

Suspend the Rules and Pass the Bill, H.R. 767, With an Amendment

(The amendment strikes all after the enacting clause and inserts a new text)

115TH CONGRESS
1ST SESSION

H. R. 767

To establish the Stop, Observe, Ask, and Respond to Health and Wellness Training pilot program to address human trafficking in the health care system.

IN THE HOUSE OF REPRESENTATIVES

JANUARY 31, 2017

Mr. COHEN (for himself, Mr. KINZINGER, Mr. CÁRDENAS, and Mrs. WAGNER) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To establish the Stop, Observe, Ask, and Respond to Health and Wellness Training pilot program to address human trafficking in the health care system.

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 “Stop, Observe, Ask,
5 and Respond to Health and Wellness Act of 2018” or the
6 “SOAR to Health and Wellness Act of 2018”.

1 **SEC. 2. DEFINITIONS.**

2 In this Act:

3 (1) HUMAN TRAFFICKING.—The term “human
4 trafficking” has the meaning given the term “severe
5 forms of trafficking in persons” as defined in section
6 103 of the Trafficking Victims Protection Act of
7 2000 (22 U.S.C. 7102).

8 (2) SECRETARY.—The term “Secretary” means
9 the Secretary of Health and Human Services.

10 **SEC. 3. PROGRAM ESTABLISHMENT.**

11 (a) IN GENERAL.—The Secretary shall establish a
12 program to be known as the Stop, Observe, Ask, and Re-
13 spond to Health and Wellness Training Program or the
14 SOAR to Health and Wellness Training Program (in this
15 Act referred to as the “Program”) to provide training to
16 health care providers and other related providers, at all
17 levels, on human trafficking in accordance with the pur-
18 pose described in subsection (c).

19 (b) GRANTS.—The Secretary may carry out the Pro-
20 gram through the award of grants to health care sites and
21 health care professional organizations that represent di-
22 versity in—

23 (1) geography;

24 (2) the demographics of the population served;

25 (3) the predominant types of human trafficking
26 cases; and

1 (4) health care provider profiles.

2 (c) PURPOSE.—The purpose of the Program shall be
3 to train health care providers and other related providers
4 to enable such providers to—

5 (1) identify potential human trafficking victims;

6 (2) implement proper protocols and procedures
7 for working with law enforcement to report, and fa-
8 cilitate communication with, such victims, in accord-
9 ance with all applicable Federal, State, local, and
10 tribal requirements, including legal confidentiality
11 requirements for patients and health care providers;

12 (3) implement proper protocols and procedures
13 for referring such victims to appropriate health care,
14 social, or victims service agencies or organizations;

15 (4) provide such victims care that is—

16 (A) coordinated;

17 (B) victim centered;

18 (C) culturally relevant;

19 (D) comprehensive;

20 (E) evidence-based;

21 (F) gender responsive;

22 (G) age-appropriate, with a focus on care
23 for youth; and

24 (H) trauma-informed; and

1 (5) consider the potential for integrating the
2 training described in paragraphs (1) through (4)
3 with training programs, in effect on the date of en-
4 actment of this Act, for victims of domestic violence,
5 dating violence, sexual assault, stalking, child abuse,
6 child neglect, child maltreatment, and child sexual
7 exploitation.

8 (d) FUNCTIONS.—

9 (1) IN GENERAL.—The functions of the Pro-
10 gram shall include the functions of the Stop, Ob-
11 serve, Ask, and Respond to Health and Wellness
12 Training program that was operating on the day be-
13 fore the date of enactment of this Act and the au-
14 thorized initiatives described in paragraph (2).

15 (2) AUTHORIZED INITIATIVES.—The authorized
16 initiatives of the Program shall include—

17 (A) engaging stakeholders, including vic-
18 tims of human trafficking and any Federal,
19 State, local, or tribal partners, to develop a
20 flexible training module—

21 (i) for achieving the purpose described
22 in subsection (c); and

23 (ii) that adapts to changing needs,
24 settings, health care providers, and other
25 related providers;

1 (B) providing technical assistance for
2 health education programs and health care pro-
3 fessional organizations to implement health care
4 protocols, or develop continuing education train-
5 ing materials, that assist in achieving the pur-
6 pose described in subsection (c);

7 (C) facilitating the dissemination of best
8 practices and recommendations as the Secretary
9 determines appropriate; and

10 (D) developing a reliable methodology for
11 collecting data, and reporting such data, on the
12 number of human trafficking victims identified
13 and served in health care settings or other re-
14 lated provider settings.

15 **SEC. 4. DATA COLLECTION AND REPORTING REQUIRE-**
16 **MENTS.**

17 (a) DATA COLLECTION.—

18 (1) IN GENERAL.—During each of fiscal years
19 2018 through 2022, the Secretary shall collect data
20 on each of the following:

21 (A) The total number of grantees oper-
22 ating under the Program.

23 (B) The total number of health care pro-
24 viders and other related providers trained
25 through the Program.

1 (2) INITIAL REPORT.—In addition to the data
2 required to be collected under paragraph (1), for
3 purposes of the initial report to be submitted under
4 subsection (b), the Secretary shall collect data on
5 the total number of facilities and health care profes-
6 sional organizations that were operating under, and
7 the total number of health care providers and other
8 related providers trained through, the Stop, Observe,
9 Ask, and Respond to Health and Wellness Training
10 program that was operating before the establishment
11 under section 3(a) of the Program.

12 (b) REPORTING.—Not later than 90 days after the
13 first day of each of fiscal years 2019 through 2023, the
14 Secretary shall prepare and submit to Congress a report
15 on the data collected under subsection (a).

16 **SEC. 5. AUTHORIZATION OF APPROPRIATIONS.**

17 There is authorized to be appropriated to carry out
18 this Act \$4,000,000 for each of fiscal years 2018 through
19 2022.

20 **SEC. 6. CUT-GO COMPLIANCE.**

21 Subsection (f) of section 319D of the Public Health
22 Service Act (42 U.S.C. 247d–4) is amended by striking
23 “through 2018” and inserting “through 2017, and
24 \$118,300,000 for fiscal year 2018”.