

Family Violence Prevention Fund

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How Health Reform May Affect Victims of Domestic, Sexual, and Dating Violence

Prepared by the Health Resource Center on Domestic Violence, Family Violence Prevention Fund

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By making health care affordable and easier to obtain, health reform allows victims of violence and abuse to have access to services that would treat their abuse and many of the resulting conditions of that abuse before they worsen.

Victims of violence and abuse were specifically included in several new protections and programs, and the new law opens the door to integrating violence and abuse prevention into public health programs, research priorities, and adolescent health initiatives. Opportunities for advocates and providers made possible by the Patient Protection and Affordable Care Act are summarized below:

Prohibits Pre-Existing Condition Exclusion Based on Domestic Violence History

- Beginning on January 1, 2014, the new law prohibits insurance companies, health care providers, and health programs that receive federal financial assistance from denying coverage to women based on many factors, including being a survivor of domestic or sexual violence.
- Before this protection was added, seven states allowed insurers to deny health coverage to domestic violence survivors, and only 22 states had enacted adequate domestic violence insurance discrimination protections.

Next step: Many Members of Congress supported this provision, but please thank Congresswoman Lucille Roybal-Allard, Congresswoman Louise Slaughter, Congresswoman Diana DeGette, and Congresswoman Donna Edwards for their personal effort on behalf of domestic and sexual assault survivors.

Preventing Youth Violence and Reducing Unintended Pregnancies (Personal Responsibility Education Program)

- Research has shown a clear link that unintended pregnancies increase women and girls' risk for violence, and in reverse measure, violence increases women and girls' risk for unintended pregnancies. Adolescent girls in physically abusive relationships were **3.5 times more likely** to become pregnant than non-abused girls. School based curriculum and other health programs geared towards pregnancy prevention should aim to build healthy relationships among youth by including medically accurate information about pregnancy prevention, the dynamics of physical, sexual and psychological abuse, and how such behavior intersects with healthy relationships.

- Beginning this year until 2014, each state will receive funds from HHS' Administration for Children and Families for personal responsibility education programs targeted to reducing pregnancy rates in youths between the ages of 10 and 19 years old. Funds are \$75 million for each year, allocated to each state depending on the size of the state's youth population, but not less than \$250,000 per state. If the state chooses not to apply for the funds in FY10-FY11, then the state will no longer be eligible, and nonprofits in the states can competitively apply.
- The eligible programs must include both abstinence and contraception and three or more adulthood preparation subjects, including healthy relationships.
- Funding is also included for research and evaluation, training, and technical assistance.
- Additional funding was allocated for innovative teen pregnancy prevention strategies and services to high-risk, vulnerable, and culturally under-represented populations. These competitive applications were due on June 7, 2010 through HHS' Administration on Children, Youth, and Families.

Next step: For groups working to reduce teen pregnancy and STI's, this is a strong opportunity to ensure that funded programs address violence prevention and reproductive coercion that we know is so common in the lives of teens and that we know puts teens at risk for unplanned pregnancy.

Maternal, Infant, and Early Childhood Visitation

- Current evaluations of home visitation models have found that, while up to 48 percent of the women surveyed who receive home visiting services have reported incidents of domestic violence, few programs have developed, implemented and tested interventions specifically designed to address the trauma these families experience. The standard program in the field, Nurse Family Partnership (NFP), is not as effective in homes that experience domestic violence.
- The new law provides \$1.5 billion over five years to States, tribes, and territories to develop and implement one or more evidence-based Maternal, Infant, and Early Childhood Visitation model(s) to reduce infant and maternal mortality and its related causes by producing improvements in prenatal, maternal, and newborn health, child health and development (including the prevention of child injuries and child maltreatment), parenting skills, school readiness, juvenile delinquency, family economic self-sufficiency, and crime or domestic violence.
- For planning purposes, states are required to do need assessments and to identify at risk communities including communities with high concentrations of domestic violence.
- The new law is very prescriptive regarding the requirements of the service delivery model or models to be used but also allows up to 25 percent of the funding to be used for new program models, which could directly address the needs of mothers and children who are experiencing or at risk of experiencing domestic violence, the link between domestic violence and child abuse and neglect, and the impact of domestic violence on the health and well-being of children and families.

- HHS' HRSA released the grant guidelines on June 10, 2010. The first Funding Opportunity Announcement (FOA) calls for states to complete a plan for needs assessment and program development (limited to 25 pages) by July 9th. The second FOA to be released later in June calls for completion of the needs assessment by September 1, 2010 and the third FOA will require a final plan for addressing the needs identified in the assessment and will likely be due in October.
- Formula funding is based on the number of children in families with income at or below 100% of the federal poverty line as compared to the number of such children nationally.

Next step: Those states interested in addressing intimate partner violence should include it in the needs assessment plan and then plan to use new program model funding to develop, implement and test interventions specifically designed to address the trauma these families experience. Further, a national organization or an institution of higher learning should provide evaluation guidance as part of this rigorous, well-designed process. As more resources, please see [Realizing the Promise of Home Visitation: Addressing Domestic Violence and Child Maltreatment](#) or [AMCHP's resource page](#).

Services for Pregnant and Parenting Victims

- Authorizes and appropriates \$25 million annually for ten years (FY2010-FY2019) for a new pregnancy assistance fund, which requires the HHS Secretary (in collaboration with the Secretary of Education) to establish a competitive grant program to states to help pregnant and parenting teens and women. The average state will receive an overall award of \$200,000.
- As part of this new program, states may make funding available to its State Attorney General, if the office applies, to fund intervention and supportive social services to victims currently pregnant or were pregnant one year before being a victim of domestic violence, sexual assault, stalking, or sexual violence. Supportive social services are defined as transitional and permanent housing, vocational counseling, and individual and group counseling aimed at preventing violence. The intervention services are defined as 24-hour telephone hotline services for police protection and referral to shelters.
- The State Attorney General may also use funding for technical assistance and training related to violence against eligible pregnant women to be made available to the following: (i) Federal, State, tribal, territorial, and local governments, law enforcement agencies, and courts; (ii) Professionals working in legal, social service, and health care settings; (iii) Nonprofit organizations; or (iv) Faith-based organizations.
- States may use funding for public awareness campaigns related to any part of the program.
- Please see the HHS Office of Adolescent Health [grant guidelines](#).

Next step: Advocate for the Attorney General in each state to apply for victim services, intervention, and training funding by highlighting the rising number of victims unable to access services in your state. The [2009 Census](#) report from NNEDV is a helpful resource.

Potential Additional Opportunities to Use Health System to Prevent Intimate Partner Violence

1. Prevention and Public Health Fund to provide for an expanded and sustained national investment in prevention and public health programs including prevention research and health screenings.

- The funding level ranges from \$500 million this fiscal year to \$2 billion by fiscal year 2015. In total, over the next ten years, it is an investment of \$15 billion to improve health and reduce health costs in the public and private sector.
- A broad range of prevention interventions, including activities to prevent and respond to violence and abuse, and research funding to supplement the existing evidence for assessment of risk factors related to violence prevention and effective interventions **could** become eligible for funding under the flexible parameters of the program.
- On June 17, 2010, the Administration announced that the first \$250 million will be used to increase the number of primary care providers.

Action Step: Violence prevention experts have a role in bringing more partners together to enhance public health involvement in violence prevention (framing violence prevention as a public health issue), and the Prevention and Wellness Fund presents an opportunity to align federal investment with this view. As a resource, the Centers for Disease Control has published the Adverse Childhood Experiences ([ACE](#)) study that found a link between childhood exposure to violence and several negative health conditions including some chronic diseases.

2. The *National Prevention, Health Promotion & Public Health Council* is established to provide coordination and leadership at the Federal level, and among Federal departments and agencies, with respect to prevention, wellness and health promotion practices, the public health system and integrative health care.

- The new law tasks the Council with creating a national strategy to: set goals and objectives for improving health through federally-supported prevention, health promotion and public health programs; establish measurable actions and timelines to carry out the strategy; and make recommendations to improve Federal prevention, health promotion, public health and integrative health care practices.
- In the new law, there is language requesting the *National Prevention, Health Promotion, and Public Health Council* include domestic violence screenings in its planned national priorities report.
- The [President's recent Executive Order](#) to create the Council mentions domestic violence screening mentions domestic violence screening and also creates an Advisory Group. Members for the Advisory Group have not yet been named.

Action Step: It is unclear to what extent the Council will inform the work and funding decisions of the Prevention and Public Health Fund. At this point, those interested should feel free to forward names of experts who would like to see nominated to FVPF.

3. The bill funds additional comparative effectiveness research to help inform clinical practice through a newly created Center for Patient-Centered Outcomes Research Institute, a private, non-profit corporation funded through public and private funds.
 - Previous federal funding for comparative effectiveness research did not focus on intimate partner violence, but again, the new law allows the Center to determine which research is eligible.

Action step: Violence prevention researchers, advocates and health professionals should advocate that some portion of comparative effectiveness funds be used to evaluate the impact of health-care setting interventions on the health of victims.

4. Preventive Health Coverage -- Assessment and Counseling for Intimate Partner Violence
 - In 2005, the U.S. Preventive Services Task Force (USPSTF) said there was “insufficient” evidence to support the practice of screening for intimate partner violence.
 - Beginning in September 2010, under the new law, all plans must cover preventive health services, and plans cannot require cost sharing or deductibles for these services.
 - These services include women’s preventive care and screenings that are recommended by USPSTF, but the new law also gave authority to the Health Resources and Services Administration (HRSA) at the Department of Health and Human Services to craft comprehensive guidelines for services not already supported by USPSTF.
 - When Congress passed an amendment to give HRSA this additional authority, screening for domestic violence was discussed and supported by several Members of Congress. It was recognition that screening and assessing for intimate partner violence can be considered a primary prevention or early intervention service, similar to obesity screening, smoking cessation, and alcohol misuse, which is recommended by USPSTF. With nearly one quarter of women having a lifetime exposure to violence or abuse, the prevalence data clearly argues for this population receiving early assessment and counseling by their provider.

Action step: Those interested in violence prevention should advocate for the inclusion of assessment for violence and abuse during well woman, preconception and other women’s health visits.

Intimate Partner Violence and Indian Tribes and tribal units

There were a few set aside programs within the new law for Tribes and tribal organizations. In addition, a reform of the Indian Health Services Act was incorporated into the new law. Here are some brief highlights, and for further information, please contact Anna Marjarvi at anna@endabuse.org.

Indian Health Services

Health care reform incorporated S. 1790, Indian Health Care Improvement Reauthorization and Extension Act, which includes a behavioral health section that recognizes and addresses violence and abuse.

- It requires the agency to establish, in every Service area, programs involving treatment for: (1) victims of sexual abuse who are Indian children or children in an Indian household; and (2) other members of the household or family of the victims.

- It also authorizes programs, in each Service area, to involve the prevention and treatment of: (1) Indian victims of domestic violence or sexual abuse; and (2) other members of the household or family of the victims.

Home Visitation

- Three percent of the \$1.5 billion is made available to Indian tribes and tribal organizations.

Teen Pregnancy Prevention Program

- Allotments are available under this program for Indian tribes and tribal organizations.

For any questions or to become involved in advocating on behalf of victims of violence, please contact the Family Violence Prevention Fund's Policy Office at 202.682.1212.