

FINAL BILL REPORT

SSB 6158

C 202 L 20
Synopsis as Enacted

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).

Senate Committee on Health & Long Term Care
House Committee on Public Safety

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, 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 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 OCVA to develop best practices around creating more access to SANEs and SANE training. 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.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Summary: 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;
- the Washington State Nurses Association;
- the Children's Advocacy Centers of Washington; and
- the Office of the Attorney General.

The task force must collaborate with state and local governments, 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.

Votes on Final Passage:

Senate	49	0	
House	97	0	(House amended)
Senate	49	0	(Senate concurred)

Effective: June 11, 2020