

Chapter 627

(House Bill 963)

AN ACT concerning

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

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

BY adding to

Article – Health – General

Section 19–310.2

Annotated Code of Maryland

(2009 Replacement Volume and 2013 Supplement)

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

Article – Health – General

19–310.2.

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

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

SECTION 2. AND BE IT FURTHER ENACTED, That:

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

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

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

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

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

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

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

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

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

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

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

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

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

(e) A member of the Planning Committee:

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

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

(f) The Planning Committee shall:

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

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

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

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

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

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

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

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

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

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

(11) receive public testimony from stakeholders; and

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

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

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

Approved by the Governor, May 15, 2014.