

THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL

No. 905 Session of  
2001

INTRODUCED BY ORIE, TARTAGLIONE, COSTA, ERICKSON, O'PAKE,  
BODACK, BOSCOLA, RHOADES, LEMMOND, KUKOVICH AND MUSTO,  
MAY 29, 2001

REFERRED TO PUBLIC HEALTH AND WELFARE, MAY 29, 2001

AN ACT

1 Amending the act of December 3, 1998 (P.L.925, No.115), entitled  
2 "An act providing for screening of patients for symptoms of  
3 domestic violence; establishing the Domestic Violence Health  
4 Care Response Program in the Department of Public Welfare;  
5 and providing for domestic violence medical advocacy projects  
6 to assist in implementation of domestic violence policies,  
7 procedures, health care worker training and hospital, health  
8 center and clinic response to domestic violence victims,"  
9 further providing for primary care physicians, emergency  
10 medical service organizations and nurses training, for  
11 primary care physicians, emergency medical service  
12 organizations and nurses' response to domestic violence  
13 victims and for definitions.

14 The General Assembly of the Commonwealth of Pennsylvania  
15 hereby enacts as follows:

16 Section 1. Section 2 of the act of December 3, 1998  
17 (P.L.925, No.115), known as the Domestic Violence Health Care  
18 Response Act, is amended by adding definitions to read:

19 Section 2. Definitions.

20 The following words and phrases when used in this act shall  
21 have the meanings given to them in this section unless the  
22 context clearly indicates otherwise:

23 \* \* \*

1 "Emergency medical services organization." A group of  
2 individuals or an organization which provides prehospital  
3 admission services utilized in responding to the needs of an  
4 individual for immediate medical care in order to prevent loss  
5 of life or aggravation of physiological or psychological illness  
6 or injury. The term includes, but is not limited to, an  
7 organization that provides advanced life support, basic life  
8 support or an ambulance service, emergency medical technician  
9 and paramedic.

10 \* \* \*

11 "Nurse." An individual who diagnoses and treats human  
12 responses to actual or potential health problems through such  
13 services as casefinding, health teaching, health counseling and  
14 provision of care supportive to or restorative of life and well-  
15 being and who executes medical regimens as prescribed by a  
16 licensed physician or dentist. The term includes, but is not  
17 limited to, a registered nurse, licensed practical nurse and  
18 nurse practitioner.

19 "Primary care provider." A health care provider, who, within  
20 the scope of the provider's practice, supervises, coordinates,  
21 prescribes or otherwise provides or proposes to provide health  
22 care services to an enrollee, initiates enrollee referral for  
23 specialist care and maintains continuity of enrollee care.

24 \* \* \*

25 Section 2. Section 3 of the act is amended to read:

26 Section 3. Domestic Violence Health Care Response Program.

27 (a) Establishment of program.--There is established within  
28 the Department of Public Welfare the Domestic Violence Health  
29 Care Response Program.

30 (b) Purpose of programs.--The purpose of the program shall

1 be to support the development of domestic violence medical  
2 advocacy projects in this Commonwealth which would assist in the  
3 implementation of domestic violence policies and procedures as  
4 well as provide training for health care workers, primary care  
5 providers, emergency medical services organizations and nurses  
6 to improve hospital, health center and clinic response to  
7 domestic violence victims seeking medical treatment.

8 (c) Medical advocacy project sites.--The department shall  
9 select medical advocacy project sites with representation from  
10 urban, rural and suburban areas. To ensure the effectiveness of  
11 the program, the project sites shall not be publicized.

12 (d) Annual report.--Utilizing information provided under  
13 subsection (e)(5), the department shall compile an annual report  
14 to be submitted to the chairman and minority chairman of the  
15 Appropriations Committee of the Senate and the chairman and  
16 minority chairman of the Appropriations Committee of the House  
17 of Representatives providing oversight of the Department of  
18 Public Welfare.

19 (e) Program elements.--Each domestic violence medical  
20 advocacy project shall:

21 (1) Demonstrate active collaboration between a local  
22 community-based domestic violence program and the hospital,  
23 health center, primary care providers, emergency medical  
24 services organizations, nurses or clinic participating in  
25 the project.

26 (2) Develop and implement uniform multidisciplinary  
27 domestic violence policies and procedures which incorporate  
28 the roles and responsibilities of all staff who provide  
29 services or interact with victims of domestic violence,  
30 including the identification of victims of domestic violence

1 through universal screening.

2 (3) Develop and implement a multidisciplinary,  
3 comprehensive and ongoing domestic violence education and  
4 training program for hospital, health center, primary care  
5 providers, emergency medical services organizations, nurses  
6 or clinic personnel adapted to the particular hospital's,  
7 health center's or clinic's demographics, policies, staffing  
8 patterns and resources. The training program shall include,  
9 but is not limited to, identifying characteristics of  
10 domestic violence, screening patients for domestic violence,  
11 appropriately documenting in the medical record and offering  
12 referral services, including domestic violence resources  
13 available in the community.

14 (4) Provide available educational materials to inform  
15 victims of domestic violence about the services and  
16 assistance available through the domestic violence program.

17 (5) Develop formal project assessment procedures,  
18 including, but not limited to, coordinating and collecting  
19 data for the evaluation of the projects and their  
20 effectiveness in reducing the incidence of domestic violence  
21 and overall health care costs, including emergency room  
22 costs.

23 Section 3. This act shall take effect in 60 days.