

# HOUSE BILL REPORT

## HB 2101

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**As Reported by House Committee On:**  
Health Care & Wellness

**Title:** An act relating to increasing the availability of sexual assault nurse examiners.

**Brief Description:** Concerning the availability of sexual assault nurse examiners.

**Sponsors:** Representatives McCabe, Orwall, Griffey, Hayes and McDonald.

**Brief History:**

**Committee Activity:**

Health Care & Wellness: 1/26/18, 1/31/18 [DPS].

**Brief Summary of Substitute Bill**

- Requires the Office of Crime Victims Advocacy to develop best practices for the creation of more access to sexual assault nurse examiners.
- Requires the Office of Crime Victims Advocacy to develop strategies to make sexual assault nurse examiner training available to nurses in all regions of the state.

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### HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

**Majority Report:** The substitute bill be substituted therefor and the substitute bill do pass. Signed by 16 members: Representatives Cody, Chair; Macri, Vice Chair; Schmick, Ranking Minority Member; Graves, Assistant Ranking Minority Member; Caldier, Clibborn, DeBolt, Harris, Jinkins, MacEwen, Maycumber, Riccelli, Robinson, Slatter, Stonier and Tharinger.

**Staff:** Jim Morishima (786-7191).

**Background:**

A sexual assault nurse examiner (SANE) is a registered nurse specially trained to provide evidentiary examinations of victims of sexual assaults. Although there is no state-issued license or endorsement for a SANE, the International Association of Forensic Nurses (IAFN) grants SANE certification to registered nurses who:

- complete training that meets the IAFN SANE Education Guidelines;

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- meet clinical practice requirements;
- pass an examination; and
- comply with ongoing training requirements.

The only facility that offers SANE training in the state is Harborview Medical Center.

In 2016 the Office of Crime Victims Advocacy (OCVA) was required to study the availability of SANEs throughout the state. Recommendations made by the study included the use of mobile SANE teams, the use of multidisciplinary teams, and remote training opportunities and consultation through electronic means.

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### **Summary of Substitute Bill:**

The OCVA must develop best practices that local communities may voluntarily use to create more access to sexual assault nurse examiners, including, but not limited to, partnerships to serve multiple facilities, mobile SANE teams, and multidisciplinary teams to serve sexual assault survivors in local communities. When developing the best practices, the OCVA must consult with:

- the Washington Association of Sheriffs and Police Chiefs;
- the Washington Association of Prosecuting Attorneys;
- the Washington Coalition of Sexual Assault Programs;
- the Harborview Center for Sexual Assault and Traumatic Stress;
- the Washington State Hospital Association;
- the Washington Association of Counties;
- the Association of Washington Cities; and
- other organizations deemed appropriate by the OCVA.

The OCVA must complete the best practices no later than January 1, 2019, and publish them on its website.

The OCVA must also develop strategies to make SANE training available to nurses in all regions of the state without requiring the nurses to travel unreasonable distances or incur unreasonable expenses. When developing the strategies, the OCVA must consult with:

- the Harborview Center for Sexual Assault and Traumatic Stress;
- the Department of Health;
- the Nursing Care Quality Assurance Commission;
- the Washington State Nurses Association;
- the Washington State Hospital Association; and
- other organizations deemed appropriate by the OCVA.

The OCVA must report the strategies to the Governor and the appropriate committees of the Legislature no later than January 1, 2019.

### **Substitute Bill Compared to Original Bill:**

The substitute bill:

- clarifies that the general purpose of the best practices is to create more access to sexual assault nurse examiners;
  - requires the best practices to address partnerships to serve multiple facilities;
  - adds the Washington State Hospital Association to the entities with which the OCVA must consult when developing best practices and strategies; and
  - changes the completion date for the best practices and strategies to January 1, 2019 (from January 1, 2018).
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**Appropriation:** None.

**Fiscal Note:** Available.

**Effective Date of Substitute 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) This bill is a recommendation of the Sexual Assault Forensic Examination Best Practices Task Force and will help rape survivors. Rape victims experience failures in the systems designed to protect them and bring them justice. An improperly performed rape examination can be a second assault. Many hospitals do not handle rape kits or have personnel trained to treat rape victims, which can result in the loss of evidence. This can make it more difficult or impossible to convict perpetrators. Treatment of a rape victim by a sexual assault nurse examiner (SANE) is therefore vital. Every victim deserves to arrive at the closest hospital and receive treatment from a well-qualified, well-trained SANE. Every community should have a plan when victims present to the emergency room. Without additional training and resources, SANEs experience burnout and turnover. Nurses should receive SANE training in nursing school. Harborview is the only place in the state to receive SANE training. More training is necessary in rural areas to increase the availability of SANEs. This bill will put best practices in place, address gaps in access, continue to make Washington a leader in solving this problem, and put the state on the path of healing, recovery, and health.

(Opposed) None.

**Persons Testifying:** Representative McCabe, prime sponsor; Leah Griffin, Sexual Assault Forensic Examination Task Force; Terri Lindeke, Washington State National Organization of Women; and Jennifer Muhm, Washington State Nurses Association.

**Persons Signed In To Testify But Not Testifying:** None.