

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.

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## 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

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## 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.

