

THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL

No. 427 Session of
2005

INTRODUCED BY ORIE, RAFFERTY, LEMMOND, STACK, COSTA AND BOSCOLA,
MARCH 22, 2005

REFERRED TO PUBLIC HEALTH AND WELFARE, MARCH 22, 2005

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 definitions and for the program.

10 The General Assembly of the Commonwealth of Pennsylvania
11 hereby enacts as follows:

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

15 Section 2. Definitions.

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

19 * * *

20 "Emergency medical services organization." A group of
21 individuals or an organization which provides prehospital

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

8 * * *

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

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

22 * * *

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

24 Section 3. Domestic Violence Health Care Response Program.

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

28 (b) Purpose of programs.--The purpose of the program shall
29 be to support the development of domestic violence medical
30 advocacy projects in this Commonwealth which would assist in the

1 implementation of domestic violence policies and procedures as
2 well as provide training for health care workers, primary care
3 providers, emergency medical services organizations and nurses
4 to improve hospital, health center and clinic response to
5 domestic violence victims seeking medical treatment.

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

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

17 (e) Program elements.--Each domestic violence medical
18 advocacy project shall:

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

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

30 (3) Develop and implement a multidisciplinary,

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

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

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

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