

# SENATE BILL REPORT

## SB 6158

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As Reported by Senate Committee On:  
Health & Long Term Care, January 22, 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:** Senators Dhingra, Cleveland, Wilson, C., Das, Darneille, Hunt, Keiser, Kuderer, Lovelett, Randall, Stanford and Carlyle.

**Brief History:**

**Committee Activity:** Health & Long Term Care: 1/20/20, 1/22/20 [DPS].

**Brief Summary of First Substitute Bill**

- Directs the Office of the Attorney General to convene a task force to develop model protocols for hospitals and clinics to ensure a coordinated community response for sexual assault victims.

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### SENATE COMMITTEE ON HEALTH & LONG TERM CARE

**Majority Report:** That Substitute Senate Bill No. 6158 be substituted therefor, and the substitute bill do pass.

Signed by Senators Cleveland, Chair; Randall, Vice Chair; O'Ban, Ranking Member; Becker, Conway, Dhingra, Frockt, Keiser, Muzzall and Van De Wege.

**Staff:** LeighBeth Merrick (786-7445)

**Background:** Sexual assault includes rape, assault with the intent to commit rape, incest, child molestation, certain sexual misconduct, crimes with a sexual motivation, sexual exploitation of a minor, and promoting prostitution. Following a sexual assault, the victim may undergo a forensic examination for 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 rape kit may be transferred to a law enforcement agency to be used during an investigation and subsequent criminal prosecution. Adult victims may elect to report the sexual assault to law

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enforcement, but the crime must be reported to law enforcement if the victim is younger than age 18.

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. The Office of Crime Victims Advocacy (OCVA) supports the 36 accredited community sexual assault programs serving every county in the state. In 2018, the Legislature passed a law requiring the OCVA to develop best practices around creating more access to SANEs and SANE training. The OCVA issued their best practices in November 2019 with recommendations including mandating every hospital have a coordinated, victim-centered response plan. In 2019, legislation was passed requiring a hospital not performing rape kit collection or not having an appropriate provider available, to coordinate with the local sexual assault agency to develop a plan to assist individuals with obtaining rape kit collection. The legislation also requires these hospitals to notify any individual who presents at the emergency department requesting a rape kit collection that it does not provide the service, and to coordinate care with the local community sexual assault agency to help the patient find a facility with an appropriate provider available.

**Summary of Bill (First Substitute):** The Office of the Attorney General must administer the sexual assault coordinated community response task force. The purpose of the task force is to develop model protocols ensuring 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 task force members must include four legislators, two sexual assault survivor representatives, two providers from community sexual assault programs, two representatives of SANEs, two representatives of children's advocacy centers and one representative from the following organizations:

- 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 OCVA;
- the Washington State Hospital Association;
- the Washington State Medical Association; and
- the Office of the Attorney General.

The task force must collaborate with state and local government, and medical facilities to implement coordinated community responses, including access to specific services, potential assistance from the crime victims' compensation program, legal advocacy, privacy of medical records, and access to necessary information among responding professionals and service providers. Additionally, the task force is required to research:

- best practices for collaborative and coordinated responses;
- existing gaps in trauma-informed, victim-centered care, and support and resources;
- securing nonstate funding for implementing a standardized and coordinated community response; and

- policy options for providing a coordinated community response.

The task force must report its recommendations to the Legislature and Governor by December 1st of each year, and expires December 31, 2022.

**EFFECT OF CHANGES MADE BY HEALTH & LONG TERM CARE COMMITTEE (First Substitute):**

- Adds two representatives of SANEs—one of a SANE serving in a rural community and one of a SANE serving an urban community, two representatives from children's advocacy centers—one from a center serving in a rural community and one from a center serving an urban community, and one representative from the Washington State Medical Association as task force members.

**Appropriation:** None.

**Fiscal Note:** Available.

**Creates Committee/Commission/Task Force that includes Legislative members:** Yes.

**Effective Date:** Ninety days after adjournment of session in which bill is passed.

**Staff Summary of Public Testimony on Original Bill:** *The committee recommended a different version of the bill than what was heard.* PRO: Sexual assault survivors experience an array of emotional and physical trauma, and it is critical that when they go to seek help, more trauma is not inflicted. This bill is important because it will provide a consistent and coordinated response for survivors. There has been a multi-year effort to improve the legal and medical communities' response to sexual assault victims, and this bill provides an important piece to move this work forward. Often times, the first place a person goes after being sexually assaulted is the emergency department. The long waits, being turned away, or sent to other hospitals while trying to access a SANE or rape kit only inflicts more trauma on the individual. The Government Accountability Office found that this is a national problem. This bill provides Washington with the opportunity to be a national leader on this issue. The written protocols will help hospitals link sexual assault survivors to necessary community resources. SANEs from large urban, midsize, and small critical access hospitals, children's advocacy centers, and the Washington State Medical Association should all have representation on the task force.

OTHER: Children's advocacy centers have experience developing best-practices for child sexual assault victims and should be included as a member of the task force.

**Persons Testifying:** PRO: Senator Manka Dhingra, Prime Sponsor; Seth Dawson, citizen; Russell Brown, Executive Director, WAPA; Michelle Dixon-Wall, Co-Executive Director; Terri Stewart, Harborview Abuse and Trauma Center; Lindsay Grad, SEIU 1199; Katherine Weiss, WSNA; Leah Griffin, SAFE Working Group; Andrea Cruz, citizen; Andrea Piper-Wentland, King County Sexual Assault Resource Center; Lauren McDonald, Washington State Hospital Association.

OTHER: Byron Manering, Brigid Collins Family Support Center.

**Persons Signed In To Testify But Not Testifying:** No one.