

114TH CONGRESS
1ST SESSION

S. 205

To provide for the development and dissemination of evidence-based best practices for health care professionals to recognize victims of a severe form of trafficking and respond to such individuals appropriately, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JANUARY 21, 2015

Mr. CASSIDY (for himself and Mr. PETERS) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To provide for the development and dissemination of evidence-based best practices for health care professionals to recognize victims of a severe form of trafficking and respond to such individuals appropriately, 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 “Trafficking Awareness
5 Training for Health Care Act of 2015”.

1 **SEC. 2. DEVELOPMENT OF BEST PRACTICES.**

2 (a) GRANT FOR DEVELOPMENT OF BEST PRAC-
3 TICES.—Not later than 1 year after the date of enactment
4 of this Act, the Secretary of Health and Human Services,
5 acting through the Director of the Agency for Healthcare
6 Research and Quality and in consultation with the Admin-
7 istrator of the Health Resources and Services Administra-
8 tion, shall award, on a competitive basis, a grant to an
9 eligible school under which such school will—

10 (1) not later than 6 months after receipt of the
11 award, develop best practices for health care profes-
12 sionals—

13 (A) to recognize victims of a severe form of
14 trafficking; and

15 (B) to respond appropriately to such indi-
16 viduals;

17 (2) in developing best practices under para-
18 graph (1), survey, analyze, and evaluate, in consulta-
19 tion with law enforcement personnel, social service
20 providers, and other experts in the field of human
21 trafficking, existing best practices that foster the
22 practice of interprofessional collaboration, including
23 those used by industries other than the health care
24 industry, to determine the extent to which such ex-
25 isting best practices may be adapted for use as part
26 of the best practices under paragraph (1);

1 (3) develop curricula, training modules, or ma-
2 terials to train health care professionals on the best
3 practices developed under paragraph (1);

4 (4) not later than 12 months after the receipt
5 of the award, make a subgrant to one entity located
6 near an established anti-human trafficking task
7 force initiative in each of the 10 administrative re-
8 gions of the Department of Health and Human
9 Services—

10 (A) to design, implement, and evaluate a
11 pilot program using the best practices developed
12 under paragraph (1) and the curricula, training
13 modules, or materials developed under para-
14 graph (3);

15 (B) to conduct the pilot program at one or
16 more eligible sites within the respective region,
17 which may include an eligible site that is a
18 school-based health center; and

19 (C) to complete the implementation and
20 evaluation of such pilot program within a period
21 of 6 months;

22 (5) not later than 24 months after the receipt
23 of the award, analyze the results of the pilot pro-
24 grams conducted through subgrants under para-
25 graph (4), including analyzing—

1 (A) changes in the skills, knowledge, and
2 attitude of health care professionals resulting
3 from the implementation of the programs;

4 (B) the number of victims of a severe form
5 of trafficking who are recognized under the pro-
6 grams;

7 (C) of those recognized, the number who
8 received information or referrals for services of-
9 fered through the programs; and

10 (D) of those who received such information
11 or referrals—

12 (i) the number who participated in
13 followup services; and

14 (ii) the type of followup services re-
15 ceived;

16 (6) determine, using the results of the analysis
17 under paragraph (5), the extent to which the best
18 practices developed under paragraph (1) are evi-
19 dence-based; and

20 (7) submit a comprehensive assessment of the
21 pilot programs conducted through subgrants under
22 paragraph (4) to the Secretary of Health and
23 Human Services, including an identification of—

1 (A) the best practices that are determined
2 pursuant to paragraph (6) to be evidence-based;
3 and

4 (B) the best practices that are determined
5 pursuant to such paragraph to require further
6 review in order to determine whether they are
7 evidence-based.

8 (b) CONTENTS.—The best practices developed
9 through the grant awarded under subsection (a)—

10 (1) shall address—

11 (A) risk factors and indicators to recognize
12 victims of a severe form of trafficking;

13 (B) application of Federal and State law,
14 including reporting requirements, with respect
15 to victims of a severe form of trafficking;

16 (C) patient safety and security, including
17 the requirements of HIPAA privacy and secu-
18 rity law as applied to victims of a severe form
19 of trafficking;

20 (D) the management of medical records of
21 patients who are victims of a severe form of
22 trafficking;

23 (E) public and private social services avail-
24 able for rescue, food, clothing, and shelter refer-
25 rals;

1 (F) the hotlines for reporting human traf-
2 ficking maintained by the National Human
3 Trafficking Resource Center and the Depart-
4 ment of Homeland Security;

5 (G) validated assessment tools for the
6 identification of victims of a severe form of
7 trafficking; and

8 (H) referral options and procedures for
9 sharing information on human trafficking with
10 a patient and making referrals for legal and so-
11 cial service assistance related to human traf-
12 ficking when indicated and appropriate; and

13 (2) shall not address patient medical treatment.

14 (c) DISSEMINATION.—Not later than 24 months after
15 the award of a grant to a school under subsection (a),
16 the Secretary of Health and Human Services, acting
17 through the Administrator of the Agency for Healthcare
18 Research and Quality, shall—

19 (1) post on the public website of the Depart-
20 ment of Health and Human Services the best prac-
21 tices that are identified by the school under subpara-
22 graphs (A) and (B) of subsection (a)(7); and

23 (2) disseminate to health care profession
24 schools the best practices identified by the school
25 under subsection (a)(7)(A) and evaluation results.

1 **SEC. 3. DEFINITIONS.**

2 In this Act:

3 (1) The term “eligible site” means a health cen-
4 ter that is receiving assistance under section 330,
5 399Z-1, or 1001 of the Public Health Service Act
6 (42 U.S.C. 254b, 300).

7 (2) The term “eligible school” means an accred-
8 ited school of medicine or nursing with experience in
9 the study or treatment of victims of a severe form
10 of trafficking.

11 (3) The term “health care professional” means
12 a person employed by a health care provider who
13 provides to patients information (including informa-
14 tion not related to medical treatment), scheduling,
15 services, or referrals.

16 (4) The term “HIPAA privacy and security
17 law” has the meaning given to such term in section
18 3009 of the Public Health Service Act (42 U.S.C.
19 300jj-19).

20 (5) The term “victim of a severe form of traf-
21 ficking” has the meaning given to such term in sec-
22 tion 103 of the Trafficking Victims Protection Act
23 of 2000 (22 U.S.C. 7102).

1 **SEC. 4. NO ADDITIONAL AUTHORIZATION OF APPROPRIA-**
2 **TIONS.**

3 No additional funds are authorized to be appro-
4 priated to carry out this Act and the amendments made
5 by this Act, and this Act and such amendments shall be
6 carried out using amounts otherwise available for such
7 purpose.

○