practices relating to SAFEs, SANEs, and others who per-  
15 form such examinations which reflects the findings of the  
16 surveys developed under section 101.

17 (b) CORE COMPETENCIES.—In conducting activities  
18 under this section, the Agencies shall address SAFE/  
19 SANE competencies including—

20 (1) providing comprehensive medical care to  
21 sexual assault patients;

22 (2) demonstrating the ability to conduct a med-  
23 ical forensic examination to include an evaluation for  
24 evidence collection;

25 (3) showing compassion and sensitivity towards  
26 survivors of sexual assault;

1           (4) testifying in Federal, State, local, and tribal  
2 courts; and

3           (5) other competencies as determined appro-  
4 priate by the Agencies.

5       (c) PUBLICATION.—

6           (1) AHRQ.—The Agency for Healthcare Re-  
7 search and Quality shall establish, maintain, and  
8 publish on the Internet website of the Department  
9 of Health and Human Services an online public map  
10 of SAFE, SANE, and other forensic medical exam-  
11 iners available to the Department of Health and  
12 Human Services.

13           (2) STATES.—A State that receives Federal  
14 funds shall maintain and make available a State  
15 map displaying the number of available SAFE/  
16 SANE programs and other forensic medical exam-  
17 iners.

18 **SEC. 104. HOSPITAL REPORTING.**

19       Not later than 1 year after the date of enactment  
20 of this Act, and annually thereafter, a hospital that re-  
21 ceives Federal funds shall submit to the Secretary a report  
22 that identifies the level of community access provided by  
23 the hospital to trained SAFEs, SARTs, SANEs, and oth-  
24 ers who perform such examinations. Such report shall de-  
25 scribe—

1           (1) the number of sexual assault forensic ex-  
2           aminations done in the hospital in the year for which  
3           the report is being prepared;

4           (2) the training that such SAFEs/SANEs un-  
5           dergo, both initially and for recertification;

6           (3) the number of SAFEs/SANEs employed by  
7           the hospital, differentiating between part-time and  
8           full-time employees; and

9           (4) the SAFE/SANE standards of care applied  
10          by the hospital.

## 11   **TITLE II—STANDARDS OF CARE**

### 12   **SEC. 201. NATIONAL SEXUAL ASSAULT CARE AND TREAT-** 13                           **MENT TASK FORCE.**

14          (a) ESTABLISHMENT.—The Secretary shall establish  
15          a task force to be known as the “SASCA Task Force”  
16          (referred to in this section as the “Task Force”) to review  
17          State guidelines, procedures, practices, training, and em-  
18          ployment and retention data for SAFE/SANE and other  
19          forensic medical examiners.

20          (b) APPOINTMENTS.—The Secretary, in consultation  
21          with the Centers for Medicare & Medicaid Services, the  
22          Centers for Disease Control and Prevention, the Health  
23          Resources and Services Administration, the Indian Health  
24          Service, the Office for Victims of Crime, the Office on  
25          Women’s Health, and the Department of Justice Office

1 on Violence Against Women, and key stakeholders such  
2 as the International Association of Forensic Nurses, the  
3 Rape, Abuse, and Incest National Network, the National  
4 Domestic Violence Hotline, the National Alliance to End  
5 Sexual Violence, the National Sexual Violence Resource  
6 Center, and community-based organizations shall appoint  
7 experts to the Task Force.

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) review State-level practices for SAFEs,  
12 SARTs, SANEs, and others who perform such ex-  
13 aminations to ensure that such practices are con-  
14 sistent with established national training, certifi-  
15 cation, and practice recommendations;

16 (2) create a best practices guide for forensic  
17 medical examiners relating to sexual assault;

18 (3) improve coordination of services, and other  
19 protocols regarding the care and treatment of sexual  
20 assault survivors and the preservation of evidence  
21 between law enforcement officials and health care  
22 providers; and

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

1 (d) TRANSPARENCY REQUIREMENTS.—

2 (1) IN GENERAL.—The Task Force shall report  
3 to the Secretary, at such time, in such manner, and  
4 containing such information as may be specified by  
5 the Secretary, on—

6 (A) the recommendation for best practices  
7 with respect to improving medical forensic evi-  
8 dence collection relating to sexual assault; and

9 (B) the national minimum standards for  
10 medical forensic examinations and treatments  
11 relating to sexual assault.

12 (2) REPORT.—Not later than one year after the  
13 date of enactment of this Act, the Secretary shall  
14 submit to Congress a report on the findings and  
15 conclusions of the Task Force.

16 (e) ANNUAL SUMMIT.—The Secretary shall convene  
17 an annual stakeholder meeting to address gaps in health  
18 care provider care relating to sexual assault. Such meet-  
19 ings shall include the Task Force, as well as the Centers  
20 for Medicare & Medicaid Services, the Centers for Disease  
21 Control and Prevention, the Health Resources and Serv-  
22 ices Administration, the Indian Health Service, the Office  
23 for Victims of Crime, the Office on Women’s Health, and  
24 the Department of Justice Office on Violence Against  
25 Women, and key stakeholders such as the International



1 Association of Forensic Nurses, the Rape, Abuse, and In-  
2 cest National Network, National Alliance to End Sexual  
3 Violence, National Sexual Violence Resource Center and  
4 community-based organizations.

5 **SEC. 202. INSTITUTES OF HIGHER EDUCATION CAMPUS AC-**  
6 **TION PLAN.**

7 (a) IN GENERAL.—Each institution of higher edu-  
8 cation that receives Federal funds shall make publicly  
9 available a written plan of the steps the institution takes  
10 to ensure access to sexual assault medical forensic exami-  
11 nations and treatments. Such plan shall include informa-  
12 tion about the availability of services, and a statement that  
13 Federal law requires that such exams be provided free of  
14 charge.

15 (b) ACCESS TO EXAMINATIONS.—Each institution of  
16 higher education that receives Federal funds shall, to the  
17 extent practicable, ensure that students have access to sex-  
18 ual assault medical forensic examination by employing the  
19 use of a SAFE/SANE in the campus medical facility or  
20 hospital or by entering into a memorandum of under-  
21 standing or formal agreement with at least one local  
22 health care facility to provide such service if no appro-  
23 priate medical facility is available on campus, including  
24 the cost of transportation for students to access services.

1 **SEC. 203. EXPANDING ACCESS TO UNIFIED CARE.**

2 Part B of title VIII of the Public Health Service Act  
3 (42 U.S.C. 296j et seq.) is amended by adding at the end  
4 the following:

5 **“SEC. 812. DEMONSTRATION GRANTS FOR SEXUAL ASSAULT**  
6 **EXAMINER TRAINING PROGRAMS.**

7 “(a) ESTABLISHMENT OF PROGRAM.—The Secretary  
8 shall establish a demonstration program (referred to in  
9 this section as the ‘program’) to award grants to eligible  
10 partnered entities for the clinical training of SAFE/  
11 SANEs (including registered nurses, nurse practitioners,  
12 nurse midwives, clinical nurse specialists, physician assist-  
13 ants, and physicians) to administer medical forensic ex-  
14 aminations and treatments to victims of sexual assault in  
15 hospitals, health centers, and other emergency health care  
16 service provider settings, including Federally qualified  
17 health centers, clinics receiving funding under title X, and  
18 other health care providers as determined appropriate by  
19 the Secretary.

20 “(b) PURPOSE.—The purpose of the program is to  
21 enable each grant recipient to expand access to SAFE/  
22 SANE services by providing new providers with the clin-  
23 ical training necessary to establish and maintain com-  
24 petency in SAFE/SANE services.

25 “(c) GRANTS.—Under the program, the Secretary  
26 shall award 3-year grants to eligible entities that meet the

1 requirements established by the Secretary, for the purpose  
2 of operating the SAFE/SANE training programs de-  
3 scribed in subsection (a) at such entities and to test the  
4 provision of such services at new facilities in expanded  
5 health care settings.

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

8 “(1) be a rural health care services provider (as  
9 defined by the Secretary), a center or clinic under  
10 section 330, or a health center receiving assistance  
11 under title X, acting in partnership with a high-vol-  
12 ume emergency services provider or a hospital cur-  
13 rently providing sexual assault medical forensic ex-  
14 aminations performed by SANEs or SAFEs, that  
15 will use grant funds to—

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

20 “(B) assign practitioners at high-volume  
21 hospitals to a rural health care services pro-  
22 viders to instruct, oversee, and approve clinical  
23 practicum hours in the community to be served.

24 “(2) submit to the Secretary an application at  
25 such time, in such manner, and containing such in-

1 formation as the Secretary may require, including a  
2 description of whether the applicant will provide  
3 services under subparagraph (A) or (B) of para-  
4 graph (1).

5 “(e) GRANT AMOUNT.—Each grant awarded under  
6 this section shall be in an amount not to exceed \$400,000  
7 per year. A grant recipient may carry over funds from 1  
8 fiscal year to the next without obtaining approval from  
9 the Secretary.

10 “(f) AUTHORIZATION OF APPROPRIATIONS.—To  
11 carry out this section, there is authorized to be appro-  
12 priated \$10,000,000 for each of fiscal years 2016 through  
13 2019.”.

14 **SEC. 204. TECHNICAL ASSISTANCE GRANTS AND LEARNING**  
15 **COLLECTIVES.**

16 Part B of title VIII of the Public Health Service Act  
17 (42 U.S.C. 296j et seq.), as amended by section 203, is  
18 further amended by adding at the end the following:

19 **“SEC. 812A. TECHNICAL ASSISTANCE CENTER AND RE-**  
20 **GIONAL LEARNING COLLECTIVES.**

21 “(a) IN GENERAL.—The Secretary shall establish a  
22 State and provider technical resource center to provide  
23 technical assistance to health care providers to increase  
24 the quality of, and access to, sexual assault examinations  
25 by entering into contracts with national experts (such as

1 the International Forensic Nurses Association and oth-  
2 ers).

3 “(b) REGIONAL LEARNING COLLECTIVES.—The Sec-  
4 retary shall convene State and hospital regional learning  
5 collectives to assist health care providers and States in  
6 sharing best practices, discussing practices, and improving  
7 the quality of, and access to, sexual assault examinations.

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

13 “(1) technical assistance; and

14 “(2) best practice sharing.”.

15 **SEC. 205. QUALITY STRATEGIES.**

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

21 **SEC. 206. OVERSIGHT.**

22 Not later than 1 year after the date of enactment  
23 of this Act, the Office of the Inspector General shall issue  
24 a report concerning hospital compliance with section 1867  
25 of the Social Security Act (42 U.S.C. 1395dd) and the

1 Violence Against Women Act of 1994 (42 U.S.C. 13701  
2 et seq.) with respect to access to, and reimbursements for,  
3 sexual assault medical forensic examinations at the na-  
4 tional, State, and individual hospital level. Such report  
5 shall address hospital awareness of reimbursements, total  
6 reimbursed costs, and any costs for victims.