



Monday, May 18, 2015

**Testimony regarding HB 2758  
SENATE COMMITTEE ON HEALTH CARE**

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***Public testimony regarding confidentiality issues for survivors of domestic violence with insurance communications to policy holders vs. the patient***

Dear Senate Committee on Health Care:

As Health Systems Coordinator for the Oregon Coalition Against Domestic & Sexual Violence, I support House Bill 2758 as a critical piece of legislation to address an important loophole for survivors of domestic violence accessing necessary health care. Unfortunately, with the current state of insurance communications, it can be dangerous for a survivor and her children to access health care, as an Explanation of Benefits (EOB) statement can lead to a survivor being tracked by her abusive partner, potentially alerting the abusive partner to the new location of that survivor and her family.

It is critical that advocates and medical care providers work together to help survivors, and it is critical that survivors access medical care without fear of reprisal by their abusers. It is widely known that nearly one-third of American women report being physically or sexually abused by a husband or boyfriend at some point in their lives.<sup>1</sup> This has well-documented health effects: A 1997 study by the Department of Justice showed that 37 percent of all women who sought care in hospital emergency rooms for violence-related injuries were injured by a current or former spouse, boyfriend or girlfriend.<sup>2</sup> Homicide by an intimate partner is the No. 1 cause of death for pregnant and postpartum women in the United States, accounting for 31 percent of maternal injury deaths.<sup>3</sup>

In addition to the immediate harm caused by physical injury, the ongoing violence and trauma accounts for tremendous health effects over the course of a survivor's life. Women who have experienced

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<sup>1</sup> *Health Concerns Across a Woman's Lifespan: 1998 Survey of Women's Health*. 1999. The Commonwealth Fund. New York, NY.

<sup>2</sup> Rand, Michael R. 1997. *Violence-related Injuries Treated in Hospital Emergency Departments*. U.S. Department of Justice, Bureau of Justice Statistics. Washington, DC.

<sup>3</sup> Chang, Jeani; Cynthia Berg; Linda Saltzman; and Joy Herndon. 2005. Homicide: A Leading Cause of Injury Deaths Among Pregnant and Postpartum Women in the United States, 1991-1999. *American Journal of Public Health*. 95(3): 471-477.



domestic violence are 80 percent more likely to have a stroke, 70 percent more likely to have heart disease, 60 percent more likely to have asthma and 70 percent more likely to drink heavily than women who have not experienced domestic violence.<sup>4</sup>

The effects of domestic violence on a survivor, both immediate as well as long term, highlight the importance of connecting survivors to health care. Unfortunately, we are finding out that currently we cannot connect all survivors to care who need it.

We have advocates working with survivors who need medical care, but our advocates are hesitant to make referrals due to concern that, despite well-meaning healthcare providers, an EOB will go to the policyholder, rather than the survivor-patient, and alert the policyholder to the survivor's location. This is particularly important with survivors who are escaping an abusive relationship.

In one case in Massachusetts, the survivor remained on an abusive partner's insurance plan, and moved to Boston to escape the relationship. Despite her health issues, she will not go to the doctor, for fear of an EOB being sent to her abuser, as he is the policyholder. However, when she got pregnant, she had no choice but to seek care. She is very concerned now that her abusive partner knows that she is in Boston. The prevalence of stories like this and confidentiality issues around the country force us to proceed with caution in advising survivors to seek healthcare, particularly if there are safety issues where survivors are escaping relationships.

This is of particular importance due to implementation of the Patient Protection and Affordable Care Act, which establishes screening and counseling for domestic violence as one of the eight core preventive women's health services that is to be provided at no charge to the patient. This significant change follows recommendations made in the last few years, by organizations such as the U.S. Preventive Services Task Force and the American Medical Association and it will help get survivors the care they need.

The result of increased recommendations by national healthcare leaders and institution in the Affordable Care Act means we may see increased rates of screening and counseling for domestic violence by healthcare systems. If this is then recorded and then billed to payers, it would show up on an Explanation of Benefits letter. This kind of paper trail may warn an abuser that the survivor was screened positive and then counseled for domestic violence. If this were to occur, this could put the survivor at risk of harm.

I urge you to help fix this loophole so we can recommend to all of our advocates that they can now refer survivors to the care they need with confidence and assurance that it will not betray them to their abusive partners, if they are leaving or starting a new life in a new community. Thank you.

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<sup>4</sup> *Adverse Health Conditions and Health Risk Behaviors Associated with Intimate Partner Violence, Morbidity and Mortality Weekly Report*. February 2008. Centers for Disease Control and Prevention.