

HOUSE BILL 963

J3, J1

4lr2230

By: Delegates A. Kelly, Barve, Carr, Clippinger, Costa, Cullison, Donoghue, Dumais, Fraser-Hidalgo, Gilchrist, Gutierrez, Lee, Luedtke, A. Miller, Pena-Melnyk, Reznik, S. Robinson, Waldstreicher, A. Washington, and ~~M. Washington~~ M. Washington, Bromwell, Elliott, Hammen, Hubbard, Kach, Kipke, Krebs, McDonough, Morhaim, Murphy, Nathan-Pulliam, Oaks, Pendergrass, Ready, Tarrant, and V. Turner

Introduced and read first time: February 6, 2014

Assigned to: Health and Government Operations

Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 12, 2014

CHAPTER _____

1 AN ACT concerning

2 **Hospitals – ~~Requirements~~ Protocol for Sexual Assault Medical Forensic**
3 **Examinations and ~~Reporting~~ Planning Committee**

4 FOR the purpose of requiring that certain hospitals ~~provide~~, on or before a certain
5 date, have a protocol to provide certain access to sexual assault medical forensic
6 examinations by forensic nurse examiners or physicians to certain victims;
7 ~~requiring certain hospitals to report certain information to the Department of~~
8 ~~Health and Mental Hygiene on or before a certain date each year;~~ establishing
9 the Planning Committee to Implement Improved Access to Sexual Assault
10 Medical Forensic Examinations in Maryland; providing for the composition,
11 chair, and staffing of the Planning Committee and reimbursement for expenses
12 for members of the Planning Committee; providing for the duties of the
13 Planning Committee; requiring the Planning Committee to submit a certain
14 report to the Governor and certain legislative committees on or before a certain
15 date; providing for the termination of a certain provision of this Act; and
16 generally relating to hospitals and ~~requirements~~ protocols for sexual assault
17 medical forensic examinations and ~~reporting~~ the Planning Committee.

18 BY adding to

19 Article – Health – General

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



1 Section 19-310.2
 2 Annotated Code of Maryland
 3 (2009 Replacement Volume and 2013 Supplement)

4 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
 5 MARYLAND, That the Laws of Maryland read as follows:

6 **Article – Health – General**

7 **19-310.2.**

8 ~~(A) EACH ON OR BEFORE JULY 1, 2014, EACH HOSPITAL THAT~~
 9 ~~PROVIDES EMERGENCY MEDICAL SERVICES SHALL PROVIDE HAVE A PROTOCOL~~
 10 ~~TO PROVIDE TIMELY ACCESS TO A SEXUAL ASSAULT MEDICAL FORENSIC~~
 11 ~~EXAMINATION BY A FORENSIC NURSE EXAMINER OR A PHYSICIAN TO A VICTIM~~
 12 ~~OF AN ALLEGED RAPE OR SEXUAL OFFENSE WHO ARRIVES AT THE HOSPITAL~~
 13 ~~FOR TREATMENT.~~

14 ~~(B) ON OR BEFORE JANUARY 10 OF EACH YEAR, EACH HOSPITAL SHALL~~
 15 ~~REPORT TO THE DEPARTMENT ON THE NUMBER OF EXAMINATIONS PERFORMED~~
 16 ~~UNDER SUBSECTION (A) OF THIS SECTION FOR THE PREVIOUS YEAR.~~

17 SECTION 2. AND BE IT FURTHER ENACTED, That:

18 (a) There is a Planning Committee to Implement Improved Access to Sexual
 19 Assault Medical Forensic Examinations in Maryland.

20 (b) The Planning Committee is composed of the following members appointed
 21 by the Governor:

22 (1) one representative of the Department of Health and Mental
 23 Hygiene;

24 (2) one representative of the Maryland Institute for Emergency
 25 Medical Services Systems;

26 (3) one representative of the Maryland Coalition Against Sexual
 27 Assault;

28 (4) two representatives of programs providing emergency room
 29 accompaniment to sexual assault victims and survivors, one of whom represents a
 30 rural region of the State and one of whom represents an urban region of the State;

31 (5) two representatives from hospitals that provide sexual assault
 32 forensic exams (SAFEs), one of whom represents a rural region of the State and one of
 33 whom represents an urban region of the State;

1 (6) two representatives from hospitals that do not provide SAFEs, one
2 of whom represents a rural region of the State and one of whom represents an urban
3 region of the State;

4 (7) two SAFE coordinators, one of whom represents a rural region of
5 the State and one of whom represents an urban region of the State;

6 (8) two representatives of local law enforcement agencies in the State,
7 one of whom represents a rural region of the State and one of whom represents an
8 urban region of the State; and

9 (9) one representative of the State Board of Nursing.

10 (c) The Governor shall designate the chair of the Planning Committee from
11 among the members of the Planning Committee.

12 (d) The Department of Health and Mental Hygiene and the Maryland
13 Institute for Emergency Medical Services Systems shall provide staff for the Planning
14 Committee.

15 (e) A member of the Planning Committee:

16 (1) may not receive compensation as a member of the Planning
17 Committee; but

18 (2) is entitled to reimbursement for expenses under the Standard
19 State Travel Regulations, as provided in the State budget.

20 (f) The Planning Committee shall:

21 (1) review the protocols that certain hospitals are required to have
22 under § 19–310.2 of the Health – General Article;

23 (2) examine the barriers to providing care for individuals seeking a
24 sexual assault medical forensic examination;

25 (3) study reimbursement issues for providers that offer sexual assault
26 medical forensic examinations to the community;

27 (4) examine the protocols of emergency medical service providers and
28 local law enforcement agencies to direct sexual assault victims to a hospital with the
29 capability to provide a sexual assault medical forensic examination;

30 (5) determine best practices on how to educate the community on
31 where to access sexual assault medical forensic examination services;

1 (6) study and make recommendations about the optimal caseload level
 2 to maintain a high level of quality and competency among SAFE practitioners;

3 (7) consider geographic differences in the State as the differences
 4 relate to the provision of sexual assault medical forensic examination services;

5 (8) consider hospital reporting requirements regarding the number of
 6 victims who present and the actions taken;

7 (9) review practices in other states that increase the availability of
 8 SAFEs;

9 (10) develop and recommend protocols to enhance protections for sexual
 10 assault victims' rights and privacy;

11 (11) receive public testimony from stakeholders; and

12 (12) adopt recommendations that are consistent with the State's
 13 all-payer model contract approved by the federal Center for Medicare and Medicaid
 14 Innovation.

15 (g) On or before December 1, 2015, the Planning Committee shall submit a
 16 report on its findings and recommendations, including any legislation required to
 17 implement the recommendations, to the Governor and, in accordance with § 2-1246 of
 18 the State Government Article, the Senate Finance Committee and the House Health
 19 and Government Operations Committee.

20 SECTION ~~2~~ 3. AND BE IT FURTHER ENACTED, That this Act shall take
 21 effect ~~October~~ June 1, 2014. Section 2 of this Act shall remain effective for a period of 2
 22 years and 1 month and, at the end of June 30, 2016, with no further action required by
 23 the General Assembly, Section 2 of this Act shall be abrogated and of no further force
 24 and effect.

Approved:

Governor.

Speaker of the House of Delegates.

President of the Senate.