CERTIFICATION OF ENROLLMENT

**SECOND SUBSTITUTE SENATE BILL 5183**

67th Legislature

2021 Regular Session

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| Passed by the Senate April 19, 2021Yeas 49 Nays 0**President of the Senate**Passed by the House April 6, 2021Yeas 98 Nays 0**Speaker of the House of Representatives** | CERTIFICATEI, Brad Hendrickson, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **SECOND SUBSTITUTE SENATE BILL 5183** as passed by the Senate and the House of Representatives on the dates hereon set forth.Secretary |
| Approved  |  |
| **Governor of the State of Washington** | **Secretary of State** **State of Washington** |

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AS AMENDED BY THE HOUSE

Passed Legislature - 2021 Regular Session

**State of Washington 67th Legislature 2021 Regular Session**

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

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

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

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

Domestic violence victims who have been nonfatally strangled are eight times more likely to become a subsequent victim of homicide at the hands of the same abusive partner. Research shows that previous acts of strangulation are a unique and substantial predictor of attempted and completed homicide against an intimate partner.

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

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

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

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

(i) The Washington association of sheriffs and police chiefs;

(ii) The Washington association of prosecuting attorneys;

(iii) The Washington state coalition against domestic violence;

(iv) The Harborview abuse and trauma center;

(v) The Washington state hospital association;

(vi) The Washington state association of counties;

(vii) The association of Washington cities;

(viii) The Washington coalition of sexual assault programs;

(ix) The schools of nursing at Washington State University and the University of Washington;

(x) Collective bargaining representatives of frontline nurse examiners; and

(xi) Other organizations deemed appropriate by the office of crime victims advocacy.

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

(2) The office of crime victims advocacy shall develop strategies to make forensic nurse examiner training available to nurses in all regions of the state without requiring the nurses to travel unreasonable distances and without requiring medical facilities or the nurses to incur unreasonable expenses. Among other important factors deemed relevant and appropriate by the office of crime victims advocacy, the strategies should take into account the unique challenges faced by medical facilities and nurses operating in rural areas.

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

(i) The Harborview abuse and trauma center;

(ii) The department of health;

(iii) The nursing care quality assurance commission;

(iv) The Washington state nurses association;

(v) The Washington state hospital association;

(vi) The schools of nursing at Washington State University and the University of Washington;

(vii) Forensic nurse practitioners; and

(viii) Other organizations deemed appropriate by the office of crime victims advocacy.

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

(3) This section expires June 30, 2023.

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

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

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

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

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

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

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

(4) This section expires June 30, 2023.

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