

MAINE STATE LEGISLATURE

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124th MAINE LEGISLATURE

FIRST REGULAR SESSION-2009

Legislative Document

No. 1116

H.P. 771

House of Representatives, March 20, 2009

An Act To Ensure Health Care Practitioners Understand and Screen for Domestic Abuse for Pregnant Women and New Mothers

Reference to the Committee on Health and Human Services suggested and ordered printed.

Millicent M. MacFarland
MILLICENT M. MacFARLAND
Clerk

Presented by Representative MORRISON of South Portland. (BY REQUEST)
Cosponsored by Senator BLISS of Cumberland and
Representatives: BOLAND of Sanford, FLAHERTY of Scarborough, KAENRATH of South
Portland, MacDONALD of Boothbay, RUSSELL of Portland, STEVENS of Bangor.

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 22 MRSA §263 is enacted to read:

§263. Domestic abuse screening and education

The department, the Board of Licensure in Medicine, the Board of Osteopathic Licensure and the State Board of Nursing shall develop policies and procedures and adopt any rules necessary to achieve the requirements of this section regarding the screening of pregnant women and new mothers for domestic abuse, the provision of information to pregnant women and new mothers about domestic abuse services and the required training for health care practitioners regarding domestic abuse.

1. Screening and education. A health care practitioner who provides prenatal, obstetric or pediatric care or birthing services to women and their children shall, in a private setting, use a nationally recognized domestic abuse risk and lethality assessment tool during a specific time segment designated for this purpose as part of each patient visit for pregnant women and new mothers in order to assess the patient's risk of domestic abuse. This assessment must be part of regular hospital care for new mothers immediately following a birth and must include a specific time for the new mother to discuss any concerns about domestic abuse with a health care practitioner in a private setting.

2. Information and monitoring. A health care practitioner shall provide each pregnant woman and new mother under the practitioner's care with information about domestic abuse services available, including where to seek help at any time violence or abuse occurs, and shall monitor each pregnant woman and new mother closely for signs and symptoms of abuse.

3. Reporting and tracking. A health care practitioner shall report the number and frequency of assessments under subsection 1 and the results, absent the names of the parties, to the department. The department shall track the results statewide.

4. Training. A health care practitioner, including a mental health professional, shall attend domestic violence training of at least 40 hours as part of continuing education at the practitioner's own expense. The training must be based on a program developed by a national expert on domestic violence paradigms and approved by the department and the Department of the Attorney General.

5. Rulemaking. Rules adopted by the department, the Board of Licensure in Medicine, the Board of Osteopathic Licensure or the State Board of Nursing to implement this section are major substantive rules as defined in Title 5, chapter 375, subchapter 2-A.

SUMMARY

This bill requires the Department of Health and Human Services, the Board of Licensure in Medicine, the Board of Osteopathic Licensure and the State Board of Nursing to develop policies and procedures and adopt any rules necessary to mandate the screening by health care practitioners of pregnant women and new mothers for domestic

1 abuse. This bill requires that the practitioners educate these patients about domestic
2 abuse services as well as attend training on domestic abuse, approved by the department
3 and the Department of the Attorney General. The bill requires health care practitioners
4 during a specific time segment designated for the purpose in each patient visit and in a
5 private setting to assess the patient's risk of domestic abuse and to discuss concerns about
6 domestic violence. The bill specifies the use of a nationally recognized domestic abuse
7 risk and lethality assessment tool and requires the assessment to be part of regular
8 hospital care for new mothers immediately following a birth and must include a specific
9 time for the new mother to discuss any concerns about domestic abuse with a health care
10 practitioner in a private setting. The bill requires practitioners to provide specific
11 information about domestic abuse services available and to monitor each patient closely
12 for signs and symptoms of abuse. It requires the practitioners to report the number and
13 frequency of assessments and results of the assessments, absent the names of the parties,
14 to the department. It requires the department to track the results statewide.