

Dear Member Programs:

For the past several months the I have represented the Partnership as a member of a National workgroup convened by the Family Violence Prevention and Services Program and Futures Without Violence, to discuss the implementation of the Affordable Care Act (ACA) Screening and Counseling for Domestic Violence and Intimate Partner Violence (DV/IPV). Domestic violence screening and counseling is one of the eight new preventive health services that will be covered by the ACA. Given that there has been little guidance nationally from the federal government on these issues, this workgroup was designed to assist HHS in developing guidelines and recommendations for implementation. California has been the leading state on domestic violence and healthcare since 1995 when it passed of Assembly Bill 890, the first state law mandating development and implementation of protocols for all hospitals and licensed clinics to detect the presence of violence in the lives of patients. As the ACA is rolled out, California's voice will be an integral part of this national dialogue.

[Interpersonal and Domestic Violence Screening and Counseling under the ACA](#) will create unique opportunities and challenges for the domestic violence field. For the first time ever, women and adolescents will be eligible to receive preventive health services at no additional cost to the patient. Most state departments responsible for the implementation of the ACA are not yet focusing on this issue area, so our leadership and advocacy will be required to ensure appropriate implementation in our state. Our workgroup has identified five priority areas that we will need to examine through both a policy and service provision lens:

1. How will the implementation of ACA impact the demand and need for services from local domestic violence programs?
2. What resources will domestic violence organizations need to meet the increase training needs in their communities?
3. What legislative and policy changes would we need to consider for addressing California's mandatory reporting requirements?
4. What challenges exist in promoting privacy principles and protections with our health care communities?
5. What new the new resources and opportunities exist for domestic violence organizations to tap into for health advocacy?

Over the next several months and before the start of the expansion in 2014, each state program will have to make key decisions to implementing this provision, which will directly impact who can access services such as screening and counseling for DV/IPV, as well as who can be reimbursed for providing these services.



Some of the many decision facing states include:

- Will your state decide draw down 1% more federal funds by offering all preventive health services recommended with no cost sharing?
- How will the state implement the new screening and brief counseling for DV/IPV?
- States will soon be able to choose reimburse non-licensed providers to administer preventive services recommended by a licensed provider under the scope of state law.
Will DV/IPV advocates be able to draw down Medi-cal reimbursements for screening or brief counseling if a provider recommends those services?

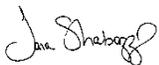
All of these decisions will have a profound impact on the number of people who are able to access these critical services, but absent a strong push by our coalition the state is not likely to act quickly. There is an important role for advocates at the statewide level, which the Partnership will explore in conjunction with local domestic violence organizations and other key stakeholders.

Next Steps:

1. Coordinate a statewide conference call to share information and discuss frequently asked questions about the implementation of ACA screening and brief counseling recommendations for DV/IPV.
2. Build relationships with our Department of Health Services and Medi-Cal director.
 - a. Ask the questions listed in the bullets above
 - b. Offer resources to help implement new guidelines
 - c. Discuss the opportunity to fund DV advocates as members of the health care team.
3. Request a meeting with our State Insurance Commissioner Dave Jones (former domestic violence champion in the State Assembly) to discuss how individual insurers will determine what will be covered and how the benefit can be administered in a way that controls for unintended consequences to survivor safety.
4. Address mandatory reporting requirements in California; identify concerns and state legislative approaches during our Statewide PPRC meeting in September.
5. Survey the field to determine what current partnerships local programs have with the healthcare community, and identify new partnership opportunities.
6. Identify funding opportunities for the Partnership to develop state-level collaborations with our Department of Health Services.

Please stay tuned for updates on our work on the national and state level. For additional questions please contact me directly tara@cpedv.org.

Best,



Tara Shabazz

