

HOUSE BILL REPORT

SSB 6158

As Passed House - Amended:

March 5, 2020

Title: An act relating to model sexual assault protocols for hospitals and clinics.

Brief Description: Concerning model sexual assault protocols for hospitals and clinics.

Sponsors: Senate Committee on Health & Long Term Care (originally sponsored by Senators Dhingra, Cleveland, Wilson, C., Das, Darneille, Hunt, Keiser, Kuderer, Lovelett, Randall, Stanford and Carlyle).

Brief History:

Committee Activity:

Public Safety: 2/20/20, 2/25/20 [DPA].

Floor Activity:

Passed House - Amended: 3/5/20, 97-0.

Brief Summary of Substitute Bill (As Amended by House)

- Establishes the Sexual Assault Coordinated Community Response Task Force within the Office of the Attorney General.

HOUSE COMMITTEE ON PUBLIC SAFETY

Majority Report: Do pass as amended. Signed by 8 members: Representatives Goodman, Chair; Davis, Vice Chair; Klippert, Ranking Minority Member; Sutherland, Assistant Ranking Minority Member; Graham, Lovick, Pellicciotti and Pettigrew.

Staff: Omeara Harrington (786-7136).

Background:

After a person has been the victim of a sexual assault, the person may undergo a forensic examination at a medical facility for the purpose of collecting any evidence that was left behind during the assault. The doctor or nurse conducting the examination preserves the evidence using a sexual assault forensic examination kit, also commonly referred to as

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a sexual assault kit or rape kit. Some facilities utilize sexual assault nurse examiners, who are registered nurses specially trained to provide evidentiary examinations of sexual assault victims.

As of 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. The hospital must also notify 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 an available provider, and coordinate care with the local community sexual assault agency and assist the patient in finding a facility with an available provider. 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.

The Office of the Attorney General administers the multidisciplinary "Sexual Assault Forensic Examination Best Practices Advisory Group" (SAFE Advisory Group), which was established for the purpose of reviewing best practice models for managing all aspects of sexual assault investigations, and for reducing the number of untested sexual assault kits in Washington. The SAFE Advisory Group is also responsible for researching best practice models for collaborative responses to victims of sexual assault from the point the sexual assault kit is collected to the conclusion of the investigation and prosecution, and for recommending institutional reforms to prevent sexual assault and improve the experiences of sexual assault survivors in the criminal justice system, among other duties.

Summary of Amended Bill:

The Sexual Assault Coordinated Community Response Task Force (task force) is established within the Office of the Attorney General. The purpose of the task force is to develop model protocols ensuring that adult or minor sexual assault victims receive a coordinated community response when presenting for care at any hospital or clinic following a sexual assault. The Office of the Attorney General must administer and provide staff support for the task force.

Task Force Membership. The task force membership includes four legislative members, including a member from each of the two largest caucuses of the Senate, appointed by the president of the Senate, and a member from each of the two largest caucuses of the House of Representatives, appointed by the Speaker of the House of Representatives caucus leaders.

The Attorney General, in consultation with the legislative members of the task force, must also appoint one member from each of the following entities:

- the Washington Association of Sheriffs and Police Chiefs;
- the Washington Association of Prosecuting Attorneys;
- the Washington Defender Association or the Washington Association of Criminal Defense Lawyers;
- the Washington Association of Cities;
- the Washington Association of County Officials;

- the Washington Superior Court Judges Association;
- the Washington Coalition of Sexual Assault Programs;
- the Office of Crime Victims Advocacy;
- the Washington State Hospital Association;
- the Washington State Nurses Association;
- the Office of the Attorney General;
- the Washington State Medical Association; and
- the Children's Advocacy Centers of Washington.

Additionally, the Attorney General, in consultation with the legislative members of the task force, must appoint two members representing each of the following:

- providers from a community sexual assault program, one representing a program serving an urban community, and the other from a program serving a rural community;
- survivors of sexual assault;
- sexual assault nurse examiners, one representative serving an urban community, and the other serving a rural community; and
- children's advocacy centers, one representing a center serving an urban community, the other from a center serving a rural community.

Duties. The duties of the task force include, but are not limited to:

- researching, reviewing, and making recommendations for best practice models in this state and from other states for collaborative and coordinated responses to sexual assault victims beginning with their arrival at a hospital or clinic;
- researching and identifying any existing gaps in trauma-informed, victim-centered care and support and sexual assault victim resources in Washington;
- researching, identifying, and making recommendations for securing nonstate funding for implementing a standardized and coordinated community response to provide appropriate support for sexual assault victims;
- researching, identifying, and making recommendations for any legislative policy options for providing a coordinated community response for victims of sexual assault; and
- collaborating with the Legislature, state agencies, medical facilities, and local governments to implement coordinated community responses for sexual assault victims consistent with best practices and standardized protocols, including, but not limited to: issues of access to sexual assault specific services; potential for assistance from the Crime Victims' Compensation Program; legal advocacy from system-based and community-based advocates; privacy of medical records; and access to necessary information among responding professionals and service providers.

Meetings and Reporting. The task force must meet no less than twice annually, and must report its findings and recommendations to the appropriate committees of the Legislature and the Governor by December 1 of each year, ending in December 2022.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Amended Bill: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) Sexual assault does more than physical harm; there is both emotional and physical trauma. Hospitals are often the first point of contact, so it is crucial that hospital staff know what to do and how to engage community supports. Model policies should be developed to ensure that the experience of victims when they seek assistance at the hospital does not continue to inflict trauma or delay collection of evidence. One woman was raped and was turned away at the hospital because the hospital did not collect rape kits. She went to a second hospital, but the delay in evidence collection contributed to the prosecutor's decision not to file charges. A government accountability survey revealed that there are widespread problems in the response to sexual assault survivors, including issues with survivors having to drive long distances and spend long hours waiting in hospitals. Standardized protocols for nurses are also important, both to protect the survivor, but also the nurse and the integrity of the evidence. Every hospital compensates sexual assault nurse examiners differently, which makes it hard to practice in certain areas and creates problems with retention. Broader communication is needed at the community level in order to coordinate and collaborate with appropriate resources for trauma-informed care, and to avoid confusion regarding certain support available through the Crime Victims' Compensation Program. Washington should be a leader in adopting standards and protocols to address these types of issues.

The Sexual Assault Coordinated Community Response Task Force (task force) proposed in this bill is a progression of the work that has already been done with the Sexual Assault Forensic Examinations Task Force and the Sexual Assault Forensic Examination Best Practices Advisory Group" (SAFE Advisory Group). The Attorney General already houses the SAFE Advisory Group, and this is a critical next step. This task force will improve circumstances for survivors, ensure timely collection of evidence, increase community safety, and bring more justice to survivors. The composition of the task force is strong, but more stakeholders should be added in order to develop procedures that work for everybody. For instance, children's advocacy centers should be included, in order to develop policies that take into account protocols and agreements that are already in place. Also, collective bargaining units for sexual assault nurse examiners should be added.

(Opposed) None.

Persons Testifying: Senator Dhingra, prime sponsor; Leah Griffin, Sexual Assault Forensic Evidence Workgroup; Andrea Piper-Wentland, King County Sexual Assault Resource Center; Paula Reed, Children's Advocacy Centers of Washington; Byron Manering, Brigid Collins Family Support Center; Melissa Johnson, Washington State Nurses Association; Lauren McDonald, Washington State Hospital Association; and Joyce Bruce, Office of the Attorney General.

Persons Signed In To Testify But Not Testifying: None.