Compendium of State Statutes and Policies on Domestic Violence and Health Care

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Compendium of State Statutes and Policies on Domestic Violence and Health Care

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Many thanks to the dedicated Domestic Violence/Sexual Assault State Coalition staff who sent copies of their state laws and regulations for inclusion and provided feedback on this Compendium.

With heartfelt dedication to victims and survivors of domestic and sexual violence. We hope this Compendium helps promote effective policies and regulations to support the health, healing and wellness of survivors of abuse.

To view a PDF of this publication and other related tools, visit: **www.endabuse.org/health**

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The Family Violence Prevention Fund works to prevent violence within the home, and in the community, to help those whose lives are devastated by violence because everyone has the right to live free of violence.

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About the National Health Resource Center on Domestic Violence

For more than two decades, the National Health Resource Center on Domestic Violence has supported health care practitioners, administrators and systems, domestic violence experts, survivors, and policy makers at all levels as they improve health care's response to domestic violence. A project of the Family Violence Prevention Fund, and funded by the U.S. Department of Health and Human Services, the Center supports leaders in the field through groundbreaking model professional, education and response programs, cutting-edge advocacy and sophisticated technical assistance. The Center offers a wealth of free culturally competent materials that are appropriate for a variety of public and private health professions, settings and departments.

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Introduction and Methodology

For two decades, the Family Violence Prevention Fund (FVPF) and the National Health Resource Center on Domestic Violence through its publications, practices, educational programs, and outreach efforts, have promoted routine assessment for domestic violence and effective responses to victims in health care settings. During the past twenty years, there has been a growing recognition among health care professionals that domestic violence, also known as intimate partner violence, is a highly prevalent public health problem with devastating effects on individuals, families and communities. Most Americans are seen at some point by a health care provider, and the health care setting offers a critical opportunity for early identification and even the primary prevention of abuse.

In 2001, the FVPF produced the first *State by State Legislative Report Card on Health Care Laws and Domestic Violence.* This new *Compendium of State Statutes and Policies on Domestic Violence and Health Care* updates and replaces that earlier publication. The *Compendium* is an at-a glance summary of state laws, regulations and other activities relevant to addressing domestic violence in health care settings. It includes new analyses and themes that reflect policy and programmatic changes made in the last decade by leaders in the fields of health care, policy and domestic/sexual violence advocacy. The FVPF invited staff from every state domestic violence coalition to review their state's summary and provide feedback; the *Compendium* reflects these comments. Relevant state laws were researched to ensure correct citations through both state legislative web pages and LexisNexus.

The *Compendium* includes state-specific summaries that address the following areas: domestic violence fatality review; mandatory reporting of domestic violence to law enforcement by health care providers; insurance discrimination against victims of domestic violence; health care protocols addressing domestic violence; screening for domestic violence by health care professionals and training on domestic violence for health care professionals. Additional information is provided where available on state public health programs, and funding opportunities.

While state law is an important component of addressing domestic violence in the health care system, it is important to note that throughout the U.S. many collaborations with state domestic violence coalitions, public health professionals, health care providers, managed care providers and local communities have undertaken new and exciting projects that are also providing critical support, safety and hope to domestic violence victims receiving health care services. A number of those state and local activities are highlighted in the state summaries.

Below is a description of the type of laws outlined in the Compendium's state summaries.

Domestic Violence Fatality Review

Fatality Review Teams

Given the high death toll stemming from domestic violence, many states and local municipalities have established Domestic Violence Fatality Review teams and projects. Participants on Domestic Violence Fatality Review Teams are multi-disciplinary and often come from a broad array of professions, including: government officials; public health professionals; law enforcement; health care providers including mental health professionals; domestic violence advocates; coroners; medical examiners; forensic pathologists and others. A Fatality Review Team evaluates cases of fatal and near fatal domestic violence homicides, and sometimes suicide, to identify trends and patterns associated with domestic violence fatalities. These Teams also make recommendations for domestic violence prevention, intervention, and investigation efforts and often monitor the implementation of those recommendations.

The fatality review process assumes that the circumstances of untimely deaths are likely to be repeated and that detailed examinations can lead to important insights regarding risks, intervention, and prevention efforts. The process rests on the premise that in-depth analysis of a small number of cases can provide a window into system response problems, which may affect a larger number of people. The goal is a focused, multidisciplinary examination into the circumstances surrounding a fatal incident for insight into how future deaths may be prevented through strengthening system-level responses.

State Laws

It is important to point out that many state domestic/sexual violence c oalitions, state governments and local municipalities have established Domestic Violence Fatality Review Teams without legislative direction. There are currently 26 states that have enacted this type of legislation. The state laws vary in the scope of coverage (local, regional or state level); appointed members; the range of recommendations; and resources including funding.

The *Compendium* lists each state with its corresponding fatality review law, and brief summaries of the laws. However, it is important to review the text of the entire law to understand authority, scope of practice, make-up of Fatality Review Team Members and available resources.

Mandatory Reporting of Domestic Violence to Law Enforcement by Health Care Providers

Reporting Abuse of Adults

Most U.S. states have enacted mandatory reporting laws, which require the reporting of specified injuries and wounds, and suspected abuse or domestic violence for individuals being treated by a health care professional. Mandatory reporting laws are distinct from elder abuse or vulnerable adult abuse and child abuse reporting laws, in that the individuals to be protected are not limited to a specific group, but pertain to all individuals to whom specific health care professionals provide treatment or medical care, or those who come before the health care facility.

The laws vary from state-to-state, but generally fall into four categories: states that require reporting of injuries caused by weapons; states that mandate reporting for injuries caused in violation of criminal laws, as a result of violence, or through non-accidental means; states that specifically address reporting in domestic violence cases; and states that have no general mandatory reporting laws.

Implications for Victims of Domestic Violence

With the increasing awareness about domestic violence as a health care issue, attention has turned to how health care providers can best assist their patients through routine assessment, documentation, intervention and referral. Unfortunately, applying mandatory criminal injury reporting laws to domestic violence cases is most often not helpful to domestic violence victims. Research indicates that the most critical elements of providing domestic violence victims with quality health care responses include offering ongoing and supportive access to medical care, addressing safety issues, and guiding patients through available options.

The goals potentially served by mandatory reporting include enhancing patient safety, improving health care providers' response to domestic violence, holding batterers accountable, and improving domestic violence data collection and documentation. However, upon closer examination it becomes apparent that mandatory reporting does not necessarily accomplish these goals.

In addressing mandatory reporting laws that include reporting of domestic violence, health care professionals and advocates should consider the following principles in determining if their state's law needs to be amended.

Enhancing Patient Safety and Increasing Access to Health Care Services

For some victims of domestic violence calling the police invokes retribution by their batterers. Criminal justice intervention is not always the best or safest response for victims who may fear that law enforcement reports made by medical personnel will place them in greater danger. Consequently, domestic violence victims may have no choice but to withhold information from their health care providers regarding the origin of their injuries, or avoid seeking medical attention entirely.

Improving Health Care Provider Responses to Domestic Violence Victims

Removing the requirement to report can allow domestic violence victims to be more candid about their injuries, allowing health care providers to make informed judgments about medical treatment and follow-up care. Mandatory reporting laws can be amended to require that health care providers offer referrals to appropriately trained domestic and sexual violence service agencies, helping to ensure that domestic violence victims are given access to a wide range of services geared toward meeting their specific needs. Domestic/sexual violence advocates work with victims to address needs related to emergency shelter/housing, protection/restraining orders, children, finances, emotional/spiritual support, and safety planning/next steps. By helping to connect patients to community and onsite domestic violence advocates, safety is enhanced.

Preserving Patient Autonomy and Control of the Decision-Making Process

The foundation of domestic violence is the use of force to control an intimate partner or family member. Batterers use a myriad of tactics to obtain and assert this control, often making their victims feel powerless over their lives. Mandatory reporting further limits victims control over their own lives. Removing mandatory reporting requirements can help empower victims of domestic violence to make decisions that they feel are best for themselves based on their knowledge and experience. It can help victims gain control over their lives and health care options.

Protecting Patient Confidentiality

For many victims isolated by their abuser from their friends, family and social services, health care providers may be the only professionals to whom they have safe access. Mandatory reporting of domestic violence related injuries interferes with the confidential nature of the provider-patient relationship and can undermine victims' trust in health care providers.

Recognizing the Value of Informed Consent in Health Care Environments

In the health care system, competent and informed patients determine the course of action that is in their best interest. Mandatory reporting of domestic violence related injuries negates patients' ability to make critical life decisions, raises serious ethical issues, and compromises the integrity of the provider's relationship with a patient. Removing reporting requirements corrects this inconsistency by empowering domestic violence victims to make informed decisions for themselves.

Advocating for Victims of Domestic Violence

It is important that health care providers and domestic violence advocates understand their state's domestic violence reporting law. In order to maximize patient input regarding law enforcement action, providers and advocates should also familiarize themselves with how their local law enforcement agency responds to such reports. Becoming familiar with such procedures will allow the provider and advocate to better assist the patient in safety planning, and in knowing what to expect. Mandated reporting responsibilities should always be discussed with patients seeking care prior to assessing for domestic violence.

Additionally, Federal Health Insurance Portability and Accountability Act (HIPAA) privacy regulations require providers to inform patients of health information use and disclosure practices in writing, and whenever a specific report has been made. Health care facilities should ensure that their domestic violence protocols and training materials address their state reporting laws and federal regulations.

State Laws

The *Compendium* lists each state with its corresponding mandatory reporting law, and brief summaries of the laws. However, it is important to review the text of the entire law in each state to understand things such as the specific health care providers required to report, under what conditions and definitions and penalties. It should be noted that three states have exceptions for reporting injuries due to domestic violence. New Hampshire's statute excuses a person from reporting if the victim is over 18, has been the victim of a sexual assault offense or abuse (defined in RSA 173-B:1), and objects to the release of any information to law enforcement. However, this exception does not apply if the victim of sexual assault or abuse is also being treated for a gunshot wound or other serious bodily injury. Oklahoma's statute does not require reporting domestic abuse if the victim is over age 18 and is not incapacitated, unless the victim requests that the report be made orally or in writing. In all cases what is reported to be domestic abuse shall clearly and legibly be documented by the health care provider and any treatment provided. Pennsylvania's statute states that failure to report such injuries when the act caused bodily injury (defined in § 2301) is not an offense if the victim is an adult; the injury was inflicted by an individual who is the current or former spouse or sexual or intimate partner; has been living as a spouse or who shares biological parenthood; the victim has been informed of the physician's duty to report and that report cannot be made without the victim's consent; the victim does not consent to the report; and the victim has been provided with a referral to the appropriate victim service agency.

Insurance Discrimination Against Victims of Domestic Violence[1]

History

Information that insurance practices negatively affect victims of domestic violence first came to light in 1994 when two insurance companies denied health, life and disability insurance to a Pennsylvania woman based on information in her medical records that her husband had abused her. As domestic violence advocates soon discovered, her experience was not an isolated instance.

Further examination revealed the common and widespread practice of underwriting on the basis of domestic violence as well as other practices that negatively impact victims of domestic violence. Such discrimination occurs in all lines of insurance—health, life, disability, and property and casualty (i.e., homeowners, personal automobile, and commercial property and automobile).

These practices can result in cancellation of insurance, claims exclusions and denials, application of intentional act exclusions to innocent co-insureds, rating surcharges, adverse actions against third parties associated with victims of domestic violence, and disclosures that place victims at risk. These actions by the insurance industry and employers who self-insure health and other coverage for their workforce, deny victims the life necessities that only insurance can provide; undermine available protection and assistance; perpetuate inaccurate perceptions about domestic violence; and are inconsistent with industry practice and regulation.

In 1994, no law prohibited insurers from taking domestic violence into account in determining whom to insure, what to insure, and how much to charge. This prompted victim advocates, legislators, and state insurance regulators to work together to gather information on the scope of the problem and develop legislative solutions. Many national professional associations campaigned for the adoption of state and federal legislation to prohibit insurers from discriminating against victims of domestic violence. The National Association of Insurance Commissioners (NAIC) developed comprehensive

1 Information regarding insurance discrimination was compiled from material developed by Nancy Durborow when she was the Health Projects Manager for the PA Coalition Against Domestic Violence and Terry Fromson, Esq., Managing Attorney, Women's Law Project, Philadelphia.

model legislation to prohibit this discrimination in all lines of insurance. The model bills define essential terms and specific prohibited actions; recommend development of protocols for insurance company employees to follow to protect the safety and privacy of victims; and address enforcement. Omitted from the models, however, was any protection for third parties or organizations that have been harmed by insurance practices which take into account their association with victims of abuse.

The Need for a Federal Remedy

While state legislation to address this problem is certainly a step in the right direction, a comparison of the laws adopted by the states reveals enormous disparities in the scope of protection afforded, suggesting that a single federal law applicable to all insurers nationwide would afford the best promise of protection for battered women.

Despite the repeated introduction of comprehensive federal legislation prohibiting insurance discrimination against victims of domestic violence in all lines of insurance, Congress has taken action in this area only with regard to health insurance. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) addresses discrimination in eligibility, benefits, and premiums. States have adopted legislation to implement these federal requirements.

Discrimination against victims of domestic violence in health insurance will be most comprehensively addressed by implementation of the Patient Protection and Affordable Care Act, adopted by Congress in 2010 and scheduled for implementation in 2014. A federal law is important not only for comprehensive coverage for all lines of insurance but also for uniformity of protection. When victims of abuse flee to escape domestic violence, they often go as far away as they can, frequently crossing state lines. In addition, insurance often is critical to whether they have the financial resources to flee since insurance is an economic resource that may figure into a woman's decision to leave—so that she can provide health care and other necessities to her children and herself—battered women should be equally protected from insurance discrimination in every state.

State Laws

Since 1994, forty-three states have adopted some form of legislation prohibiting insurance discrimination against victims of domestic violence. South Carolina, North Carolina and Wyoming have adopted state statutes to implement HIPAA's non-discrimination requirements—a requirement for all U.S. states. These three state statutes, however, apply only to group health insurance. The states that have yet to create any form of legislation prohibiting insurance discrimination are: Idaho, Mississippi, South Dakota, and Vermont (as well as the District of Columbia). These laws were adopted over a span of years during which the information about the types of insurance practices that affect victims was continuously rising and the period in which the NAIC model laws were evolving. As a result, state laws vary widely in scope of coverage, including types of insurance to which they apply, types of practices prohibited, and remedies provided. Protecting victims' confidentiality is addressed in less than half of the state laws.

The *Compendium* summarizes each state's insurance anti-discrimination law (as applicable); which types of insurance are covered; and brief summaries of the laws. However, it is important to review the text of the entire law to understand things such as the definition of abuse victim used, if a private right of action is permitted and enforcement mechanisms.

Protocols, Screening and Training Statutes

Very few states have enacted state statutes requiring domestic violence health care protocols, or screening requirements for health care providers/facilities. Just fifteen states have enacted laws requiring training on domestic violence for health care providers, and the requirements greatly vary.

However, as noted previously there are many exciting domestic violence and health care collaborations occurring throughout the country and a selection that address protocols, training and screening are highlighted below.

Protocols

The Ohio Domestic Violence Network (ODVN) and the Ohio Department of Health (ODH) are collaborating on a number of initiatives including a workplace violence protocol for ODH which has now been expanded into a Governor's Executive Order. A statewide advisory group has been formed by the Governor to develop training for all state employees and all state workplaces have posters and small safety planning cards in the restrooms.

Training

In Massachusetts, the Domestic Violence Screening Care, Referral, and Information Project (DV SCRIP) was created to improve the quality of care provided to women and children served in the Massachusetts Department of Public Health (MDPH) funded maternal and child health programs by incorporating intimate partner violence screening, identification, protocols and referrals into their existing work. The DV SCRIP training has also been used to train staff of the MDPH Early Intervention Partnership Programs (EIPP) and the home visitation program, FOR Families (FOR: Follow-up Outreach Referral).

With funding from MDPH, Jane Doe Inc. published *Sexual Assault, Domestic Violence, and HIV/AIDS: Services, Safety, and Resources, A Guide for Providers* that was distributed to MDPH- funded HIV counseling and testing/prevention/education providers in the state. It serves as a training and collaboration tool for both sexual and domestic violence advocates as well as HIV service providers. The HIV/AIDS Bureau also asked Jane Doe Inc. to provide training for all of its counseling/testing as well as for prevention/education providers on utilizing the guide.

The West Virginia Coalition Against Domestic Violence partnered with the West Virginia Bureau for Behavioral Health and Health Facilities to provide statewide training on domestic violence for Behavioral Health and Substance Abuse Providers. The Coalition also partnered with the West Virginia Dental Association, the West Virginia Dental Hygienist Association and the West Virginia School of Dentistry to distribute the Ask, Validate, Document, Refer (AVDR) Tutorial for Dentists and issued laminated screening cards to dentists and hygienists throughout the state.

Screening

Since 2003, the Florida Department of Health (FDOH) has maintained written guidelines for intimate partner violence screening for the more than 400,000 clients served annually. Currently, screening occurs throughout several FDOH programs, including Family Planning, HIV, and Healthy Start, and occurs during initial visits of female clients age 14 and over (and all pregnant females), at annual checkups, periodic health assessments, when the client indicates a new relationship, when the healthcare professional suspects signs of violence, or if medical symptoms characteristic of chronic violence are present. The guidelines were developed as a collaborative project between the Florida Coalition Against Domestic Violence, domestic violence experts, FDOH central office and county health department (CHD) staff.

Reviewing the Compendium and Feedback

To tell us more about your local and statewide domestic violence and health programs and policies, complete and return the feedback form found at the end of the Compendium.

Quick Chart: State Statutes and Policies on Domestic Violence and Health Care

State	Fatality	Insurance	Reporting	Protocols	Screening	Training
Alabama	X	X				
Alaska	X	X	X	X		X
Arizona	X	X	X			
Arkansas		X	X			
California	X	X	X	X	X	X
Colorado		X	X			X
Connecticut		X	X			X
Delaware	X	X	X			
Florida	X	X	X			X
Georgia		X	X			
Hawaii	X	X	X			
Idaho			X			
Illinois		X	X	X		
Indiana	X	X	X			
Iowa	X	X	X	X		
Kansas		X	X			
Kentucky	X	X	X	X		X
Louisiana		X	X			
Maine		X	X			
Maryland	X	X	X			
Massachusetts		X	X			
Michigan	X	X	X			
Minnesota	X	X	X			X
Mississippi			X			
Missouri		X	X			
Montana	X	X	X			
Nebraska		X	X			
Nevada	X	X	X			
New Hampshire	X	X	X	X		X
New Jersey	X	X	X			X

State Statutes and Policies on Domestic Violence and Health Care (Cont.)

State	Fatality	Insurance	Reporting	Protocols	Screening	Training
New Mexico	X	X				
New York		X	X	X	X	X
North Carolina	X	**	X			
North Dakota		X	X			
Ohio		X	X	X		X
Oklahoma	X	X	X	X		X
Oregon	X	X	X			
Pennsylvania		X	X	X	X	X
Rhode Island		X	X			
South Carolina		**	X			X
South Dakota			X			
Tennessee	X	X	X			X
Texas	X	X	X	X		
Utah		X	X			
Vermont	X		X			
Virginia	X	X	X		X	
Washington	X	X	X			X
Washington, DC	X		X			
West Virginia	X	X	X	X		X
Wisconsin		X	X			
Wyoming		**				

** These states (SC, NC and WY) maintain insurance discrimination statutes that apply only to group health insurance.

ALABAMA

Statutes Addressing

Fatality Review: Code of Ala. §§ 30-9-1 and 30-9-2 allows a domestic violence fatality review team to be established on the local, regional, or state level to review fatal and near-fatal incidents of domestic violence, related domestic violence matters, and suicides. Such teams should consist of the coroner or county medical examiner, domestic violence advocates, and any other persons who have knowledge regarding domestic violence fatalities, nonlethal incidents of domestic violence, or suicide, including research, policy, law, and other matters connected with fatal incidents.

Insurance Discrimination: Code of Ala. § 10A-20-6.16(a)(2) applies to health, life, disability and property insurance. It requires that no insurers in Alabama may deny, refuse to issue, renew, or reissue, cancel, or otherwise terminate, restrict, or exclude coverage on an insurance policy or health benefit plan; exclude or limit coverage for a loss, deny benefits, or deny a claim; add a premium differential to an insurance policy or health benefit plan; terminate health coverage for a subject of abuse, where the subject of abuse does not qualify for coverage under COBRA because coverage originally was issued in the name of the abuser; on the basis of an applicant's or insured's abuse status, or on the basis of any association, relationship, or assistance to a subject of abuse. For additional information on the provisions of the statute go to http://alisondb.legislature.state.al.us/acas/acaslogin.asp.

Mandatory Reporting: None.

Protocols: None.

Screening: None.

Training: None.

Public Funding Earmarked for Health Care and Domestic Violence

VAWA: None.

Others: None.

ALASKA

Statutes Addressing

Fatality Review: Alaska Stat. § 18.66.400 allows the commissioner of public safety to establish domestic violence fatality review teams in areas of the state, and municipalities to establish domestic violence fatality review teams in their municipality. Membership may include representatives from the office of the chief medical examiner and other domestic violence advocates.

Insurance Discrimination: Alaska Stat. § 21.36.430 applies to health, life, disability and property insurance. It requires that no insurers in Alaska can refuse to issue or renew coverage, limit the scope of insurance coverage, cancel an existing policy, deny a covered claim, or increase the premium on an insurance policy if the refusal, cancellation, the denial, or increase results only from the fact that the person was a victim of domestic violence or a provider of services to victims of domestic violence. For additional information on the provisions of the statute go to http://www.legis.state.ak.us/basis/folio.asp.

Mandatory Reporting: Alaska Stat. § 08.64.369 requires health care professionals (not including practitioners of religious healing, armed services and US Public Health services medical professionals and midwives) to report specific types of burns, gunshot wounds, non-accidental wounds caused by knives, axes or other sharp pointed instruments, as well as any other non-accidental injuries likely to cause death to local law enforcement agencies.

Protocols: Alaska Stat. § 18.66.300 mandates that the AK Council on Domestic Violence and Sexual Assault consult with the State Department of Health and Social Services to produce standards and procedures for the delivery of services by health care providers to domestic violence victims. The Department of Health and Social Service shall make available to those facilities a written notice of the rights of victims of domestic violence and the services available to them.

Screening: None.

Training: Alaska Stat. § 18.66.310 provides for continuing domestic violence education for all public employees who are required by law to report child abuse under §47.17.020 (includes practitioners of the healing arts). Such education must include the nature, extent, and causes of domestic violence, procedures designed to promote the safety of the victim and other household members, resources available to victims and perpetrators of domestic violence, and the lethality of domestic violence.

Public Funding earmarked for health care and domestic violence

VAWA: None.

Others: None.

ARIZONA

Statutes Addressing

Fatality Review: A.R.S. § 41-199 allows political subdivisions of the state to establish domestic violence fatality review teams which may be comprised of a representative of the office of the county medical examiner, a representative of a county or state public health agency, a victim of domestic violence and other domestic violence advocates.

Insurance Discrimination: A.R.S. § 20-448G-L applies to health, life, disability and property insurance. It requires that no insurers in Arizona deny a claim incurred or deny, refuse, refuse to renew, restrict, cancel, exclude or limit coverage or charge a different rate for the same coverage solely on the basis that the insured or proposed insured is or has been a victim of domestic violence or is an entity or individual that provides counseling, shelter, protection or other services to victims of domestic violence. For additional information on the provisions of the statute go to http://www.azleg.gov/FormatDocument.asp?inDoc=/ars/20/00448.htm&Title=20DocType=ARS.

Mandatory Reporting: A.R.S. § 13-3806 requires physicians, surgeons, nurses or hospital attendants called upon to treat any person for gunshot wounds, knife wounds or other material injuries which may have resulted from a fight, brawl, robbery, or other illegal or unlawful act, to immediately notify local law enforcement.

Protocols: None.

Screening: None.

Training: None.

Public Funding Earmarked for Health Care and Domestic Violence

VAWA: None.

Others: None.

ARKANSAS

Statutes Addressing

Fatality Review: None.

Insurance Discrimination: A.C.A. § 23-66-206(14)(G)(i) applies to health, life, disability and property insurance. It prohibits insurers in Arkansas from refusing to insure or continue to insure an individual or risks solely because of the individual's race, color, creed national origin, citizenship, status as a victim of domestic abuse, or sex abuse. For additional information on the provisions of the statute go to http://www.arkleg.state.ar.us/bureau/Publications/Arkansas%20Code/Title%23.pdf.

Mandatory Reporting: A.C.A. § 12-12-602 requires all physicians, surgeons, hospitals, druggists, or other persons or entities that render first aid treatment, to report to the county sheriff all cases of knife or gunshot wounds treated by them, or received in the hospital, when the wounds appear to have been intentionally inflicted.

Protocols: None.

Screening: None.

Training: None.

Public Funding Earmarked for Health Care and Domestic Violence

VAWA: None.

Others: None.

CALIFORNIA

Statutes Addressing

Fatality Review:

Cal Pen Code § 11163 allows counties to establish interagency domestic violence death review team to assist local agencies in identifying and reviewing domestic violence deaths, including homicides and suicides. The review team shall include coroners and medical examiners, county health department staff who deal with domestic violence victims' health issues and medical personnel with expertise in domestic violence abuse.

Insurance Discrimination:

Cal. Ins. Code §§ 675, 675.5, 676.9, 10144.2, 10144.3 applies to health, life, disability and property insurance. It requires that no insurer in California can deny, refuse to accept an application, refuse to insure, refuse to renew, cancel, restrict, or otherwise terminate, or charge a different rate for the same coverage, on the basis that the applicant or insured person is, has been, or may be a victim of domestic violence. For more information on the provisions of the statute go to http://www.leginfo.ca.gov/cgi-bin/displaycode?section=ins&group=00001-01000&file=675-679.7

Mandatory Reporting:

Cal. Penal Code §§11160 and 11161 require that any health practitioner employed in a health facility, clinic, physician's office, local or state public health department, or clinic or other facility operated by a local or state public health department, is required to make a report to local law enforcement if he or she provides medical services for a physical condition to a patient whom he or she knows or reasonably suspects is suffering from any wound or other physical injury that is the result of assaultive or abusive conduct as defined; or any person suffering from any wound or other physical injury inflicted by his or her own act or inflicted by another where the injury is by means of a firearm.

Cal Pen Code § 13823.11 states that the minimum standards for the examination and treatment of victims of sexual assault or attempted sexual assault shall include notification to law enforcement authorities.

Protocols:

Cal. Health & Saf. Code § 1233.5 requires that policies and procedures adopted by clinic boards, as described above, shall include documenting in the medical record patient injuries or illnesses attributable to spousal or partner abuse, and providing to patients who exhibit signs of spousal or partner abuse a current referral list of private and public community agencies that provide, or arrange for, the evaluation, counseling, and care of persons experiencing spousal or partner abuse, including, but not limited to, hot lines, local battered women's shelters, legal services, and information about temporary restraining orders.

Cal. Health & Saf. Code § 1259.5 requires that the policies and procedures adopted by general acute care hospitals, acute psychiatric hospitals, special hospitals, psychiatric health facilities, and chemical dependency recovery hospitals, as described above, include documenting injuries attributable to spousal or partner abuse, advising patients who exhibit signs of such abuse of crisis intervention services available through the facility or the community, and providing them with a referral list, to be updated periodically, of private and public community agencies that provide, or arrange for, evaluation of and care for persons experiencing spousal or partner abuse, including, but not limited to, hot lines, local battered women's shelters, legal services, and information about temporary restraining orders.

Cal Pen Code § 13823.5 requires the agency or agencies designated by the Director of Finance to establish a protocol for the examination and treatment of victims of sexual assault and attempted sexual assault, and the collection and preservation of evidence. The protocol shall contain recommended methods for meeting the standards specified in § 13823.11.

CALIFORNIA (Cont.)

Cal Pen Code § 11161 requires the agency or agencies designated by the Director of Finance pursuant to § 13820, in cooperation with the State Department of Health Services, to establish medical forensic forms, instructions, and examination protocol for victims of domestic violence using as a model the form and guidelines developed pursuant to § 13823.5. The form should include a place for notation concerning taking a patient history of domestic violence, performance of the physical examination for evidence of domestic violence and a complete documentation of medical forensic exam findings.

Screening:

Cal. Health & Saf. Code § 1233.5 requires a licensed clinic board ("clinic" defined in § 1200 and 1200.1) and its medical director to establish and adopt written policies and procedures to screen patients for purposes of detecting spousal or partner abuse.

Cal. Health & Saf. Code § 1259.5 requires general acute care hospitals, acute psychiatric hospitals, special hospitals, psychiatric health facilities, and chemical dependency recovery hospitals to establish written policies and procedures to screen patients routinely for the purpose of detecting spousal or partner abuse and provide education for appropriate hospital staff about the criteria for identifying, and the procedures for handling, patients whose injuries or illnesses are attributable to spousal or partner abuse.

Training:

Cal. Bus. & Prof. Code §2191(h) directs the Division of Medical Licensing to consider providing a continuing education course on screening for signs exhibited by abused women.

Cal. Bus. & Prof. Code §2196.5 requires the state board to periodically disseminate information and educational material regarding the detection and treatment of spousal or partner abuse to each licensed physician and surgeon and to each general acute care hospital in the state.

Cal. Bus. & Prof. Code § 2091.2 requires all applicants for medical licensure prove that they have received instruction and coursework in spousal or partner abuse detection and treatment.

Cal. Pen. Code §13823.93 establishes one hospital-based training center to train medical personnel on how to perform medical evidentiary examinations for victims of child abuse or neglect, sexual assault, and domestic violence. The training will be available for medical personnel as well as law enforcement and the courts throughout the state and must meet numerous conditions and standards.

Public Funding Earmarked for Health Care and Domestic Violence

VAWA: None.

Others: None.

COLORADO

Statutes Addressing

Fatality Review: None.

Insurance Discrimination: C.R.S. §§ 10-3-1104.8, 10-3-1108 applies to health, life, disability and property insurance. It prohibits insurers in Colorado from denying, refusing to issue, refusing to renew, refusing to reissue, canceling, or otherwise terminating an insurance policy or restricting coverage; adding any surcharge or rating factor to a premium of an insurance policy solely because of that person's domestic abuse status. For additional information on the provisions of the statute go to http://www.michie.com/colorado/lpext.dll?f=templates&fn=main-h.htm&cp=.

Mandatory Reporting: C.R.S. § 12-36-135 requires physicians, nurses and other health care providers as defined in 12-36-106 to report attending to or treating any wounds believed to be intentionally inflicted on a person or any other injury that the physician has reason to believe involves a criminal act, including injuries resulting from domestic violence to local police.

Protocols: None.

Screening: None.

Training: C.R.S. §§ 26-7.5-101 and 26-7.5-103 encourage the development of domestic abuse programs by units of local government which shall provide educational programs for both the community at large and specialized groups, such as medical personnel and law enforcement.

Public Funding Earmarked for Health Care and Domestic Violence

VAWA: None.

Others: None.

CONNECTICUT

Statutes Addressing

Fatality Review: None.

Insurance Discrimination: Conn. Gen. Stat. § 38a-816 (18), 38a-469 applies to health insurance. It prohibits health insurers in Connecticut from refusing to insure, refusing to continue to insure or limiting the amount, extent or kind of coverage available to an individual or charging an individual a different rate for the same coverage because such individual has been a victim of family violence. For additional information on the provisions of the statute go to http://www.cga.ct.gov/2009/pub/chap704.htm#Sec38a-816.htm

Mandatory Reporting: Conn. Gen. Stat. § 19a-490f requires all hospitals, outpatient clinics and surgical facilities to report treatment of any injuries resulting from the discharge of a firearm to local police departments.

Protocols: None.

Screening: None.

Training: Conn. Gen. Stat. § 20-10b requires all medical and surgical professionals seeking license renewal to complete a continuing education program which must include at least one hour of education or training relating to domestic violence. A licensee applying for first time renewal or those not engaged in active professional practice of any form are exempt. § 20-126c applies the same requirements to dentistry licensees.

Public Funding Earmarked for Health Care and Domestic Violence

VAWA: None.

Others: None.

DELAWARE

Statutes Addressing

Fatality Review: 13 Del. C. § 2105 allows the Domestic Violence Coordinating Council to investigate and review all deaths and near deaths that occur as a result of domestic violence through a Fatal Incident Review Team. Membership shall include the Director of the Division of Substance Abuse and Mental Health and other domestic violence advocates.

Insurance Discrimination: 18 Del. C. §§ 2302(5), 2304(24)-(25), 3340, 3357 applies to health, life, disability and property insurance. It requires that no insurers in Delaware deny, refuse to issue, refuse to renew, refuse to reissue, cancel or otherwise terminate an insurance policy or restrict coverage; add any surcharge or rating factor to a premium of an insurance policy; exclude or limit coverage for losses or deny a claim; because that individual is, has been or may be the subject of abuse or seeks, has sought or should have sought, medical or psychological treatment for abuse, protection from abuse or shelter from abuse; because of an individual's history of, status as, or potential to be subject to abuse; or for losses incurred by an insured as a result of abuse or the potential for abuse. For additional information on the provisions of the statute go to http://delcode.delaware.gov/title18/c023/index.shtml#2304.

Mandatory Reporting: 24 Del. C. § 1762 requires all persons certified to practice medicine who attend to or treats stab wounds, poisonings (other than accidental), or firearm injuries to report to local policing authorities.

16 Del. C. § 6601B requires that all cases of burn injury or wound where the victim suffers 2nd or 3rd degree burns to 5% or more of the body and/or burns to the upper respiratory tract from inhalation, or any other burns which are likely to or may result in death, must be reported by the attending or treating physician, or other person in charge when treated in a hospital or other health care facility, to the state fire marshal who shall notify the proper investigative agency.

Protocols: None.

Screening: None.

Training: None.

Public Funding Earmarked for Health Care and Domestic Violence

VAWA: None.

Others: None.

DELAWARE (Cont.)

Public Health Responses

The Delaware Coalition Against Domestic Violence (DCADV) has partnered with the Office of Women's Health and other stakeholders to develop and implement a statewide plan to prevent intimate partner violence. DCADV and community prevention partners are also working with Delaware's Department of Education to provide health teacher training, TA, and materials to implement a "Developing Healthy Relationships" program for high school and middle school students that will also meet recently revised Board of Education standards to add interpersonal violence prevention programming as a curriculum requirement for schools.

Additionally, Delaware's Division of Public Health held their first statewide conference on the primary prevention of intimate partner violence in 2010, and will be working with DCADV to provide further training for their staff and contractors. Furthermore, through support from Delaware's Verizon Foundation and technical assistance from the DV and Mental Health Policy Initiative in Chicago, DCADV is developing a long-term, coordinated community response to supporting victims of domestic violence based on the trauma-informed approach.

Finally, DCADV's provision of the "In Her Shoes: The Economic Justice Version" training for three separate units of Delaware Technological and Community College has resulted in DCADV conducting a train the trainer for Del Tech's nursing staff and the complete incorporation of the two hour "In Her Shoes" training into Del Tech's standard nursing program at its Terry Campus. DCADV intends to share this idea with other nursing programs in Delaware.

FLORIDA

Statutes Addressing

Fatality Review: Fla. Stat. § 741.316 allows for establishment of domestic violence fatality review teams at a local, regional, or state level in order to review fatal and near-fatal incidents of domestic violence, related domestic violence matters, and suicides. Membership must include a representative from the Office of the Medical Examiner and other victim's services.

Insurance Discrimination: Fla. Stat. § 626.9541 (1)(g)(3) applies to health, life, disability and property insurance. It requires that all insurers in Florida cannot refuse to issue, reissue, or renew a policy, refuse to pay a claim, cancel or otherwise terminate a policy, or increase rates based upon the fact that an insured or applicant who is also the proposed insured has made a claim or sought or should have sought medical or psychological treatment in the past for abuse, protection from abuse, or shelter from abuse, or that a claim was caused in the past by, or might occur as a result of, any future assault, battery, or sexual assault by a family or household member upon another family or household member. For additional information on the provisions of the statute go to http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=Ch0626/SEC9541.HTM&Title=->2009->Ch0626->Section%209541#0626.9541

Mandatory Reporting: Fla. Stat. § 790.24 requires any physician, nurse, or employee thereof and any employee of a hospital, sanitarium, clinic, or nursing home who knowingly treats or is requested to treat any person suffering from a gunshot wound or life threatening injury indicating an act of violence shall report immediately to the sheriff's department. Willful failure to report is punishable as a misdemeanor.

Fla. Stat. § 877.155 requires any person who treats, or is requested to treat, second or third degree burns affecting 10% or more of the body, to report such treatment to the sheriff's department if they determine the burns were caused by a flammable substance and if they suspect the injury is a result of violence or other unlawful activity.

Protocols: None.

Screening: None.

Training: Fla. Stat. § 456.031 mandates a two-hour continuing education course on domestic violence as part of every third biennial re-licensure or recertification for physicians, nurses, dental care providers, licensed clinical social workers, mental health professionals and other health care providers.

Public Funding Earmarked for Health Care and Domestic Violence

VAWA: None.

Others: None.

GEORGIA

Statutes Addressing

Fatality Review: None.

Insurance Discrimination: O.C.G.A. § 33-6-4 (b)(15) applies to health, life, disability and property insurance. It requires that all insurers in Georgia cannot deny or refuse to accept an application; refuse to insure; refuse to renew; refuse to reissue; cancel, restrict, or otherwise terminate; charge a different rate for the same coverage; add a premium differential; or exclude or limit coverage for losses or deny a claim incurred by an insured on the basis that the applicant or insured is or has been a victim of family violence or that such person knows or has reason to know the applicant or insured may be a victim of family violence; nor shall any person take or fail to take any of the aforesaid actions on the basis that an applicant or insured provides shelter, counseling, or protection to victims of family violence. For additional information on the provisions of the statute go to http://www.lexis-nexis.com/hottopics/gacode/Default.asp.

Mandatory Reporting: O.C.G.A. § 31-7-9 requires that physicians, registered nurses, security personnel and other personnel employed by a medical facility whose employment duties involve the care and treatment of patients therein, with cause to believe that a patient has had physical injury or injuries inflicted upon him by non-accidental means to report, or cause reports to be made, to local law enforcement.

Protocols: None.

Screening: None.

Training: None.

Public Funding Earmarked for Health Care and Domestic Violence

VAWA: None.

Others: None

Public Health Responses:

Project Connect: GCADV has received funding to participate in Project Connect and is in the process of developing a training and technical assistance program that will be used with public health providers throughout the state. Trainings will be available to all family planning and reproductive health personnel. We are working with seven local health departments to pilot a project to help the departments modify current screening policies or write new policies as needed.

Georgia has been conducting domestic violence fatality reviews since January 2004. This statewide initiative reviews deaths and near deaths that occur in the context of intimate partner violence and makes recommendations for systemic change. A detailed summary of the findings and recommendations are published in an annual report that is widely used to educate and train those who have a role in ending domestic violence and related deaths.

HAWAII

Statutes Addressing

Fatality Review: HRS §§ 321-471 - 321-476 allows the department of health to conduct multidisciplinary and multiagency reviews of domestic violence fatalities to reduce the incidence of preventable deaths.

Insurance Discrimination: Haw. Rev. Stat. Ann. §§ 431:10-217.5, 432:1-101.6, 432.2-103.5, 432D-27 applies to health, life disability and property insurance. It provides that all insurers in Hawaii cannot deny or refuse to accept an application for insurance, refuse to insure, refuse to renew, cancel, restrict, or otherwise terminate a policy of insurance, or charge a different rate for the same coverage, on the basis that the applicant or insured person is, has been, or may be a victim of domestic abuse. For additional information on the provisions of the statute go to http://www.capitol.hawaii.gov/hrscurrent/Vol09_Ch0431-0435E/HRS0431/

Mandatory Reporting: H.R.S. § 453-14 requires every physician, osteopathic physician, physician assistant, and surgeon attending or treating attending who's treating knife wounds and injuries caused by a firearm that would seriously maim, produce death, or have rendered the injured person unconscious, caused by the use of violence or sustained in a suspicious or unusual manner to report the case to the local chief of police.

Protocols: None.

Screening: None.

Training: None.

Public Funding Earmarked for Health Care and Domestic Violence

VAWA: None.

Others: None.

IDAHO

Statutes Addressing

Fatality Review: None.

Insurance Discrimination: None.

Mandatory Reporting: Idaho Code § 39-1390 requires any person operating a hospital or other medical treatment facility, or any physician, resident on a hospital staff, intern, physician assistant, nurse or emergency medical technician to report to law enforcement authorities treatment or request for treatment of any person whom they believe to have received an injury inflicted by means of a firearm, or, an injury indicating that the person may have been a victim of a criminal offense.

Protocols: None.

Screening: None.

Training: None.

Public Funding Earmarked for Health Care and Domestic Violence

VAWA: None.

Others: None.

ILLINOIS

Statutes Addressing

Fatality Review: None.

Insurance Discrimination: 215 ILCS 5/155.22a-b, 5Ill. applies to health, life, disability and property insurance. It requires that no insurer in Illinois can deny, refuse to issue, refuse to renew, refuse to reissue or otherwise terminate an insurance policy or restrict coverage on an individual because that individual has or has been the subject of abuse, or because that individual seeks or has sought medical or psychological treatment for abuse or protection or shelter from abuse or sought protection or shelter from abuse. For additional information on the provisions of the statute go to http://www.ilga.gov/legislation/ilcs/ilcs2.asp?ChapterID=22.

Mandatory Reporting: 20 ILCS 2630/3.2 requires any person conducting or operating a medical facility, or any physician or nurse, to report treatment of injuries to local law enforcement when it reasonably appears that the person requesting treatment has suffered from an injury caused by the discharge of a firearm or sustained in the commission of, or as the victim of, a criminal offense.

Protocols: 750 ILCS 60/401 provides that any person who is licensed, certified, or otherwise authorized by the state to administer health care in the ordinary course of business or practice of a profession, shall offer to a person suspected to be a victim of abuse immediate and adequate information regarding services available to victims of abuse.

77 Ill. Adm. Code 250.1035 provides that hospitals licensed under the Hospital Licensing Act shall have policies regarding the identification of possible victims of abuse, and any policies regarding possible victims of alleged or suspected abuse or neglect shall address patients' special needs relative to the patient assessment process, including consent, evidence collection, notification and release of information to authorities, and referrals to community agencies.

Screening: None.

Training: None.

Public Funding Earmarked for Health Care and Domestic Violence

VAWA: The Illinois Coalition Against Domestic Violence provides federal pass-through dollars to a small number of domestic violence programs to have advocates present in the emergency department of key large cities. The advocates provide on-site, confidential counseling and help to victims of domestic violence in the ERs.

Others: Since 2002 the Illinois Violence Prevention Authority has provided between $200,000--$400,000 per year for grants to a statewide initiative and local communities focused on improving health care prevention and response efforts to domestic, elder and sexual violence. Since that time a total of 16 communities and one large urban hospital have received this funding through a program named Illinois Health Cares. (See below for further description of Illinois Health Cares)

ILLINOIS (Cont.)

Public Health Responses

The Illinois Health Cares grant program, co-sponsored by the Illinois Department of Public Health and the Illinois Violence Prevention Authority, seeks to improve the health care response to domestic, elder and sexual violence. Funded sites strive to: develop a local partnership representing hospitals, clinics, health departments and other health care providers as well as local violence prevention service providers; provide system-wide education for health care providers and institutions on the health care response to DV/EA/SV; increase public understanding of these issues as critical health problems for which help can be sought through health care providers; improve the clinical response to these forms of violence; and increase the statewide capacity of health care systems to respond to DV/EA/SV. Eligible grantees are public health departments or domestic/elder or sexual violence service providers. A small scale evaluation of the IHC project has shown improvement in policies, practices and facility environments at participating institutions in funded sites as well as an increase in training for staff and greater collaboration among local programs and institutions.

Since 1995 a centralized intake system, Cornorstone, has collected information on all clients receiving services from the public health system in Illinois—since it's inception this intake system has included a one question assessment for domestic violence. Public health staff has received training on violence prevention in various public health venues and conferences as funding and programming have permitted.

INDIANA

Statutes Addressing

Fatality Review: Burns Ind. Code Ann. §§ 12-18-8-1 through 12-18-8-16 allows each county to establish a domestic violence fatality review team for the purpose of reviewing a death resulting from domestic violence, but shall review only those deaths in which the person who commits the act of domestic violence resulting in death is charged with a criminal offense that results in final judgment or is deceased. The teams must contain an expert in the field of forensic pathology, a coroner, or a deputy coroner, and a medical practitioner with expertise in domestic violence.

Insurance Discrimination: Burns Ind. Code Ann. § 27-8-24.3-1 to 10 applies to health, life and disability insurance. It requires that those insurers in Indiana deny or refuse to issue coverage on, refuse to contract with, or refuse to renew, refuse to reissue or otherwise terminate or restrict coverage on an individual under an insurance policy because the individual has been, is or has the potential to be a victim of abuse, or seeks or has sought shelter from abuse or medical or psychological treatment for abuse. For additional information about the provisions of the statute go to http://www.in.gov/legislative/ic/code/title27/

Mandatory Reporting: Burns Ind. Code Ann. § 35-47-7-1 requires every case of injury arising from or caused by the discharge of a firearm, every case of a wound which is likely to or may result in death and is actually or apparently inflicted by a knife, ice pick, or other sharp or pointed instrument to be reported by either the physician attending or treating the case, or by the manager, superintendent, or other person in charge if the case is treated in a hospital, clinic, sanitarium, or other facility or institution, to law enforcement authorities.

Burns Ind. Code Ann. § 35-47-7-3 requires any second or third degree burns covering more than 10% of the body, burns to the upper respiratory tract from inhalation and any others that may cause serious bodily injury to be reported by the physician treating the person, or the hospital administrator or the hospital administrator's designee of the hospital or ambulatory outpatient surgical center (if the person is treated in a hospital or outpatient surgical center), to the state fire marshal.

Protocols: None.

Screening: None.

Training: None.

Public Funding Earmarked for Health Care and Domestic Violence

VAWA: None.

Others: None.

IOWA

Statutes Addressing

Fatality Review: Iowa Code §§ 135.108 - 135.111 establishes a domestic abuse death review team which should include a representative of the state medical examiner, a licensed physician or nurse who is knowledgeable concerning domestic abuse injuries and deaths, including suicides, a licensed mental health professional who is knowledgeable concerning domestic abuse, and the director of public health.

Insurance Discrimination: Iowa Code Ann. § 507B.4(7)(c) applies to health life, disability and property insurance. It prohibits insurers in Iowa from making or permitting any discrimination in the sale of insurance solely on the basis of domestic abuse. For additional information on the provisions of the statues go to http://www.legis.state.ia.us/index.html

Mandatory Reporting: Iowa Code § 147.111 mandates that any health-related professional licensed under Title IV, Subtitle 3, who administers treatment to persons suffering from a gunshot, stab wound, or other serious bodily injury (defined in §702.18), which appears to have been received in connection with a criminal offense, must report to a law enforcement agency where the crime was committed or treatment was attainted.

Iowa Code § 147.113A also requires such licensed professionals to report to local law enforcement treatment of burns that are of suspicious nature, those to the upper respiratory tract, are likely to result in death, or appear to have been received in connection with a criminal offense.

Protocols: Iowa Code § 135B.7 requires each hospital to establish and implement protocols for responding to the needs of patients who are victims of domestic abuse. Under 481 IAC 51.7(135B), such protocols, at a minimum, must provide for an interview with the victim in a place that ensures privacy, confidentiality of the person's treatment and information, sharing of information regarding domestic abuse hotlines and programs, and education of appropriate emergency department staff to assist in the identification of victims of domestic abuse.

Screening: None.

Training: None.

Public Funding Earmarked for Health Care and Domestic Violence

VAWA: STOP VAWA $55,000 for domestic violence specialist in the Public Health Department.

Others: Family Violence Prevention Fund $200,000 for cross training; HRSA Traumatic Brain Implementation Grant $5,000-8,000.

IOWA (Cont.)

Public Health Responses

The Iowa Death Review Team is staffed by the Iowa Department of Public Health. Each year the Department of Public Health reports to the Iowa Legislature regarding the annual death review findings and recommendations.

The Iowa Coalition Against Domestic Violence is collaborating with the Iowa Department of Public Health on Project Connect, a Family Violence Prevention Fund funded project providing cross training for domestic violence advocates and public health care providers.

The Iowa Department of Public Health has taken a leadership role in training hospital and health care staff on issues related to identifying, documenting, and appropriate referral and intervention in domestic violence cases. From 1998-2003 Iowa was one of the 10 national sites selected by the Family Violence Prevention Fund to participate in their domestic violence health care Leadership Team Project. The project included domestic violence training, screening tools, technical assistance with protocols and material development for hospitals.

KANSAS

Statutes Addressing

Fatality Review: None.

Insurance Discrimination: K.S.A. § 40-2404(7)(d) applies to health, life and accident insurance. It prohibits those insurers in Kansas from: refusing to insure, or refusing to continue to insure, or limiting the amount, extent or kind of coverage available to an applicant who is the proposed insured; or charge a different rate for the same coverage or excluding or limiting coverage for losses or denying a claim incurred by an insured as a result of abuse based on the fact that the applicant who is the proposed insured is, has been, or may be the subject of domestic abuse. For additional information on the provisions of the statute go to http://www.kslegislature.org/legsrv-statutes/index.do

Mandatory Reporting: K.S.A. § 21-4213 asserts that the failure by an attending physician or other person to report his treatment of injuries caused by the discharge of a firearm or those that are likely to or may result in death and were apparently inflicted by a knife, ice pick, or other sharp instrument, to local law enforcement authorities is a Class C misdemeanor.

Protocols: None.

Screening: None.

Training: None.

Public Funding Earmarked for Health Care and Domestic Violence

VAWA: None.

Others: None.

KENTUCKY

Statutes Addressing

Fatality Review: KRS § 403.705 allows local domestic violence coordinating councils, if authorized by the local coroner or a medical examiner, to create a domestic violence fatality review team. The teams must contain an expert in the field of forensic pathology, a coroner, or a deputy coroner, and a medical practitioner with expertise in domestic violence.

Insurance Discrimination: K.R.S. §§ 304.12-211 and 304.17A-155 applies to health and property insurance. It requires that those insurers in Kentucky cannot use the fact that an applicant or insured incurred bodily injury as a result of domestic violence and abuse committed against him or her as the sole reason for rating or underwriting decisions, refusing to insure, refusing to continue to insure, or limiting the amount, extent, or kind of coverage available to an applicant or insured or exclude property coverage for intentional acts, the insurer shall not deny payment to an innocent co-insured if the loss arose out of a pattern of domestic violence and abuse and the perpetrator of the loss is criminally prosecuted for the act causing the loss. Payment to the innocent co-insured may be limited to his or her ownership interests in the property as reduced by any payments to a mortgage or other secured interest. For additional provisions of the statute go to http://www.kslegislature.org/legsrv-statutes/index.do.

Mandatory Reporting: KRS § 209A.030 requires any person, including but not limited to physician, law enforcement officer, nurse, social worker, cabinet personnel, coroner, medical examiner, mental health professional, alternate care facility employee, or caretaker, to report to the Kentucky Cabinet for Health and Family Services when they have reasonable cause to suspect that an adult has suffered abuse or neglect. Adult is defined as a person, without regard to age, who is the victim of abuse or neglect inflicted by a spouse (§ 209A.020)

Protocols: See below.

Screening: None.

Training: KRS § 194A.540 requires the secretary for health and family services, in consultation with the applicable licensure boards, to develop domestic violence related training courses for mental health professionals (licensed or certified under KRS Chs. 309, 319, and 335), alcohol and drug counselors (certified under Ch. 309), physicians who practice primary care (defined in § 164.925) or who meet the definition of a psychiatrist under § 202A.011, and who are licensed under Ch. 311, nurses licensed under Ch. 314, Paramedics certified under Ch. 311, emergency medical technicians certified under Ch. 2, coroners (defined in § 72.405), and medical examiners (defined in 72.240). Such courses shall include the dynamics of domestic violence and its effects on adult and child victims, legal remedies for protection, lethality and risk issues, model protocols for addressing domestic violence, available community resources and victim services, and reporting requirements. All health professionals listed above must complete a three hour training course meeting these requirements.

Public Funding Earmarked for Health Care and Domestic Violence

VAWA: None.

Others: None.

LOUISIANA

Statutes Addressing

Fatality Review: None.

Insurance Discrimination: La. R.S. 22:1078 applies to health insurance. It requires that no health insurance issuer or nonfederal governmental plan shall engage in any of the following acts or practices on the basis of the abuse status of an applicant or insured: restricting, excluding, or limiting benefit plan coverage solely as a result of abuse status; adding a rate differential solely because of abuse status, denying or limiting payment of a claim incurred by an insured, enrollee, member, subscriber, or dependent solely because the claim was incurred as a result of abuse status. For additional information on the provisions of the statute go to http://www.legis.state.la.us/lss/lss.asp?doc=507911.

Mandatory Reporting: La. R.S. 14:403.5 requires medical professionals, practitioners, or associated persons, to notify local law enforcement of every case of gunshot wound or injury.

Protocols: None.

Screening: None.

Training: None.

Public Funding Earmarked for Health Care and Domestic Violence

VAWA: None.

Others: None.

MAINE

Statutes Addressing

Fatality Review: None.

Insurance Discrimination: 24-A M.R.S. § 2159-B applies to health life and disability insurance. It requires that those insurers not deny, cancel, refuse to renew or restrict coverage of any person or require the payment of additional charges based on the fact or perception that the person is, or may become, the victim of domestic abuse, under Title 19-A, section 4002. For more information on the provision of the statute go to http://www.mainelegislature.org/legis/statutes/24-A/title24-Asec2159-B.html.

Mandatory Reporting: 17-A M.R.S. § 512 makes it a crime for healthcare practitioners and emergency medical service persons to willfully fail to report to a law enforcement agency injuries apparently caused by the discharge of a firearm.

Protocols: None.

Screening: None.

Training: None.

Public Funding Earmarked for Health Care and Domestic Violence

VAWA: None

Others: None.

MARYLAND

Statutes Addressing

Fatality Review: Md. FAMILY LAW Code Ann. §§ 4-701 through 4-707 establishes local domestic violence review teams whose members shall be drawn from local agencies including hospitals and the local health department.

Insurance Discrimination: MD Code Ann. Ins.§ 27-504 applies to health and life insurance. It requires that those insurers in Maryland not cancel, refuse to underwrite or renew, or refuse to issue a policy; refuse to pay a claim, cancel, or otherwise terminate a policy; increase rates for life insurance, health insurance, or a health benefits plan; or add a surcharge, apply a rating factor, or use any other underwriting practice that adversely takes the information into account. For more information about the statute go to http://www.michie.com/maryland/lpext.dll?f=templates&fn=main-h.htm&2.0

Mandatory Reporting: Md. HEALTH-GENERAL Code Ann. § 20-703 requires physicians, pharmacists, nurses and dentists to report treatment of an individual for injury that was caused, or shows evidence of having been caused by gunshot.

Protocols: None.

Screening: None.

Training: None.

Public Funding Earmarked for Health Care and Domestic Violence

VAWA: Hospital-based domestic violence programs are a state priority for VAWA STOP grants awarded in Maryland.

Others: None.

Public Health Responses

The Maryland Health Care Coalition Against Domestic Violence (the Health Care Coalition) was formed in 1998 to provide leadership within the health care community to promote a proactive and effective response to domestic violence through screening, identification, education, intervention and treatment of domestic violence victims. The Health Care Coalition has developed educator and patient tools including public education campaigns; provides training; works with undergraduate and health professional students & faculty; and has championed statewide policy in this area. There are currently four hospital-based domestic violence programs in Maryland. For more information visit: http://www.healthymaryland.org/domestic-violence.php

MASSACHUSETTS

Statutes Addressing

Fatality Review: None.

Insurance Discrimination: ALM GL ch. 175, §§95B, 108G, 120D; ch. 176A §3A; ch. 176B §5A; ch, 176G §19 applies to health, life, disability and property insurance. It requires that all insurers in Massachusetts cannot cancel, refuse to issue or renew, or in any way make or permit any distinction or discrimination in the amount or payment of premiums or rates charged, in the length of coverage, or in any other of the terms and conditions of a insurance policy on information that such person has been a victim of abuse. For additional information about the provisions of the statute go to http://www.mass.gov/legis/laws/mgl/175-95b.htm.

Mandatory Reporting: ALM GL ch.112, §12A requires physicians, or whenever the following is treated in a hospital, sanatorium or other institution, the manager in charge to report injuries resulting from firearms to the colonel of the state police and local police agencies, and in the case of burns affecting five per cent or more of the surface area of the patient, to the state fire marshal and local police agencies. Wounds caused by knife or other sharp or pointed instrument shall also be reported to the police authorities of the town in which treatment took place should the attending physician believe that a criminal act was involved.

Protocols: None.

Screening: None.

Training: None.

Public Funding Earmarked for Health Care and Domestic Violence

VAWA: None.

Others: None.

MICHIGAN

Statutes Addressing

Fatality Review: MCL § 400.1511 allows a state or county to establish an interagency domestic violence fatality review team which must include a health care professional with training and experience in responding to domestic violence and a medical examiner.

Insurance Discrimination: MCLS §§ 500.2246, 500.3406j, 550.1401(3)(d) applies to health and life insurance. It requires that those insurers in Michigan that deliver, issue for delivery, or renew a life insurance policy shall not rate, cancel coverage on, refuse to provide coverage for, or refuse to issue or renew a policy solely because an insured or applicant for insurance is or has been a victim of domestic violence. For additional information on the provisions of the statute go to http://legislature.mi.gov/doc.aspx?mcl-500-2246.

Mandatory Reporting: MCLS § 750.411 mandates that a person, firm, or corporation conducting a hospital or pharmacy in this state, the person managing or in charge of a hospital or pharmacy, or the person in charge of a ward or part of a hospital to which one or more persons come or are brought suffering from a wound or other injury inflicted by means of a knife, gun, pistol, or other deadly weapon, or by other means of violence, have a duty to report that fact immediately, both by telephone and in writing, to local law enforcement authorities in which the facility is located or to the county sheriff if outside the limits of a village or city. A physician or surgeon who has under his or her charge or care a person suffering from a wound or injury inflicted in the manner described above has a duty to report that fact in the same manner.

Protocols: None.

Screening: None.

Training: None.

Public Funding Earmarked for Health Care and Domestic Violence

VAWA: None.

Others: None.

Public Health Responses

Recent collaboration: Michigan Department of Community Health, Michigan Coalition Against Domestic and Sexual Violence and Michigan Domestic Violence and Prevention Treatment Board.

Preventing Intimate Partner and Sexual Violence In Michigan, Prevention Plan 2010-2015: Michigan's plan uses a public health approach to benefit the largest group possible and emphasizes building the capacity of individuals, organizations and systems to more effectively identify, implement, and evaluate prevention strategies, especially those that prevent first-time perpetration.

Intimate partner and sexual violence are critical issues that call for community-oriented approaches to stopping violence before it can begin. In a two-year process funded by the Centers for Disease Control and Prevention (CDC), the Michigan Coalition Against Domestic and

MICHIGAN (Cont.)

Sexual Violence (MCADSV), the Michigan Department of Community Health (MDCH), the Michigan Domestic Violence Prevention and Treatment Board (MDVPTB), and a multidisciplinary group of experienced prevention practitioners, stakeholders, and advocates formed a Prevention Steering Committee that conducted a statewide needs and resources assessment from which three goals (and priority populations) were developed to prevent the first-time occurrence of intimate partner and sexual violence.

The full version of the Statewide Prevention Plan, including a summary of the needs and resources assessment, and references, is available at www.mcadsv.org.

http://www.mcadsv.org/resources/prevention/files/ExecutivePreventionReport.pdf

MINNESOTA

Statutes Addressing

Fatality Review: Minn. Stat. § 611A.203 allows each judicial district to establish a domestic fatality review team to review domestic violence deaths that have occurred in the district. Members must include the medical examiner, a mental health provider and a physician familiar with domestic violence issues.

Insurance Discrimination: Minn. Stat. § 72A.20 Subd. 8(d) applies to health and life insurance. It prohibits those insurers in Minnesota from refusing to offer, sell, or renew coverage; limiting coverage; or charging a rate different from that normally charged for the same coverage under a policy or plan because the applicant who is also the proposed insured has been or is a victim of domestic abuse. For additional information about the provisions of the statute go https://www.revisor.mn.gov/statutes/?id=72A.20.

Mandatory Reporting: Minn. Stat. § 626.52 requires health professionals to immediately report all bullet wounds, gunshot wounds, powder burns, or any other injury arising from, or caused by the discharge of a firearm, or any wound that the reporter has reason to believe has been inflicted on a perpetrator of a crime by a dangerous weapon other than a firearm (defined in § 609.02) to local law enforcement authorities. Health professionals must also report second or third degree burns of more than 5% of the body, burns to the upper respiratory tract or those that are life threatening to the state fire marshal. As used in this section, "health professional" means a physician, surgeon, person authorized to engage in the practice of healing, superintendent or manager of a hospital, nurse, or pharmacist.

Protocols: None.

Screening: None.

Training: Minn. Stat. § 135A.153 creates The Higher Education Center on Violence and Abuse to serve as an informational resource to assist higher education in developing curricula in violence and abuse, funding projects to stimulate such curricula, and coordinate policies to ensure professions interacting with victims have the appropriate knowledge and skills to prevent and respond appropriately to the problems of violence and abuse. It requires that task forces be formed for professions that work with victims including physicians, nurses and psychologists, who must review current programs, licensing regulations and examinations, and accreditation standards to identify specific needs and plans for ensuring that professionals are adequately prepared and updated on violence and abuse issues.

Public Funding Earmarked for Health Care and Domestic Violence

VAWA: None.

Others: None.

MINNESOTA (Cont.)

Public Health Responses

The MN Department of Public Health (MDH) worked closely on a collaborative project with the MN Coalition Against Sexual Assault and other groups to develop a five year plan for the prevention of sexual violence, see: www.state.health.mn.us for more information. MDH is also the lead agency on a CDC-funded Teen Dating Violence Prevention project. Additionally, the Academy on Violence and Abuse (AVA) formed several years ago—an academic, health-professional membership-based organization dedicated to making violence and abuse a core component of medical and related professional education, see: www.avahealth.org for more information. There are also several hospital and clinic based domestic violence programs in MN. Although the first such program, Womankind, closed its doors for lack of funding, there are still several other such programs going strong.

MISSISSIPPI

Statutes Addressing

Fatality Review: None.

Insurance Discrimination: None.

Mandatory Reporting: Miss. Code Ann. § 45-9-31 requires physicians, surgeons, dentists, paramedical employees, nurses, or any employee of a hospital, clinic, or any other medical institution or office where patients regularly receive care, who treat any patient suffering from a wound or injury with reason to believe or ought to know that the injury was caused by gunshot or knifing, shall immediately report to local law enforcement.

Protocols: None.

Screening: None.

Training: None.

Public Funding Earmarked for Health Care and Domestic Violence

VAWA: None.

Others: None.

MISSOURI

Statutes Addressing

Fatality Review: None.

Insurance Discrimination: Mo. Ann. Stat. §§ 375.1300, 375.1312 applies to health, life disability and property insurance. It requires that no insurers in Missouri can on the sole basis of the status of an insured or prospective insured as a victim of domestic violence: deny, cancel or refuse to issue or renew an insurance policy; require a greater premium, deductible or any other payment; exclude or limit coverage for losses or deny a claim; or designate domestic violence as a preexisting condition for which coverage will be denied or reduced. It does require that a police report and sworn affidavit be completed by an "innocent coinsured" when there is a property insurance claim.

Mandatory Reporting: § 578.350 R.S.Mo. mandates that any physician, nurse, therapist or other medical professional licensed under Chapter 334 or 335, who treats a person for a wound inflicted by gunshot must report to local law enforcement and include the nature of the wound and its circumstances.

Protocols: None.

Screening: None.

Training: None.

Public Funding Earmarked for Health Care and Domestic Violence

VAWA: None.

Others: None.

MONTANA

Statutes Addressing

Fatality Review: Mont. Code Anno. § 2-15-2017 establishes a domestic violence fatality review commission in the Department of Justice whose members must include medical and mental health care providers who are involved in issues of domestic abuse.

Insurance Discrimination: Mont. Code Ann. §§ 33-18-216, 33-18-242 applies to health, life, disability and property insurance. It prohibits all insurers in Montana from denying, refusing to issue, renew, or reissue, canceling, or otherwise terminating an insurance policy or certificate of coverage; restricting or excluding or adding a premium differential on the basis that the applicant or insured has been the victim of abuse. For additional information on the provisions of the statute go to http://data.opi.mt.gov/bills/mca/33/18/33-18-216.htm.

Mandatory Reporting: Mont. Code Ann. § 37-2-302 requires a physician, nurse or other person licensed to practice a health care profession, who treats a victim of a gunshot wound or stabbing to report, as soon as possible, to local law enforcement. A written report must be submitted by mail within 24 hours.

Protocols: None.

Screening: None.

Training: None.

Public Funding Earmarked for Health Care and Domestic Violence

VAWA: None.

Others: None.

NEBRASKA

Statutes Addressing

Fatality Review: None.

Insurance Discrimination: R.R.S. Neb. § 44-7401 to 44-7410 applies to health, life, disability and property insurance. it prohibits all insurers in Nebraska from: denying, refusing to issue, renew, or reissue, canceling, or otherwise terminating, restricting, or excluding coverage on or adding a premium differential to any policy on the basis of the applicant's or insured's abuse status; excluding or limiting coverage for losses, denying benefits, or denying a claim incurred by an insured as a result of abuse; and terminating group health coverage for a subject of abuse because coverage was originally issued in the name of the abuser and the abuser has divorced, separated from, or lost custody of the subject of abuse, or the abuser's coverage has terminated voluntarily or involuntarily. For additional information on the provision of the statute go to http://nebraskalegislature.gov/laws/browse-chapters.php?chapter=44.

Mandatory Reporting: R.R.S. Neb. § 28-902 requires every person in the practice of medicine and surgery, or in charge of any emergency room or first-aid station, to report any injuries of violence which appear to have been received in connection with a criminal offense to local law enforcement where the treatment occurs.

Protocols: None.

Screening: None.

Training: None.

Public Funding Earmarked for Health Care and Domestic Violence

VAWA: None.

Others: None.

NEVADA

Statutes Addressing

Fatality Review: Nev. Rev. Stat. Ann. § 217.475 Allows a court or an agency of a local government to organize or sponsor one or more multidisciplinary teams to review the death of the victim of a crime that constitutes domestic violence. If created, such teams must include representatives of organizations concerned with issues related to physical or mental health.

Insurance Discrimination: Nev. Rev. Stat. Ann. §§ 689A.413, 689B.068, 689C.196, 695A.195, 695B.316, 695C.203, 695D.217, 695F.090 applies to health insurance. It requires that those insurers in Nevada cannot deny a claim, refuse to issue or cancel a policy because the claim involves an act that constitutes domestic violence or because the person applying for or covered by the policy was the victim of such an act of domestic violence, regardless of whether the insured or applicant contributed to any loss or injury. For additional information on the provisions of the statute go to http://www.leg.state.nv.us/NRS/.

Mandatory Reporting: Nev. Rev. Stat. Ann. § 629.041 requires every health care provider who treats an injury which appears to have been inflicted non-accidentally by means of a firearm or knife to promptly report the injury to an appropriate law enforcement agency.

Nev. Rev. Stat. Ann § 629.045 requires health care providers to report to the appropriate local fire department the treatment of persons with second or third degree burns consisting of five percent or more of the body area, burns of the upper respiratory tract and any other burns that may result in death.

Protocols: None.

Screening: None.

Training: None.

Public Funding Earmarked for Health Care and Domestic Violence

VAWA: Funding provided for healthcare training and curriculum development.

Others: Maternal and Child Health Block Grant funding used for training of healthcare providers.

Public Health Responses

Health Division requires all MCH Grant recipients to screen for IPV.

NEW HAMPSHIRE

Statutes Addressing

Fatality Review: The Governor's Commission on Domestic and Sexual Violence has a Domestic Violence Fatality Review Committee that was created by Executive Order of the Governor.

Insurance Discrimination: RSA 417:4 applies to health, life, disability and property insurance. It prohibits all insurers in New Hampshire from refusing to insure or to continue to insure, or limiting the amount, extent or kind of coverage available solely because the applicant who is also the proposed insured has been or may become the victim of domestic abuse or violence. For more information about the provisions of this statute go to http://www.gencourt.state.nh.us/rsa/html/XXXVII/417/417-4.htm.

Mandatory Reporting: RSA 631:6 makes it a misdemeanor for a person, having knowingly treated or assisted another for a gunshot wound or any other injury believed to be caused by criminal act, to fail to notify a law enforcement official of all the information they possess. A person is excused from reporting if the victim is over 18, has been the victim of a sexual assault offense or abuse (defined in RSA 173-B:1), and objects to the release of any information to law enforcement. However, this exception does not apply if the victim of sexual assault or abuse is also being treated for a gunshot wound or other serious bodily injury.

Protocols: RSA 21-M:8-d requires the NH Department of Justice to adopt and implement rules establishing a standardized rape and domestic violence protocol to be used by all physicians or hospitals in the state when providing physical examinations of victims of alleged sexual offenses and alleged domestic abuse.

Screening: None.

Training: RSA 173-B:20 proves that a statewide organization shall serve as the coordinator for the Domestic Violence Grant Program and shall conduct educational programs on domestic violence for the general public and specialized groups like medical personnel.

Public Funding Earmarked for Health Care and Domestic Violence

VAWA: None.

Others: The Division of Public Health Services provided partial funding for replication of the National Violence Against Women Survey in New Hampshire. The report of the NH Violence Against Women Survey, which documented the negative health consequences of violence against women, can be found at www.nhcadsv.org.

Public Health Responses

The New Hampshire Coalition Against Domestic and Sexual Violence has worked with the Division of Public Health to provide training for contract agencies including maternal and child health programs and family planning programs. Additionally, the Division of Public Health is represented on the Governor's Commission on Domestic and Sexual Violence.

NEW JERSEY

Statutes Addressing

Fatality Review: N.J. Stat. §§ 52:27D-43.17b through 43.17e establishes the Domestic Violence Fatality and Near Fatality Review Board whose members must include the state medical examiner, a psychologist with expertise in the area of domestic violence or other related fields, and a licensed health care professional knowledgeable in the screening and identification of domestic violence cases.

Insurance Discrimination: N.J. Stat. §§ 17:23A-13.3, 17:29B-17, 17-48-6t, 17:48a-7s, 17B:27-46 applies to health life and property insurance. It prohibits those insurers in New Jersey from: denying, refusing to issue or renew, cancelling or otherwise terminating an insurance policy; restricting, excluding or limiting benefits, or denying a covered claim on the basis that the insured or prospective insured is or may be a victim of domestic violence; employs a person who is or may be a victim of domestic violence; or is a domestic violence shelter that is operating pursuant to the standards set forth or is employed by a domestic violence shelter. For additional information on the provisions of this statute go to http://law.onecle.com/new-jersey/17-corporations-and-institutions-for-finance-and-insurance/.

Mandatory Reporting: N.J. Stat. § 2C:58-8 requires every case of a wound, burn or any other injury arising from or caused by a firearm, destructive device, explosive or weapon to be reported by the physician consulted, attending or treating the case or the manager, superintendent or other person in charge, whenever such case is presented for treatment or treated in a hospital, sanitarium or other institution, immediately to local police authorities in the municipality where the person reporting is located or to the State Police.

Protocols: None.

Screening: None.

Training: N.J. Stat. § 52:27D-43.36 provides that the Director of the Division on Women in the Department of Community Affairs, in consultation with Health and Senior Services, shall establish a domestic violence public awareness campaign in order to promote public awareness of domestic violence among the general public and health care and provide information to assist victims of domestic violence and their children. The campaign should include outreach efforts to promote education and prevention of domestic violence and should include a number of subjects including causes, risk factors and availability of resources in the community.

Public Funding Earmarked for Health Care and Domestic Violence

VAWA: None.

Others: None.

NEW MEXICO

Statutes Addressing

Fatality Review: N.M. Stat. Ann. § 31-22-4.1 creates the Domestic Violence Homicide Review Team whose members should include medical personnel with expertise in domestic violence and representatives from the Department of Health who deal with domestic violence victims' issues.

Insurance Discrimination: N.M. Stat. Ann. §§ 59A-16B-1 through 59A-16B-10 applies to health, life, disability and property insurance. It prohibits all insurers in new Mexico from: denying, refusing to issue, renew or reissue or canceling or otherwise terminating a policy, restricting or excluding coverage or benefits of a policy or charging a higher premium for a policy on the basis of a person's abuse status; a person that provides shelter, counseling or protection to victims of domestic abuse; a person who employs or is employed by a victim of domestic abuse; or a person with whom an applicant or insured is known to have a direct, close personal, family or abuse-related counseling relationship. For additional information about the provisions of this statute go to http://www.conwaygreene.com/nmsu/lpext.dll?f=templates&fn=main-h.htm&2.0.

Mandatory Reporting: None.

Protocols: None.

Screening: None.

Training: None.

Public Funding Earmarked for Health Care and Domestic Violence

VAWA: None.

Others: None.

NEW YORK

Statutes Addressing

Fatality Review: None.

Insurance Discrimination: N.Y. Ins. Law § 2612 applies to health, life, disability and property insurance. It requires that all insurers in New York cannot refuse to issue or renew, deny or cancel any insurance policy or contract or charge a higher premium based on an individual being a victim of domestic violence. For additional information on the provisions of the statute go to http://public.leginfo.state.ny.us/LAWSSEAF.cgi?QUERYTYPE=LAWS+&QUERYDATA=$$ISC2612$$@TXISC02612+&LIST=LAW+&BROWSER=EXPLORER+&TOKEN=12480048+&TARGET=VIEW

Mandatory Reporting: NY CLS Penal § 265.25 requires every case of gunshot wound or other injury caused by the discharge of a firearm, and every case of wound that is likely to or may result in death and is or appears to be inflicted by a knife, ice pick or other sharp instrument to be reported by the physician attending or treating the case or the manager, superintendent or other person in charge, whenever such case is treated in a hospital, sanitarium or other institution, immediately to local police authorities where the person reporting is located.

NY CLS Penal § 265.26 requires all second or third degree burns to more than 5% of the body, burns to the upper respiratory tract, and every case of a burn which is likely to or may result in death to be reported by the physician attending or treating the case or the manager, superintendent or other person in charge, whenever such case is treated in a hospital, sanitarium, institution or other medical facility, to the office of fire prevention and control who shall take the report and notify the proper investigatory agency.

Protocols: NY CLS Pub Health § 2803-p requires every hospital with maternity and newborn services to provide information concerning family violence to parents of newborn infants at any time prior to the discharge of the mother which must include available services.

Screening: NY CLS Pub Health § 2137 requires development of protocol for the identification and screening of victims of domestic violence who may either be an individual diagnosed with HIV/AIDS or a partner who requires notification.

Training: NY CLS Exec § 575 creates the New York State Office for the Prevention of Domestic Violence which develops and delivers training on domestic violence to professionals in the health and mental health fields.

Public Funding Earmarked for Health Care and Domestic Violence:

VAWA: None.

Others: None.

NORTH CAROLINA

Statutes Addressing

Fatality Review: None.

Insurance Discrimination: N.C. General Statute § 58-68-35 prohibits group health insurers from using conditions arising from domestic violence to determine eligibility, including continued eligibility, of any individual or their dependent.

Mandatory Reporting: N.C. Gen. Stat. § 90-21.20 requires every case of gunshot wound or other injury caused or appearing to be caused by the discharge of a firearm, every case of illness apparently caused by poisoning, every injury caused or appearing to be caused by a knife or sharp instrument if it appears that a criminal act was involved, and any other grave bodily injury or grave illness that appears to have resulted from a criminal act of violence to be reported by the physician or surgeon treating the case, or, if such case is treated in a hospital, sanitarium or other medical institution or facility, by the Director, Administrator, or other person designated by the Director or Administrator, to local law enforcement where the place of treatment is located.

Protocols: None.

Screening: None.

Training: None.

Public Funding Earmarked for Health Care and Domestic Violence

VAWA: None.

Others: None.

NORTH DAKOTA

Statutes Addressing

Fatality Review: None.

Insurance Discrimination: N.D. Cent. Code § 26.1-39-24 applies to property insurance. It requires that those insurers in North Dakota issuing or renewing a policy of property and casualty insurance in this state may not base any rating, underwriting, or claim-handling decision solely on whether an applicant or insured suffers from domestic violence. For additional information on the provisions of this statute go to http://www.legis.nd.gov/cencode/t261c39.pdf.

Mandatory Reporting: N.D. Cent. Code § 43-17-41 requires a physician, physician assistant, or any other person licensed under § 43-12.1to report to local law enforcement when they diagnose or treat an individual suffering from any wound, injury or physical trauma inflicted by the individual's own act or by the act of another by means by means of knife or gun, or, when the physician has reasonable cause to suspect the injury was inflicted in violation of criminal law. When a report of domestic violence or physical injury resulting from a sexual offense is reported in accordance with this section, the physician must provide the individual with information regarding a domestic violence sexual assault organization or other victim's assistance program.

Protocols: None.

Screening: None.

Training: None.

Public Funding Earmarked for Health Care and Domestic Violence

VAWA: None.

Others: None.

OHIO

Statutes Addressing

Fatality Review: None.

Insurance Discrimination: ORC Ann. 3901.21 applies to health and life insurance. It prohibits those insurers in Ohio from: limiting coverage under, refusing to issue, canceling, or refusing to renew, limiting coverage, refusing to issue, adding a surcharge, denying or limiting coverage for the reason that the insured or applicant for insurance is or has been a victim of domestic violence. For additional information about the provisions of this contract go to http://codes.ohio.gov/orc/3901.

Mandatory Reporting: ORC Ann. 2921.22 makes it a misdemeanor in the second degree for a physician, limited practitioner, nurse, or other person giving aid to a sick or injured person, to negligently fail to report to law enforcement authorities any treated or observed gunshot wound, stab wound, or other serious physical harm that the reporter knows or has reasonable cause to believe resulted from an offense of violence. Second and third degree burns, burns to upper respiratory tract or any burn or that may result in death must be reported to the local arson, fire and explosion investigation bureau. Known or suspected domestic violence must be noted by the physician in the patient's records.

Protocols: ORC Ann. 3727.08 requires all hospitals to adopt protocols for conducting interviews with patients, one or more interviews separate and apart from the patient with any family or household member present, and for creating whenever possible a photographic record of the patient's injuries when a health care professional knows or has reasonable cause to believe that the patient has been the victim of domestic violence.

By Executive Order, the Ohio Domestic Violence Network (ODVN) and the Ohio Department of Health (ODH) developed a workplace violence protocol for the Department of Health which was then expanded into a Governor's Executive Order to develop training for all state employees.

Screening: None.

Training ORC Ann. 4723.25 requires the Board of Nursing to approve one or more continuing education courses that assist registered and licensed nurses in recognizing the signs of domestic violence and its relationship to child abuse. Nurses are not required to take the courses.

ORC Ann. 4731.282 requires the State Medical Board to approve one or more continuing education courses that assist doctors of medicine and osteopathic medicine in recognizing the signs of domestic violence and its relationship to child abuse. Doctors are not required to take the courses.

ORC Ann. 4732.141 requires the State Board of Psychology to approve one or more continuing education courses that assist psychologists and school psychologists in recognizing the signs of domestic violence and its relationship to child abuse. Psychologists are not required to take the courses.

ORC Ann. 4757.34 requires the counselor, social worker, and marriage and family therapist board to approve one or more continuing education courses of study that assist social workers, independent social workers, social work assistants, independent marriage and family therapists, marriage and family therapists, professional clinical counselors, and professional counselors in recognizing the signs of domestic violence and its relationship to child abuse. Such professionals are not required to take the course.

OHIO (Cont.)

Public Funding Earmarked for Health Care and Domestic Violence

VAWA: None.

Others: ODVN is the recipient of the FVPF's Project Connect funding which is pass through funding from the Office on Women's Health. ODVN is engaged in linking public health family planning and adolescent health clinics to domestic and sexual violence services and to training public health professionals to screen for and universally educate about domestic and sexual violence and its prevention.

Public Health Responses

Since 2002, ODVN has been a recipient of Centers for Disease Control and Prevention (CDC) Domestic Violence Prevention Enhancements and Leadership Through Alliances (DELTA) funding. Funding is aimed at building primary prevention capacity of individuals and organizationals at the national, state, and local levels.

Since 2004, ODVN has been the recipient of family violence prevention funding from the HealthPath Foundation (formerly Anthem Foundation of Ohio). Funding was aimed at providing technical assistance and training to four community based coalitions as well as capacity building at the state level for primary prevention.

The Ohio Domestic Violence Network (ODVN), the Ohio Alliance to End Sexual Violence (OAESV) and the Ohio Department of Health (ODH) jointly convene a state level Prevention Consortium that has developed and is now implementing a statewide prevention plan for sexual and intimate partner violence.

OKLAHOMA

Statutes Addressing

Fatality Review:

2 Okl. St. §§ 1601 and 1602 establish the Domestic Violence Fatality Review Board whose membership shall include the State Commissioner of Health, Chief of Injury Prevention Services of the State Department of Health, two physicians and a nurse.

Insurance Discrimination:

36 Okl. St. § 6060.10A prohibits health benefit plans (defined within the statute) from denying coverage, refusing to issue or renew, cancel or otherwise terminate, restrict or exclude any person from any health benefit plan issued or renewed on or after November 1, 2010 on the basis of the insured's or applicant's status as a victim of domestic abuse as defined in § 60.1 of Title 22. No health benefit plan can deny a claim based on the insured's status as a victim of domestic violence nor can domestic abuse be considered a preexisting condition.

Mandatory Reporting:

22 Okl. St. § 58 mandates that criminally injurious conduct, as defined by the Oklahoma Crime Victims Compensation Act, which appears to be or is reported by the victim to be domestic abuse, as defined in Section 60.1 of this title, or domestic abuse by strangulation, domestic abuse resulting in great bodily harm, or domestic abuse in the presence of a child, as defined in Section 644 of Title 21 of the Oklahoma Statutes, shall be reported to the nearest law enforcement agency. However, any physician, surgeon, resident, intern, physician assistant, registered nurse, or any other health care professional examining, attending, or treating a victim is not required to report such domestic abuse if the victim is over age 18 and is not incapacitated, unless the victim requests them to do so orally or in writing. In all cases what is reported to be domestic abuse shall clearly and legibly be documented by the health care provider and any treatment provided. In all cases, the health care provider shall refer the victim to domestic violence and victim services, including the number of the statewide hotline.

Protocols:

22 Okl. St. § 58 requires that in all cases of what appears to be or is reported to be domestic abuse, the physician, surgeon, resident, intern, physician assistant, registered nurse, or any other health care professional examining, attending or treating the victim of what appears to be domestic abuse shall refer the victim to domestic violence and victim services programs, including providing the victim with the twenty-four-hour statewide telephone communication service established by Section 18p-5 of Title 74 of the Oklahoma Statutes. In addition, they shall clearly and legibly document the incident and injuries observed and reported, as well as any treatment provided or prescribed.

Screening:

None.

Training

59 Okl. St. § 3206 requires that all applicants for licensure as an anesthesiologist assistant submit a notarized statement showing completion of one hour of continuing medical education on domestic violence including the number of patients in that practice likely to be victims or perpetrators, screening procedures for determining whether a patient has a history as a victim or perpetrator and instructions on how to refer to services.

Public Funding Earmarked for Health Care and Domestic Violence

VAWA:

None.

Others:

None.

OREGON

Statutes Addressing

Fatality Review: ORS § 418.714 allows local domestic violence coordinating council recognized by the local public safety coordinating council or by the governing body of the county to establish a multidisciplinary domestic violence fatality review team to assist local organizations and agencies in identifying and reviewing domestic violence fatalities. Any such team shall include medical personnel with expertise in the field of domestic violence, local health department staff, medical examiners or other experts in the field of forensic pathology and other domestic violence advocates.

Insurance Discrimination: ORS § 746.015 applies to health, life, disability and property insurance. It requires that no insurers in Oregon on the basis of the status of an insured or prospective insured as a victim of domestic violence, shall do any of the following: deny, cancel or refuse to issue or renew an insurance policy; demand or require a greater premium or payment; designate domestic violence as a preexisting condition for which coverage will be denied or reduced; exclude or limit coverage for losses or deny a claim; or fix any lower rate for or discriminate in the fees or commissions of an insurance producer for writing or renewing a policy. For additional information about the provisions of the statute go to http://www.leg.state.or.us/bills_laws/.

Mandatory Reporting: ORS §§ 146.750 and 146.710 require any physician, including any intern and resident, having reasonable cause to suspect that a person coming before them for examination or treatment has had injury caused by knife, firearm or other deadly or dangerous weapon, or any other serious physical injuries inflicted upon them by non-accidental means to report immediately to the medical examiner. § 146.730 allows the medical examiner or the district attorney to investigate any injury that occurred under suspicious or unknown circumstances. Whenever the medical examiner concludes that a crime may have been committed in causing the injury, they must report that conclusion to the district attorney under § 146.740.

Protocols: None.

Screening: None.

Training: None.

Public Funding Earmarked for Health Care and Domestic Violence

VAWA: None.

Others: None.

PENNSYLVANIA

Statutes Addressing

Fatality Review: None.

Insurance Discrimination: 40 P.S. §§ 1171.3, 1171.5(14) applies to health, life, disability and property insurance. It prohibits all insurers in Pennsylvania from taking any of the following actions because the insured or applicant for an insurance policy or insurance contract is a victim of abuse: denying; refusing to issue; refusing to renew; refusing to reissue; canceling or terminating an insurance policy or insurance contract; restricting coverage under an insurance policy or insurance contract; adding a surcharge, applying a rating factor, or using any other underwriting standard or practice which adversely takes into account a history or status of abuse; excluding or limiting benefits or coverage under an insurance policy or insurance contract for losses incurred; or, With respect to a policy of a private passenger automobile, a policy covering owner-occupied private residential property or a policy covering personal property of individuals, refusing to pay an insured for losses arising out of abuse to that insured under a property and casualty insurance policy or contract to the extent of the insured's legal interest in the covered property if the loss is caused by the intentional act of another insured or using other exclusions or limitations which the commissioner has determined unreasonably restrict the ability of victims of abuse to be indemnified for such losses.

Mandatory Reporting: 18 Pa.C.S. § 5106 mandates that any physician, intern, or resident, or any person conducting, managing, or in charge of any hospital or pharmacy, or in charge of any ward or part of a hospital, to whom shall come or be brought any person suffering from any wound or other injury inflicted by his own act or by the act of another which caused death or serious bodily injury, or inflicted by means of a deadly weapon as defined in § 2301, or upon whom injuries have been inflicted in violation of any penal law, must report such cases to law enforcement authorities. The report shall state the name of the injured person, if known, the injured person's whereabouts, and the character and extent of the person's injuries. Failure to report such injuries when the act caused bodily injury (defined in § 2301) is not an offense if the victim (1) is an adult; (2) the injury was inflicted by an individual whois the current or former spouse or sexual or intimate partner, has been living as a spouse or who shares biological parenthood; (3) the victim has been informed of the physician's duty to report and that report cannot be made without the victim's consent; (4) the victim does not consent to the report; and (5) the victim has been provided with a referral to the appropriate victim service agency.

Protocols: 35 P.S. § 7661.3, which establishes the Domestic Violence Health Care Response Program, requires that in the selected medical advocacy project sites, medical professionals will provide available educational materials to inform victims of domestic violence about the services and assistance available through the domestic violence program.

Screening: 35 P.S. § 7661.3, which establishes the Domestic Violence Health Care Response Program, requires that the selected medical advocacy projects develop and implement uniform multidisciplinary domestic violence policies and procedures which incorporate all staff who provide services or interact with victims of domestic violence, including the identification of victims through universal screening.

PENNSYLVANIA (Cont.)

Training:

35 P.S. § 7661.3 establishes the Domestic Violence Health Care Response Program. The program requires that medical advocacy projects develop and implement a multidisciplinary, comprehensive and ongoing domestic violence education and training program for hospital, health center, or clinic personnel adapted to their particular demographics, policies, staffing patterns and resources. The training shall include identifying characteristics of domestic violence, screening patients for domestic violence, appropriately documenting in the medical record and offering referral services, including domestic violence resources available in the community.

Public Funding Earmarked for Health Care and Domestic Violence

VAWA:

None.

Others:

None.

RHODE ISLAND

Statutes Addressing

Fatality Review: None.

Insurance Discrimination: R.I. Gen Laws §§ 27-59-5: 27-60-1 to -7; 27-61-1 to-7 applies to health and life insurance. It prohibits those insurers in Rhode Island from: denying, refusing to issue, renew or reissue, canceling or terminating a health benefit plan, or restricting or excluding health benefit plan coverage or adding a premium differential to any health benefit plan on the basis of the applicant's or insured's abuse status; excluding or limiting coverage for losses or denying a claim incurred by an insured as a result of abuse on the basis of the insured's abuse status; or terminating group coverage for a subject of abuse because coverage was originally issued in the name of the abuser and the abuser has divorced, separated from, or lost custody of the subject of abuse, or the abuser's coverage has terminated voluntarily or involuntarily. For additional information on the provisions of the statute go to http://www.rilin.state.ri.us/Statutes/TITLE27/27-60/INDEX.HTM.

Mandatory Reporting: R.I. Gen. Laws § 23-28.2-24 requires the report of second or third degree burn injuries sustained to 5% or more of the body, burns to the upper respiratory tract, or those which are likely to cause or may result in death by the physician attending or treating the case, or the manager, superintendent or other person in charge, whenever the case is treated in a hospital, sanitarium, institution, or other medical facility to the state fire marshal. The fire marshal shall accept the report and notify the proper investigatory agency.

R.I. Gen. Laws § 11-47-48 requires that every physician or institution attending to or treating a case of a gunshot wound or any other injury resulting from the discharge of a firearm to report to local police authorities where the physician is located.

Protocols: None.

Screening: None.

Training: None.

Public Funding Earmarked for Health Care and Domestic Violence

VAWA: A portion of the VAWA Victim Services funding is utilized for the operations of the statewide Victims of Crime Helpline, which provides domestic violence/sexual assault advocates to accompany victims of domestic violence or sexual assault to hospital emergency rooms throughout the state.

Others: A VOCA grant supports the hospital advocacy services described above, provided through the statewide Helpline for Victims of Crime.

Public Health Responses

The Rhode Island Department of Health (RIDOH) has been a key partner on the RI DELTA State Steering Committee that developed a statewide plan to prevent domestic violence, led by the Rhode Island Coalition Against Domestic Violence (RICADV). The RIDOH also co-facilitates the RI Sexual Violence Prevention Planning Committee with Day One, the state sexual assault coalition, and recently released a plan to address sexual violence prevention. The RIDOH's support and contributions to violence against women primary prevention efforts in the state have been instrumental to their success, with increased access to information, systems, and resources.

SOUTH CAROLINA

Statutes Addressing

Fatality Review: None.

Insurance Discrimination: S.C. Code Ann. § 38-71-860 states that health insurers may not use conditions arising from domestic violence abuse as a health status-related factor to determine eligibility for coverage or premium charges.

Mandatory Reporting: S.C. Code Ann. § 16-3-1072 requires a physician, nurse, or any other medical or emergency medical services personnel of a hospital, clinic, or other health care facility or provider to report treatment or requests for treatment for a gunshot wound to the sheriff's department of the county in which the treatment is administered, unless an officer is present at the time of treatment.

Protocols: None.

Screening: None.

Training: S.C. Code Ann. § 16-3-1410 states that The Victim Compensation Fund is authorized to provide information, training and technical assistance to groups involved in victim and domestic violence assistance, including hospital staff, when appropriate funding is available.

Public Funding Earmarked for Health Care and Domestic Violence

VAWA: None.

Others: None.

SOUTH DAKOTA

Statutes Addressing

Fatality Review: None.

Insurance Discrimination: None.

Mandatory Reporting: S.D. Codified Laws § 23-13-10 requires any person treating a gunshot wound, or any other wound caused by the discharge of a firearm, to report such treatment to the sheriff of the county in which the wound is treated.

Protocols: None.

Screening: None.

Training: None.

Public Funding Earmarked for Health Care and Domestic Violence

VAWA: None.

Others: None.

TENNESSEE

Statutes Addressing

Fatality Review:

Tenn. Code Ann. § 36-3-624 allows counties to establish an interagency domestic abuse death review team whose membership may include medical personnel with expertise in domestic violence, county health department staff who deal with domestic abuse victims' health issues, coroners and medical examiners, and domestic abuse shelter staff.

Insurance Discrimination:

Tenn. Code Ann. §§ 56-8-301 to 56-8-306 applies to health insurance. It prohibits those insurers from: denying, refusing to issue, renew or reissue, canceling or otherwise terminating, or restricting or excluding coverage, or adding a premium differential to any health benefit plan; excluding or limiting coverage or denying a claim incurred by an insured on the basis of the applicant's or insured's abuse status or as the result of abuse; and, terminating group coverage for a subject of abuse on the basis of the insured's abuse status where coverage was originally issued in the name of the abuser and the abuser has divorced, separated from, or lost custody of the subject of abuse, or the abuser's coverage has terminated voluntarily or involuntarily, on the basis of the applicant's or insured's abuse status. For additional information on the provisions of the statute go to http://www.michie.com/tennessee/lpext.dll?f=templates&fn=main-h.htm&cp=tncode.

Mandatory Reporting:

Tenn. Code Ann. § 38-1-101 requires all hospitals, clinics, sanitariums, doctors, physicians, surgeons, nurses, pharmacists, undertakers, embalmers, or other persons called upon to tender aid to persons suffering from any injuries caused by knife, firearm or other deadly weapon, or by other means of violence, suffocation or poisoning to report such treatment to law enforcement officials.

Tenn. Code Ann. § 36-3-621(C)(1) requires any health care practitioner licensed or certified under Title 63 (excluding veterinarians) who knows, or has reasonable cause to suspect, that a patient's injuries are the result of domestic violence or domestic abuse, shall report to the department of health, office of health statistics, on a monthly basis. Identifying information shall not be disclosed.

Protocols

None.

Screening:

None.

Training:

Tenn. Code Ann. § 68-140-52 provides that under the Emergency Medical Services Act, the Department of Health shall approve and coordinate the use of materials concerning domestic violence as part of its training curriculum for emergency medical services personnel.

Public Funding Earmarked for Health Care and Domestic Violence

VAWA:

None.

Others:

None.

TEXAS

Statutes Addressing

Fatality Review: Tex. Health & Safety Code §§ 672.001 - 672.013 allows counties to establish a multidisciplinary and multiagency unexpected fatality review team ("unexpected fatality" defined as one that appears to be from suicide, family violence or abuse) whose membership may include a public health professional, a mental health services provider, and other domestic violence advocates.

Insurance Discrimination: Tex. Ins. Code § 544.153 applies to health and life insurance. It requires that those insurers in Texas cannot: because of an individual's status as a victim of family violence: deny coverage to the individual; refuse to renew the individual's coverage; cancel the individual's coverage; limit the amount, extent, or kind of coverage available to the individual; or charge the individual or a group to which the individual belongs a rate that is different from the rate charged to other individuals or groups, respectively, for the same coverage. For additional information on the provisions of the statute go http://www.statutes.legis.state.tx.us/Docs/IN/htm/IN.544.htm.

Mandatory Reporting: Tex. Health and Safety Code § 161.041 requires a physician who attends or treats, or who is requested to attend or treat, a bullet or gunshot wound, or the administrator, superintendent, or other person in charge of a hospital, sanitarium, or other institution in which a bullet or gunshot wound is attended or treated or in which the attention or treatment is requested, to report the case at once to the law enforcement authority of the municipality or county in which the physician practices or in which the institution is located.

Protocols: Tex. Fam. Code § 91.003 requires medical professionals who treat a person for injuries that they have reason to believe were caused by family violence to immediately provide them with information regarding the nearest family violence shelter, document in their file that they have been given such information and the reasons for the medical professional's belief that the injuries were caused by family violence, and give them with a written notice, provided in the statute, regarding their rights.

Screening: None.

Training: None.

Public Funding Earmarked for Health Care and Domestic Violence

VAWA: None.

Others: None.

UTAH

Statutes Addressing

Fatality Review: None.

Insurance Discrimination: Utah Code Ann. §§ 31A-21-501 to 31A-21-506 applies to health, life and disability insurance. It requires that those type of insurers in Utah may not consider whether an insured or applicant is the subject of domestic abuse as a factor to: refuse to insure the applicant; refuse to continue to insure the insured; refuse to renew or reissue a policy to insure the insured or applicant; limit the amount, extent, or kind of coverage available to the insured or applicant; charge a different rate for coverage to the insured or applicant; exclude or limit benefits or coverage under an insurance policy or contract for losses incurred; deny a claim; or terminate coverage; or fail to provide conversion privileges under a group accident and health policy for the insured because the coverage was issued in the name of the perpetrator of the domestic violence or abuse. For more information about the provisions of the statute go to http://www.le.state.ut.us/UtahCode/section.jsp?code=31A-21.

Mandatory Reporting: Utah Code Ann. § 26-23a-2 mandates that any health care provider who treats or cares for any person suffering from any wound or injury inflicted by a person's own act or the act of another by knife, gun, pistol, explosive, infernal device, or deadly weapon, or in violation of any criminal statute must report to the law enforcement agency the facts of the injury.

Protocols: None.

Screening: None.

Training: None.

Public Funding Earmarked for Health Care and Domestic Violence

VAWA: None.

Others: None.

Public Health Responses

The Department of Health with the Utah Domestic Violence Council (UDVC), Utah's state domestic violence coalition, has published and printed "Clinical Guidelines for Assessment and Referral for Victims of Domestic Violence: A Reference for Utah Health Care Providers". Copies have been distributed to health care providers and advocates throughout the state. In addition, one of the state's major health care providers is implementing "Code D" for domestic violence—additional domestic violence resources for medical or hospital settings.

VERMONT

Statutes Addressing

Fatality Review: 15 V.S.A. § 1140 establishes the Domestic Violence Fatality Review Commission whose members shall include the commissioner of the department of health, or his or her designee, the chief medical examiner, or his or her designee, a physician, appointed by the governor, a victim or survivor of domestic violence and other domestic violence advocates.

Insurance Discrimination: None.

Mandatory Reporting: 13 V.S.A. § 4012 requires every physician treating a bullet or gunshot wound, or any other wound cased by the discharge of a firearm, to report to local law enforcement officials or the state police.

Protocols: None.

Screening: None.

Training: None.

Public Funding Earmarked for Health Care and Domestic Violence

VAWA: None.

Others: None.

VIRGINIA

Statutes Addressing

Fatality Review: Va. Code Ann. § 32.1-283.3 requires the Chief Medical Examiner to develop a model protocol for the development and implementation of local family violence fatality review teams whose membership may include health care professionals, the medical examiner, other experts in forensic medicine and pathology, health department professionals and family violence victim advocates.

Insurance Discrimination: Va. Code Ann. § 38.2-508(7) applies to health, life, disability and property insurance. It prohibits any insurer in Virginia to consider the status of a victim of domestic violence as a criterion in any decision with regard to insurance underwriting, pricing, renewal, scope of coverage, or payment of claims on any and all insurance. For additional information about the provisions of the statute go to http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+38.2-508.

Mandatory Reporting: Va. Code Ann. § 54.1-2967 requires physicians, or any other person rendering medical aid or treatment, to report to the sheriff or chief of police where the treatment is rendered, treatment of any wounds which the physician knows, or has reason to believe, which were caused by a weapon specified in § 18.2-308 and which they believe or have reason to believe was not self-inflicted.

Protocols: None.

Screening: Va. Code Ann. § 32.1-11.6 establishes the Virginia Pregnant Women Support Fund to be administered by the Board of Health to support women and families facing unplanned pregnancy. The fund shall create a program for screening pregnant women and new mothers for domestic violence, dating violence, sexual assault and stalking.

Training: None.

Public Funding Earmarked for Health Care and Domestic Violence

VAWA: Some Violence Against Woman Act (VAWA) funds have been used for the Virginia Fatherhood Initiative promoting that fathers "respect their children's mothers!"

Others: None.

WASHINGTON

Statutes Addressing

Fatality Review: ARCW §§ 43.235.010 - 43.235.901 creates regional domestic violence review panels which, subject to availability of funds, the Department of Social and Health Services can contract with an entity with expertise in domestic violence policy and education and with a statewide perspective to coordinate review of domestic violence fatalities. Membership shall include medical personnel with expertise in domestic violence abuse, coroners or medical examiners or others experienced in the field of forensic pathology, if available, local health department staff and other domestic violence advocates. The annual report in December 2010 shall contain a recommendation as to whether or not the domestic violence review process should continue or be terminated by the legislature.

Insurance Discrimination: ARCW § 48.18.550 applies to health, life, disability and property insurance. It requires that all insurers in Washington cannot deny or refuse to accept an application for insurance, refuse to insure, refuse to renew, cancel, restrict, or otherwise terminate a policy of insurance, or charge a different rate for the same coverage, on the basis that the applicant or insured person is, has been, or may be a victim of domestic abuse. For additional information on the provisions of the statute go to http://apps.leg.wa.gov/rcw/default.aspx?cite=48.18.550.

Mandatory Reporting: ARCW § 70.41.440 requires hospitals to report to local law enforcement agencies, as soon as is reasonably possible, whenever they provide treatment for a bullet, gunshot or stab wound to a patient who is unconscious.

Protocols: None.

Screening: None.

Training: ARCW § 43.70.610 mandates that the Department of Health shall establish within available department general funds, an ongoing domestic violence education program as an integral part of its health professions regulation to raise awareness and educate health care professionals regarding the identification, appropriate treatment, and appropriate referral of victims of domestic violence.

Public Funding Earmarked for Health Care and Domestic Violence

VAWA: None.

Others: None.

WASHINGTON, DC

Statutes Addressing

Fatality Review: D.C. Code §§ 16-1051 - 16-1058 establishes a Domestic Violence Fatality Review Board which shall consist of one representative from agencies including the Office of the Chief Medical Examiner, the Department of Health and the Fire and Emergency Medical Services Department.

Insurance Discrimination: None.

Mandatory Reporting: D.C. Code § 7-2601 requires reporting by any physician, including persons licensed under Chapter 12, Title 3, with reasonable cause to believe that a person coming to them for examination, care or treatment has suffered injury caused by a firearm, whether self-inflicted, accidental or during the commission of a crime, or injury caused by any dangerous weapon in the commission of a crime to the Metropolitan Police Department.

Protocols: None.

Screening: None.

Training: None.

Public Funding Earmarked for Health Care and Domestic Violence

VAWA: None.

Others: None.

WEST VIRGINIA

Statutes Addressing

Fatality Review:

W. Va. Code § 48-27A-1 establishes the Domestic Violence Fatality Review Team under the office of the Chief Medical Examiner which should consist of the Chief Medical Examiner, one physician, resident or nurse practitioner specializing in the practice of family medicine or emergency medicine, one physician, resident or nurse practitioner specializing in the practice of obstetrics and gynecology and other domestic violence advocates.

Insurance Discrimination:

W. Va. Code Ann. § 33-4-20 applies to health, life and disability insurance. It requires that those insurers in West Virginia cannot Deny, refuse to issue, refuse to renew, refuse to reissue, cancel or otherwise terminate an insurance policy or restrict coverage on any individual because that individual is, has been or may be the victim of abuse; add any surcharge or rating factor to a premium of an insurance policy because an individual has been or may be the victim of abuse; exclude or limit coverage for losses or deny a claim incurred because an individual has been or may be the victim of abuse; or require as part of the application process any information regarding whether that individual has been or may be the victim of abuse. For additional information about the provisions of the statute got to http://www.legis.state.wv.us/WVCODE/33/code/WVC%2033%20%20-%20%204%20%20-%20%2020%20%20.htm.

Mandatory Reporting:

W. Va. Code § 61-2-27 mandates that any medical provider who provides treatment to a person suffering from a wound caused by a gunshot, knife, or other sharp pointed instrument which would lead a reasonable person to believe resulted from a violation of state criminal laws shall report to law enforcement agencies located in the county in which the wound was treated.

W. Va. Code § 61-2-27a requires any health care provider who examines or renders medical treatment to a person suffering from an injury caused by a burn resulting from fire or a chemical, where the circumstances under which the examination is made or treatment is rendered, or where the condition of the injury gives the health care provider reasonable cause to suspect that the injury occurred during the commission, or attempted commission, of an arson as defined in article three of this chapter, shall report the same to the office of the state fire marshal.

Protocols:

W. Va. Code § 48-26-502 requires the Bureau for Public Health of the Department of Health and Human Resources to make available to health care facilities and practitioners a written form notice of the rights of victims and the remedies and services available to victims of domestic violence. A health care practitioner whose patient has injuries or conditions consistent with domestic violence shall provide to the patient, and every health care facility shall make available to all patients, a written form of the notice.

Screening:

None.

Training:

W. Va. Code § 48-26-503 requires the Bureau for Public Health of the Department of Health and Human Resources to publish model standards, including specialized procedures and curricula, concerning domestic violence for health care facilities, practitioners and personnel, to be developed in consultation with public and private agencies that provide programs for victims of domestic violence, advocates for victims, organizations representing the interests of shelters and personnel who have demonstrated expertise and experience in providing health care to victims of domestic violence and their children.

WEST VIRGINIA (Cont.)

Public Funding Earmarked for Health Care and Domestic Violence

VAWA: None.

Others: None.

Public Health Responses

The West Virginia Coalition Against Domestic Violence partnered with the West Virginia Bureau of Public Health to develop a state plan to reduce domestic violence. The Coalition also partnered with the West Virginia Bureau for Behavioral Health and Health Facilities to provide statewide training on domestic violence for Behavioral Health and Substance Abuse Providers.

The WV Department of Health and Human Resources has organized an on-going Domestic Violence workgroup, which is convened through the Bureau for Public Health. The workgroup is now in the process of developing implementation plans (short- and long-term) for carrying out the State Plan.

WISCONSIN

Statutes Addressing

Fatality Review: None.

Insurance Discrimination: Wis. Stat. § 631.95 applies to health, life, disability and property insurance. It requires that those insurers in Wisconsin cannot: refuse to provide or renew coverage, or cancel coverage; or use as a factor in the determination of rates exclude; or limit coverage of, or deny a claim. or limit benefits on the basis that the person has been, or the insurer has reason to believe that the person is, a victim of abuse or domestic abuse or that a member of the person's family has been, or the insurer has reason to believe that a member of the person's family is, a victim of abuse or domestic abuse. For additional information on the provisions of the statute go to http://nxt.legis.state.wi.us/nxt/gateway.dll?f=templates&fn=default.htm&d=index&jd=top.

Mandatory Reporting: Wis. Stat. § 255.40 requires health professionals (defined in ch. 441, 448 or 455) to report to law enforcement, in the area where treatment is rendered, treating a patient suffering from a gunshot wound, any wound which gives them reasonable cause to believe it occurred as a result of a crime, or, any burns of the second or third degree to more than 5% of the body, burns to the upper respiratory tract, and any other burns which they have reasonable cause to believe were incurred as the result of a crime.

Wis. Stat. § 255.40 requires health professionals (as defined in §441, 448, or 455) to report patients suffering from recent gunshot wounds and injuries (including some types of burns) believed caused as a result of a result of a crime.

Protocols: None.

Screening: None.

Training: None.

Public Funding Earmarked for Health Care and Domestic Violence

VAWA: None.

Others: None.

WYOMING

Statutes Addressing

Fatality Review: None.

Insurance Discrimination: W.S.1977 § 26-19-107 stipulates that an insurance policy cannot establish rules for eligibility, including continued eligibility, for any enrollee based on evidence of insurability, including conditions arising out of acts of domestic violence.

Mandatory Reporting: None.

Protocols: None.

Screening: None.

Training: None.

Public Funding Earmarked for Health Care and Domestic Violence

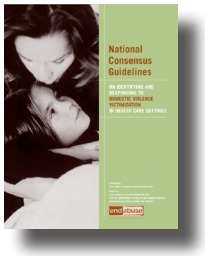
VAWA: None.

Others: None.

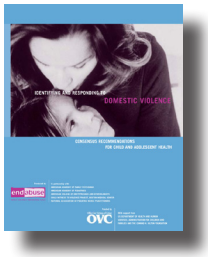
Materials Order & Feedback Form

The Family Violence Prevention Fund offers free materials to help you address health care responses to domestic violence. Check the materials below that you would like to receive, complete the form and fax to: 415-252-8991 attn: Health, or email: health@endabuse.org. You may also view our entire catalog, and request materials online: **www.endabuse.org/store**

☐ **National Consensus Guidelines on Identifying and Responding to Domestic Violence Victimization in Health Care Settings**



☐ **Identifying and Responding to Domestic Violence: Consensus Recommendations for Child and Adolescent Health**



☐ **Screen to End Abuse Training Video (32 min. on CD)**

☐ **Patient Safety Cards**

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What did you find most helpful about this publication? _____

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Do you feel any of the information in this publication needs to be revised? If so, please detail. _____

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The Family Violence Prevention Fund works to prevent violence within the home, and in the community, to help those whose lives are devastated by violence because everyone has the right to live free of violence.

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Family Violence Prevention Fund

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