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**SECOND SUBSTITUTE SENATE BILL 5183**

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**State of Washington**

**67th Legislature**

**2021 Regular Session**

**By** Senate Ways & Means (originally sponsored by Senators Nobles, Dhingra, Das, Hasegawa, Hunt, Keiser, Kuderer, Llias, Mullet, Nguyen, Rivers, Salomon, Stanford, Wagoner, and Wilson, C.)

READ FIRST TIME 02/18/21.

1 AN ACT Relating to victims of nonfatal strangulation; adding a  
2 new section to chapter 43.280 RCW; adding a new section to chapter  
3 7.68 RCW; creating a new section; and providing expiration dates.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5 NEW SECTION. **Sec. 1.** The legislature finds that nonfatal  
6 strangulation is among the most dangerous acts of domestic violence  
7 and sexual assault. Strangulation involves external compression of  
8 the victim's airway and blood vessels, causing reduced air and blood  
9 flow to the brain. Victims may show no or minimal external signs of  
10 injury despite having life-threatening internal injuries including  
11 traumatic brain injury. Injuries may present after the assault or  
12 much later and may persist for months and even years postassault.  
13 Victims who are strangled multiple times face a greater risk of  
14 traumatic brain injury. Traumatic brain injury symptoms are often not  
15 recognized as assault-related and may include cognitive difficulties  
16 such as decreased ability to concentrate, make decisions, and solve  
17 problems. Traumatic brain injury symptoms may also include behavior  
18 and personality changes such as irritability, impulsivity, and mood  
19 swings.

20 Domestic violence victims who have been nonfatally strangled are  
21 eight times more likely to become a subsequent victim of homicide at

1 the hands of the same abusive partner. Research shows that previous  
2 acts of strangulation are a unique and substantial predictor of  
3 attempted and completed homicide against an intimate partner.

4 For years, forensic nurses in Washington have provided high-level  
5 care to sexual assault victims. Forensic nurses are also trained in  
6 medical evaluation of nonfatal strangulation, but only provide this  
7 evaluation in cases of sexual assault involving strangulation, as  
8 crime victims' compensation will not reimburse in nonsexual assault  
9 cases. Strangulation affects victims physically and psychologically.  
10 These victims deserve a higher standard of response and medical care.  
11 Allowing crime victims' compensation to reimburse for forensic nurse  
12 examinations for victims of domestic violence strangulation will  
13 provide a better, more victim-centered response in the most dangerous  
14 of domestic violence felony cases.

15 NEW SECTION. **Sec. 2.** A new section is added to chapter 43.280  
16 RCW to read as follows:

17 (1) The office of crime victims advocacy shall develop best  
18 practices that local communities may use on a voluntary basis to  
19 create more access to forensic nurse examiners in cases of nonfatal  
20 strangulation assault including, but not limited to, partnerships to  
21 serve multiple facilities, mobile nurse examiner teams, and  
22 multidisciplinary teams to serve victims in local communities.

23 (a) When developing the best practices, the office of crime  
24 victims advocacy shall consult with:

- 25 (i) The Washington association of sheriffs and police chiefs;  
26 (ii) The Washington association of prosecuting attorneys;  
27 (iii) The Washington state coalition against domestic violence;  
28 (iv) The Harborview abuse and trauma center;  
29 (v) The Washington state hospital association;  
30 (vi) The Washington state association of counties;  
31 (vii) The association of Washington cities;  
32 (viii) The Washington coalition of sexual assault programs;  
33 (ix) The schools of nursing at Washington State University and  
34 the University of Washington;  
35 (x) Collective bargaining representatives of frontline nurse  
36 examiners; and  
37 (xi) Other organizations deemed appropriate by the office of  
38 crime victims advocacy.

1 (b) The office of crime victims advocacy shall complete the best  
2 practices no later than January 1, 2022, and publish them on its  
3 website.

4 (2) The office of crime victims advocacy shall develop strategies  
5 to make forensic nurse examiner training available to nurses in all  
6 regions of the state without requiring the nurses to travel  
7 unreasonable distances or incur unreasonable expenses.

8 (a) When developing the strategies, the office of crime victims  
9 advocacy shall consult with:

- 10 (i) The Harborview abuse and trauma center;  
11 (ii) The department of health;  
12 (iii) The nursing care quality assurance commission;  
13 (iv) The Washington state nurses association;  
14 (v) The Washington state hospital association;  
15 (vi) Forensic nurse practitioners; and  
16 (vii) Other organizations deemed appropriate by the office of  
17 crime victims advocacy.

18 (b) The office of crime victims advocacy shall report the  
19 strategies to the governor and the appropriate committees of the  
20 legislature no later than October 1, 2022.

21 (3) This section expires June 30, 2023.

22 NEW SECTION. **Sec. 3.** A new section is added to chapter 7.68 RCW  
23 to read as follows:

24 (1) No costs incurred by a hospital or other emergency medical  
25 facility for the examination of the victim of domestic violence  
26 assault involving nonfatal strangulation, when such examination is  
27 performed for the purposes of gathering evidence for possible  
28 prosecution, shall be billed or charged directly or indirectly to the  
29 victim of such assault. Such costs shall be paid by the state  
30 pursuant to this chapter.

31 (2) The department must notify the office of financial management  
32 and the fiscal committees of the legislature if it projects that the  
33 cost of services provided under subsection (1) of this section  
34 exceeds the amount of funding provided by the legislature solely for  
35 the purposes of subsection (1) of this section.

36 (3) If the department determines that the cost of services  
37 provided under subsection (1) of this section exceeds the amount of  
38 funding provided solely for these purposes, the program may not  
39 reduce the reimbursement rates for medical providers seeking

1 reimbursement for other claimants and instead the program is to  
2 return to paying for services under subsection (1) of this section  
3 after insurance.

4 (4) No later than October 1, 2022, the department shall report to  
5 the legislature the following information for fiscal year 2022:

6 (a) The number, type, and amount of claims received by victims of  
7 suspected nonfatal strangulation, with a subtotal of claims that also  
8 involved sexual assault;

9 (b) The number, type, and amount of claims paid for victims of  
10 suspected nonfatal strangulation, with a subtotal of claims that also  
11 involved sexual assault; and

12 (c) The number of police reports filed by victims of suspected  
13 nonfatal strangulation who received services under subsection (1) of  
14 this section.

15 (5) This section expires June 30, 2023.

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