

Congress of the United States

Washington, DC 20510

April 27, 2022

The Honorable Rosa DeLauro
Chairwoman
Labor, Health and Human Services,
Education
and Related Agencies Subcommittee
U.S. House of Representatives
Washington, DC 20515

The Honorable Tom Cole
Ranking Member
Labor, Health and Human Services,
Education
and Related Agencies Subcommittee
U.S. House of Representatives
Washington, DC 20515

Dear Chairwoman DeLauro and Ranking Member Cole:

As the House Appropriations Committee and Labor, Health and Human Services, and Education Subcommittee (Labor-HHS) begin work on the Fiscal Year 2023 (FY23) Appropriations Bill, we write to respectfully request that you include increased funding for three HHS initiatives focused on better supporting survivors of domestic and sexual violence.

Authorized by Violence Against Women Act (VAWA) and administered by the Office on Women's Health, the VAWA Health program, which includes the State Partnership initiative, provides funding to State-level public and private health programs to partner with domestic and sexual violence organizations. The goal is to improve healthcare providers' ability to work with advocates and to help victims of violence and improve prevention programs. Women with abusive or controlling partners are significantly more likely to report having poorer health and health care providers are uniquely positioned to prevent and respond to abuse. The VAWA Health State Partnership initiative has already trained over 13,000 health care providers and reached more than 1.3 million patients. In FY21, Congress recommended OWH create a state-level pilot program to incentivize substance use disorder treatment providers to be trained on intimate partner violence. We request the State Partnership initiative be fully funded at \$20 million to support more survivors accessing health care and domestic violence advocacy services and support the continuation of the state-level pilot program.

Another program resides at HRSA's Bureau of Primary health Care and Office of Women's Health. For the past few years, HRSA has prioritized training, technical assistance, and resource development to assist public health and health care professionals to better serve individuals and communities impacted by intimate partner violence. The increased focus stems from HRSA's [Strategy to Address Intimate Partner Violence](#). One effort was Project Catalyst, which focused on states and territories creating systems changes for community health centers and domestic violence programs. Project Catalyst reached 10 states and territories and trained over 1,200 professionals through 51 health centers and 45 domestic violence programs. An additional focus was integrating human trafficking and intimate partner violence response in 50% of HRSA-funded community health centers. We request level funding of \$2 million to scale and sustain the implementation of the HRSA's Strategy to Address Intimate Partner Violence throughout their Bureaus and particularly expand their work in the maternal child and adolescent health and the HIV programs as well as the efforts of the Office of Health Equity.

Finally, we want to express support for the President's FY23 budget request of \$30 million for the Safe Recovery Together demonstration grants under the ACF's Family Violence Prevention and Services Program. The demonstration grants will support families affected by domestic violence at the intersection of substance-use coercion, housing instability, and child welfare involvement. This demonstration project will help alleviate the problem that pregnant and parenting domestic violence survivors can face, especially high barriers to accessing services to address substance-use coercion. Abuse targeting a partner's mental health or substance use are common forms of intimate partner violence. These forms of abuse – referred to as mental health and substance use coercion – occur with disturbing frequency. Preventing a partner from accessing services, attempting to control providers' perceptions, and trying to obtain information about a partner's treatment to use against them, particularly in relation to child custody not only jeopardizes the well-being of domestic violence survivors and their children, but also compromises the effectiveness of mental health and substance use disorder treatment.

Thank you for your attention to these important requests, and for the hard work that your Subcommittee does with funding critical federal programs.

Sincerely,



Ann McLane Kuster
Member of Congress



John Katko
Member of Congress



Katie Porter
Member of Congress



Gwen S. Moore
Member of Congress



Debbie Dingell
Member of Congress



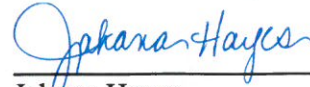
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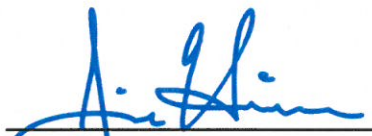
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