



2.11 COMPLIANCE WITH LEGISLATIVE MANDATES

POLICY:

Title X grantees must comply with applicable legislative mandates set out in the HHS appropriations act. Grantees must have written policies in place that address these legislative mandates:

“None of the funds appropriated in the Act may be made available to any entity under Title X of the Public Health Service Act unless the applicant for the award certifies to the Secretary of Health and Human Services that it encourages family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities.”

“Notwithstanding any other provision of law, no provider of services under Title X of the Public Health Services Act shall be exempt from any State law requiring notification of the reporting of child abuse, child molestation, sexual abuse, rape, or incest.”

Title X projects shall comply with all State and local laws requiring notification or reporting of child abuse, child molestation, sexual abuse, rape, incest, intimate partner violence or human trafficking (collectively, “State notification laws”). (42 CFR 59.17(a))

A project may not receive funds unless it provides appropriate documentation or other assurance that it has in place and implements a plan to comply with State notification laws that include:

- (i) A summary of obligation of the project or organizations and individuals carrying out the project under State notification laws, including any obligation to inquire about or determine the age of a minor client or of a minor client’s sexual partner(s);
- (ii) Timely and adequate annual training of all individuals (whether or not they are employees) serving clients for, or on behalf of, the project regarding State notification laws; policies and procedures of the Title X project and/or provider with respect to notification and reporting of child abuse, child molestation, sexual abuse, rape, incest, intimate partner violence and human trafficking; appropriate interventions, strategies, and referrals to improve the safety and current situation of the patient; and compliance with State notification laws.
- (iii) Protocols to ensure that every minor who presents for treatment is provided counseling on how to resist attempts to coerce them into engaging in sexual activities; and
- (iv) Commitment to conduct preliminary screening of any minor who presents with a sexually transmitted disease (STD), pregnancy or any suspicion of abuse, in order to rule out victimization of a minor. Projects are permitted to diagnose, test for, and treat STDs.



PROCEDURE:

Delegate agencies and service sites must inform their staff at least once annually that:

- a) clinic staff must encourage family participation in the decision of minors to seek family planning services,
- b) minors must be counseled on how to resist attempts to coerce them into engaging in sexual activities, and
- c) State law must be followed requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, incest, intimate partner violence or human trafficking:
 - CHAPTER 50-25.1 CHILD ABUSE AND NEGLECT
<https://www.legis.nd.gov/cencode/t50c25-1.pdf>
 - CHAPTER 12.1-20 SEX OFFENSES
<https://www.legis.nd.gov/cencode/t12-1c20.pdf>
 - CHAPTER 12.1-41 UNIFORM ACT ON PREVENTION OF AND REMEDIES FOR HUMAN TRAFFICKING
<https://www.legis.nd.gov/cencode/t12-1c41.pdf>
 - CHAPTER 50-25.2 VULNERABLE ADULT PROTECTION SERVICES
<https://www.legis.nd.gov/cencode/t50c25-2.pdf>

Documentation at service sites demonstrates that all staff have been formally informed about (a–c) reviewing and signing the Family Planning Statement of Understanding.

Documentation that all staff (whether or not they are employees) serving clients for, or on behalf of, the project regarding state notification laws have received timely and adequate annual training.

Medical records of minors must document encouragement regarding family participation in their decision to seek family planning services and counseling on how to resist attempts to being coerced into engaging in sexual activities.

A review of medical records confirms that in instances where minors have not been encouraged to include their family in family planning decisions, the reasons for not having done so are documented.

See also:

Family Planning Statement of Understanding

Policy 2.6 Clinical Protocols and Standards of Care



Prevent Child Abuse North Dakota <http://www.pcand.org/>

North Dakota Child Protection Program <https://www.nd.gov/dhs/services/childfamily/cps/>

SFN 960 REPORT OF SUSPECTED CHILD ABUSE OR NEGLECT

<https://www.nd.gov/eforms/Doc/sfn00960.pdf>

ND DoH Sexual Violence & Intimate Partner Violence

http://www.ndhealth.gov/injury/ND_Prevention_Tool_Kit/default.html

ND Domestic Violence / Sexual Assault Service Providers

<http://www.ndhealth.gov/domesticviolencerapecrisis/>

HIPAA Guidance Materials <https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/index.html>

CHAPTER 23-01.3 HEALTH INFORMATION AND PROTECTION

<https://www.legis.nd.gov/cencode/t23c01-3.pdf>

CHAPTER 43-17-41 Duty of Physicians and Others to Report Injury

<https://www.legis.nd.gov/cencode/t43c17.pdf#nameddest=43-17-41>

CHAPTER 23-07 REPORTABLE DISEASES

<https://www.legis.nd.gov/cencode/t23c07.pdf>

CHAPTER 23-01.3 HEALTH INFORMATION PROTECTION

<https://www.legis.nd.gov/cencode/t23c01-3.pdf>