

FINAL BILL REPORT

HB 1016

C 250 L 19

Synopsis as Enacted

Brief Description: Concerning hospital notification of availability of sexual assault evidence kit collection.

Sponsors: Representatives Caldier, Cody, Griffey, Mosbrucker, Maycumber, Macri, Jinkins, Slatter, Shea, Van Werven, Irwin, Fitzgibbon, Appleton, Wylie, Doglio, Robinson, Chambers, Orwall, Stanford, Rude, Frame, Leavitt, Walen and Young.

House Committee on Health Care & Wellness
Senate Committee on Health & Long Term Care

Background:

After a person has been the victim of a sexual assault, the person may undergo a forensic examination for the purpose of collecting any evidence that may have been left behind during the assault. The physician or nurse conducting the examination preserves the evidence using a sexual assault forensic examination kit, also commonly referred to as a sexual assault evidence kit or rape kit. After the examination, custody of a sexual assault evidence kit may be transferred to a law enforcement agency to be utilized during an investigation and subsequent criminal prosecution. The victim may not be charged directly or indirectly for the examination.

Sexual assault nurse examiners (SANEs) are registered nurses who have completed specialized education and clinical preparation in the medical forensic care of patients who have experienced sexual assault or abuse. In addition to other services, they can provide medical assistance while also assessing, documenting, and preserving evidence for potential prosecutions. The SANEs conduct forensic examinations where sexual assault evidence kits are collected. However, nurses without SANE training or certification can also conduct such examinations.

The 38 Community Sexual Assault Programs in Washington are accredited by the Office of Crime Victims Advocacy and may provide a 24/7 hotline, information about sexual assault, crisis intervention, and referrals to other community service providers.

Summary:

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

By July 1, 2020, any hospital that does not provide sexual assault evidence kit collection or does not have appropriate providers available at all times must develop a plan, in consultation with the local community sexual assault agency, to assist individuals with obtaining sexual assault evidence kit collection.

Beginning July 1, 2020, a hospital that does not perform sexual assault evidence kit collection, or does not have an appropriate provider available, must notify within two hours of a request any individual who presents at the emergency department requesting a sexual assault evidence kit collection that it does not provide the service or does not have a provider available. If the hospital must notify an individual, it must coordinate care with the local community sexual assault agency and assist the patient in finding a facility with an appropriate provider available.

A hospital must notify individuals upon arrival who present at the hospital's emergency department that request a sexual assault evidence kit collection that they may file a complaint with the Department of Health if the hospital fails to comply with the notice requirements.

Votes on Final Passage:

House	96	0	
Senate	46	0	(Senate amended)
House			(Refused to concur)
Senate			(Insists on its position)
House	94	0	(House concurred)

Effective: July 28, 2019