

115TH CONGRESS  
2D SESSION

# H. R. 7222

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

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## IN THE HOUSE OF REPRESENTATIVES

DECEMBER 6, 2018

Mr. POE of Texas (for himself, Mrs. BLACK, and Mr. GRIFFITH) 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

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## A BILL

To require the Secretary of Health and Human Services to establish the Megan Rondini 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 Sexual  
5 Assault Victims Protection Act of 2018”.

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

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

10 (b) MEMBERSHIP.—The Task Force shall include a  
11 representative from the Centers for Medicare & Medicaid  
12 Services, the Centers for Disease Control and Prevention,  
13 the Health Resources and Services Administration, the In-  
14 dian Health Service, the Office for Victims of Crime of  
15 the Department of Justice, the Office on Women’s Health  
16 of the Department of Health and Human Services, and  
17 the Office on Violence Against Women of the Department  
18 of Justice, a survivor of sexual assault; representatives  
19 from regional and national organizations with expertise in  
20 forensic nursing, rape trauma or crisis counseling, inves-  
21 tigating rape and gender violence cases, survivors’ advo-  
22 cacy and support, sexual assault prevention education,  
23 rural health, and responding to sexual violence in Native  
24 communities; representatives from hospitals, patient  
25 groups, and emergency department physicians; and rep-  
26 resentatives of States, including States that have in effect

1 State laws or procedures that address the objectives de-  
2 scribed in subsection (c).

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 sexual assault forensic exam-  
8 iners, sexual assault response teams, sexual assault  
9 nurse examiners, and others who perform such ex-  
10 aminations;

11 (2) make recommendations for improving access  
12 to medical forensic examinations, including the feasi-  
13 bility of, or barriers to, utilizing mobile units and  
14 telehealth services;

15 (3) make recommendations for improving co-  
16 ordination of services, other protocols regarding the  
17 care and treatment of sexual assault survivors, and  
18 the preservation of evidence between law enforce-  
19 ment officials and health care providers;

20 (4) make recommendations for updating na-  
21 tional minimum standards for forensic medical ex-  
22 aminer training and forensic medical evidence collec-  
23 tion relating to sexual assault;

24 (5) make recommendations for the development  
25 of resources and best practices described in sub-

1 section (e) for inclusion on the public website of the  
2 Department of Health and Human Services;

3 (6) make recommendations on the collection  
4 and retention of sexual assault kits, including anony-  
5 mous or unreported sexual assault kits; and

6 (7) make recommendations on processes and  
7 best practices for communicating to sexual assault  
8 survivors who seek care in the emergency room in-  
9 formation about the availability of forensic medical  
10 evidence collection as part of the care and treatment  
11 of such survivors.

12 (d) TRANSPARENCY REQUIREMENTS.—

13 (1) IN GENERAL.—Not later than one year  
14 after first convening, the Task Force shall submit to  
15 the Secretary a report on the recommendations,  
16 findings, and conclusions of the Task Force.

17 (2) REPORT.—Not later than 18 months after  
18 the date of enactment of this Act, the Secretary  
19 shall submit to Congress a report on the rec-  
20 ommendations, findings, and conclusions of the Task  
21 Force.

22 (e) SEXUAL ASSAULT TREATMENT RESOURCES.—

23 (1) IN GENERAL.—Not later than July 1, 2019,  
24 the Secretary shall post on the public website of the  
25 Department of Health and Human Services re-

1 sources and best practices developed by health care  
2 providers, forensic scientists, law enforcement rep-  
3 resentatives, and advocates of sexual assault victims,  
4 relating to the treatment of individuals for sexual  
5 assault by health care providers. Such resources and  
6 best practices shall include the following:

7 (A) RESOURCES FOR HEALTH CARE PRO-  
8 VIDERS.—Resources and best practices for  
9 health care providers, including—

10 (i) best practices for training per-  
11 sonnel on sexual assault forensic evidence  
12 collection;

13 (ii) best practices relating to providing  
14 counseling and appropriate referrals to  
15 such individuals; and

16 (iii) other resources and best practices  
17 determined appropriate by the Secretary.

18 (B) RESOURCES FOR SEXUAL ASSAULT  
19 SURVIVORS.—Resources and best practices for  
20 sexual assault survivors, including—

21 (i) information about the forensic  
22 exam furnished by a sexual assault forensic  
23 examiner, including the process and poten-  
24 tial benefits of collecting evidence;

1 (ii) information on available State-  
2 wide databases of sexual assault nurse ex-  
3 aminer-ready or sexual assault forensic ex-  
4 aminer-ready facilities;

5 (iii) survivor advocacy group websites  
6 and hotlines;

7 (iv) next-steps guides for survivors  
8 with best practices for preserving evidence  
9 and seeking treatment after an assault;  
10 and

11 (v) other resources and best practices  
12 determined appropriate by the Secretary.

13 (2) UPDATES.—As soon as practicable after the  
14 submission of the report under subsection (d)(1) to  
15 the Secretary, the Secretary shall update the re-  
16 sources and best practices posted on the website of  
17 the Department of Health and Human Services  
18 under paragraph (1) to take into consideration the  
19 recommendations, findings, and conclusions of the  
20 Task Force contained in such report. The Secretary  
21 shall update such resources and best practices peri-  
22 odically, but not less frequently than annually.

23 (f) ANNUAL SUMMIT.—The Secretary shall convene  
24 an annual stakeholder meeting to address gaps in health

1 care provider care relating to sexual assault that includes  
2 the Task Force.

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

4 (1) MEDICAL FORENSIC EXAMINATION.—The  
5 term “medical forensic examination” means an ex-  
6 amination provided to a sexual assault survivor by  
7 medical personnel trained to gather evidence of a  
8 sexual assault in a manner suitable for use in a  
9 court of law.

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

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

16 (4) SEXUAL ASSAULT EXAMINER.—The term  
17 “sexual assault examiner” means a registered nurse,  
18 advanced practice nurse, physician, or physician as-  
19 sistant specifically trained to provide comprehensive  
20 care to sexual assault forensic examinations.

21 (5) SEXUAL ASSAULT FORENSIC EXAMINER.—  
22 The term “sexual assault forensic examiner” means  
23 a medical practitioner who has specialized forensic  
24 training in treating sexual assault survivors and con-  
25 ducting medical forensic examinations.

1           (6) SEXUAL ASSAULT NURSE EXAMINER.—The  
2 term “sexual assault nurse examiner” means a reg-  
3 istered nurse who has specialized forensic training in  
4 treating sexual assault survivors and conducting  
5 medical forensic examinations.

6           (7) SEXUAL ASSAULT RESPONSE TEAM.—The  
7 term “sexual assault response team” means a multi-  
8 disciplinary team that provides a specialized and im-  
9 mediate response to survivors of sexual assault, and  
10 may include health care personnel, law enforcement  
11 representatives, community-based survivor advo-  
12 cates, prosecutors, and forensic scientists.

13 **SEC. 3. PROMOTING COORDINATION OF SEXUAL ASSAULT**  
14 **CARE IN LOCAL COMMUNITIES.**

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

21           (1) with respect to the delineation of on-call  
22 coverage responsibilities described in subparagraph  
23 (A) of such section, for a delineation of such cov-  
24 erage responsibilities for screening and treatment re-  
25 lating to sexual assault and includes a schedule of



1 the on-call coverage availability for such screening  
2 and treatment at each hospital with on-call coverage  
3 responsibilities for such treatment; and

4 (2) with respect to assurances related to local  
5 and regional EMS system protocols described in sub-  
6 paragraph (D) of such section, for an assurance that  
7 such protocols include information with respect to  
8 community on-call arrangements for screening and  
9 treatment relating to sexual assault.

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