

BaltimoreCounty_FAV_SB0406

Uploaded by: Byrne, Julia

Position: FAV



JOHN A. OLSZEWSKI, JR.
County Executive

CHARLES R. CONNER III, ESQ.
Chief Legislative Officer

KIMBERLY S. ROUTSON
Deputy Legislative Officer

JOEL N. BELLER
Assistant Legislative Officer

BILL NO.: SB 406

TITLE: Criminal Procedure – Sexual Assault Evidence Kits – Privacy Reimbursement, and Notification

SPONSOR: Senator Waldstreicher

COMMITTEE: Judicial Proceedings

POSITION: **SUPPORT**

DATE: February 13, 2020

Baltimore County **SUPPORTS** Senate Bill 406 - Criminal Procedure – Sexual Assault Evidence Kits – Privacy Reimbursement, and Notification. This proposed legislation mandates that a health care provider must provide notice to the Criminal Injuries Compensation Board that services were rendered to a survivor of sexual assault, prohibits the description of the survivor’s experience in requests to obtain payment for services, and alters the services for which the Board is required to pay certain claims and for which a physician or health care provider is immune for civil liability.

Sexual assault is one of the most horrifying and traumatic things that can happen to an individual, and too often survivors find themselves doubly traumatized by what happens afterwards. Rather than being empowered by medical and legal officials, survivors often have their stories overlooked and their pain ignored.

In the recent years, Maryland has taken a number of significant steps to address the buildup of untested rape kits, but more policy changes can be made to help victims. SB 406 aims to put standards in place that prioritize a survivor’s needs first while also providing medical and forensic experts the tools they need to properly do their jobs. By prohibiting a narrative of an alleged offense or a photograph of the victim from being included in physician claims for payment from the Criminal Injuries Compensation Board, this bill would help protect the privacy of survivors and prevent re-victimization.

Accordingly, Baltimore County requests a **FAVORABLE** report on SB 406. For more information, please contact Chuck Conner, Chief Legislative Officer, at 443-900-6582.

BaltimoreCounty_FAV_SB0481

Uploaded by: Byrne, Julia

Position: FAV



JOHN A. OLSZEWSKI, JR.
County Executive

CHARLES R. CONNER III, ESQ.
Chief Legislative Officer

KIMBERLY S. ROUTSON
Deputy Legislative Officer

JOEL N. BELLER
Assistant Legislative Officer

BILL NO.: SB 481

TITLE: Criminal Law - Crime of Violence - Vulnerable Adult

SPONSOR: Senator Lee

COMMITTEE: Judicial Proceedings

POSITION: **SUPPORT**

DATE: February 13, 2020

Baltimore County **SUPPORTS** Senate Bill 481 – Criminal Law - Crime of Violence - Vulnerable Adult. This bill would alter the definition of “crime of violence” to include the abuse or neglect of a vulnerable adult.

In Baltimore County we celebrate our elderly residents and strive to help those of our adult population who are most in need. Abuse of vulnerable adults, whether it be the elderly or those with intellectual disabilities, is a heinous act and one that should not be construed to be tolerated by the law in the slightest. Abuse or neglect of vulnerable adults is certainly an act of violence, as they cause physical or emotional harm to the adult which may adversely affect their well-being indefinitely. This bill would ensure that justice is brought to anyone who engages in this sort of cruelty by allowing the Court to consider these cases as the crimes of violence we know them to be.

Accordingly, Baltimore County requests a **FAVORABLE** report on SB 481. For more information, please contact Chuck Conner, Chief Legislative Officer, at 443-900-6582.

PPM_FAV_SB 406

Uploaded by: Elliott, Robyn

Position: FAV



330 N. Howard Street
Baltimore, MD 21201
(410) 576-1400
www.plannedparenthood.org/maryland

Planned Parenthood of Maryland

Committee: Senate Judicial Proceedings Committee

Bill Number: SB 406

Title: Criminal Procedure – Sexual Assault Evidence Kits – Privacy, Reimbursement, and Notification

Hearing Date: February 13, 2020

Position: Support

Planned Parenthood of Maryland (PPM) supports Senate *Bill 406 – Criminal Procedure – Sexual Assault Evidence Kits – Privacy, Reimbursement, and Notification*. This bill would require the Criminal Injuries Compensation Board to pay for a sexual assault forensic exam in addition to the physical exam, require e-verification that services were actually rendered to the victim, and prohibit any payment request for such an exam from including a narrative about the alleged offense or a photograph of the victim.

We believe that the inclusion of this information, in addition to violating HIPAA, also violates the dignity of the survivor, and we urge a favorable vote. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

WomensLegislativeCaucus_FAV_SB406

Uploaded by: Hill, Catherine

Position: FAV



WOMEN'S LEGISLATIVE CAUCUS MARYLAND GENERAL ASSEMBLY

February 13, 2020

Senator William C. Smith, Jr. , Chair

Senator Jeff Waldstreicher, Vice Chair

Members of the Judicial Proceedings Committee:

The Women's Legislative Caucus respectfully submits its support for SB406 Criminal Procedure - Sexual Assault Evidence Kits - Privacy, Reimbursement, and Notification.

This legislation requires a physician, qualified health care provider, or hospital to provide a certain notice to the Criminal Injuries Compensation Board regarding that services were rendered to a victim of an alleged rape or sexual offense or a victim of alleged child sexual abuse; prohibiting a physician, qualified health care provider, or hospital from including certain information in a request to obtain payment for certain services related to sexual assault forensic examinations for certain sexually related crimes under certain circumstances; etc.

The Caucus supports bills that directly affect women and have bipartisan support; its members voted to support SB406 on February 12, 2020.

The Caucus requests a positive action on behalf of this legislation.

LisaeJordan_FAV_SB406

Uploaded by: Jordan, Lisae

Position: FAV



Working to end sexual violence in Maryland

P.O. Box 8782
Silver Spring, MD 20907
Phone: 301-565-2277
Fax: 301-565-3619

For more information contact:
Lisae C. Jordan, Esquire
443-995-5544
www.mcasa.org

Testimony Supporting Senate Bill 406
Lisae C. Jordan, Executive Director & Counsel
February 13, 2020

The Maryland Coalition Against Sexual Assault (MCASA) is a non-profit membership organization that includes the State's seventeen rape crisis centers, law enforcement, mental health and health care providers, attorneys, educators, survivors of sexual violence and other concerned individuals. MCASA includes the Sexual Assault Legal Institute (SALI)m which provides direct legal services for survivors across Maryland. We urge the Judicial Proceedings Committee to report favorably on Senate Bill 406.

Senate Bill 406 – Sexual Assault Evidence Kits – Privacy & Reimbursement

Current law requires the Criminal Injuries Compensation Fund to provide health care providers with reimbursement for performing a sexual assault forensic examination (SAFE). Reimbursement is regulated by COMAR, including provisions regarding which SAFEs qualify for reimbursement and the information which must be provided. Senate Bill 406 addresses two issues: first, it prohibits the State from requiring graphic details of a victim's sexual assault or copies of photographs obtained during the exam. This is to protect victim privacy. Second, it exams the time period to conduct a SAFE exam to reflect current science.

Privacy – Privacy is consistently one of the chief concerns of victims of sexual assault. Privacy has been described as being “like oxygen” for survivors and protecting privacy is woven through state and federal policies addressing sexual assault response. In Maryland, survivors are provided with sexual assault forensic exams and emergency treatment without charge and without accessing insurance in part to ensure privacy and restore a survivor's sense of control. SAFE records are maintained separately and not a part of a patient's other health care records to protect privacy.

It is incomprehensible that Maryland state officials request and require details of a survivor's rape prior to providing reimbursement to a health care provider. We gather this is a misguided attempt to confirm that a crime occurred. Payments from the Criminal Injuries Compensation Fund (CICF) require that a crime occurred in order to pay for an expense. However, this can be accomplished through use of a medical diagnostic code (for example: T74.21XA Adult sexual abuse, confirmed, initial encounter). CICF is used as a source of reimbursement for SAFEs in many states and details of the assault are not required. We also question whether the Governor's

Office of Crime Control and Prevention, the entity currently administering the CICF, has appropriate procedures in place to comply with HIPAA's Privacy Rule. In event, statutory guidance is needed to make it clear that details of a survivor's rape should not be shared unnecessarily.

Reimbursement – Window for Exam

There are 1400-1500 SAFE's performed annually. Current regulations require that an adult sexual assault forensic exam be performed within 120 hours of an assault. Forensic science is continuing to develop and the Maryland State Police now follow the policy that they will test cervical swabs collected up to 15 days post assault. The MSP lab based this decision on research conducted by Dr. Jack Ballantyne of the University of Central Florida, National Center for Forensic Sciences (*Best Practices for the National Response to Sexual Assault Investigations, The recovery of DNA profiles from the semen donor in extended interval post coital samples*, National Institute of Justice, March 2015).

While the state lab will test swabs up to 15 days post-assault and the evidence can be used in court, the State will not *reimburse* hospitals for collecting the evidence. As a result, the evidence is not being collected we are losing valuable information that could help convict sex offenders and provide some measure of justice to survivors and their communities. Senate Bill 406 expands the window for forensic exams to reflect current science and authorizing further expansion by regulation should science continue to progress. Maryland should, of course, gather evidence that could help identify who is (or is not) a sex offender.

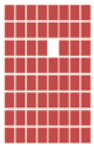
**The Maryland Coalition Against Sexual Assault urges the
Judicial Proceedings Committee to
report favorably on Senate Bill 406**

MDACEP_MDACOG_MDAAP_Danna Kauffman_FAV_SB0406

Uploaded by: Kauffman, Danna

Position: FAV

1211 Cathedral Street
Baltimore, MD 21201-5585
410-727-2237
e-mail: mdacep@aol.com
www.mdacep.org

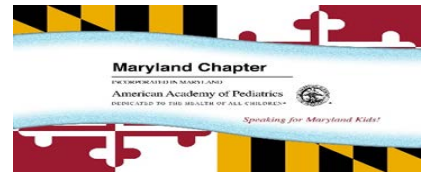


Maryland Chapter
AMERICAN COLLEGE OF
EMERGENCY PHYSICIANS



ACOG

The American College of
Obstetricians and Gynecologists
Maryland Section



TO: The Honorable William C. Smith, Jr., Chair
Members, Senate Judicial Proceedings Committee
The Honorable Jeff Waldstreicher

FROM: Danna L. Kauffman
Pamela Metz Kasemeyer
J. Steven Wise
Richard A. Tabuteau

DATE: February 13, 2020

RE: **SUPPORT** – Senate Bill 406 – *Criminal Procedure – Sexual Assault Evidence Kits – Privacy, Reimbursement, and Notification*

On behalf of the Maryland Chapter of the American College of Emergency Physicians (MDACEP), the Maryland Section of the American College of Obstetricians and Gynecologists (MDACOG), and the Maryland Chapter of the American Academy of Pediatrics (MDAAP), we submit this letter of **support** for Senate Bill 406.

Senate Bill 406 addresses an administratively burdensome provision for health care practitioners and hospitals who provide services to a victim of an alleged rape, sexual offense, or child sexual abuse. Under current law, a physician, qualified health care provider, or a hospital who provides services to an alleged victim must provide those services without charge. However, the physician, health care provider, or hospital is entitled to be reimbursed by the Criminal Injuries Compensation Board (CICB) for the costs of providing a sexual assault forensic examination, which is a physical examination to gather information and evidence as to an alleged crime; emergency hospital treatment and follow-up medical testing for up to 90 days after the initial physical examination; and an initial assessment of a victim of alleged child sexual abuse by specified professionals.

Currently, to apply for reimbursement, CICB requires that an application include anatomical diagrams or actual photographs of the victim and a written narrative describing the alleged assault. The written narrative and anatomical diagram/picture requirements make it administratively burdensome for a provider to apply for reimbursement and does not provide the CICB with information that cannot otherwise be obtained from the medical record information that is also submitted. Senate Bill 406, if enacted, will prohibit a provider in an application for reimbursement to include a written narrative describing the assault or photographs of the victim. This change will facilitate a provider's ability to submit an application for reimbursement without negatively impacting CICB's ability to evaluate an assault has occurred and will also enhance the privacy protections of the alleged victim. In addition, Senate Bill 406 clarifies that the services eligible for compensation include a physical and sexual assault forensic examination and the timeframe within which such an examination and related services can be conducted.

Passage of Senate Bill 406 will enhance the privacy protections for alleged victims of sexual assault as well as facilitate the reimbursement of providers who conduct the forensic exams. A favorable report is requested

For more information call:

Danna L. Kauffman
Pamela Metz Kasemeyer
J. Steven Wise
Richard A. Tabuteau
410-244-7000

ReneeDonald_FAV_SB406

Uploaded by: Leonard, Rae

Position: FAV

Will Smith, Chair
Senate Judicial Proceedings Committee

Renee' Donald, BSN, RN, SANE-A, FNE-A
Forensic Nurse Examiner Supervisor
Anne Arundel Medical Center
2001 Medical Parkway
Annapolis, MD 21401

Thursday, February 13, 2020

Support for SB 406 –Sexual Assault Evidence Kits-Privacy, Reimbursement, and Notification

Imagine if you will...a stranger has brutally sexually assaulted a victim. She has endured physical injuries, she is in shock, scared, confused, and many other emotions we cannot begin to understand if it has not happened to us. She is alone with exception of first responders who transports her to the emergency room. Now imagine being asked where you are hurting by the physician, all the details of what happened to you and who did this to you by the police for investigative purposes and the forensic nurse asking you what happen for the purpose of treatment and evidence collection. The details of the assault are gut wrenching. She has multiple vaginal and anal lacerations, multiple bruises and abrasions all over her body.

As a nurse, that provides comprehensive care and compassion for victims of sexual abuse and assault, my number priority is to provide the best care I can for that patient. That care not only includes the physical, but also the psychological and emotional care that a patient deserves to help assist them in the healing process. For this reason among others, I strongly support HB 0425, Sexual Assault Evidence Kits-Privacy, Reimbursement, and Notification, which would prohibit certain information (details of a victim's assault) from being included in order to obtain payment for services related to having a sexual assault forensic examination. For many patients of sexual assault and abuse, just getting them to take the step to come to the hospital for the exam is a major milestone in itself. Long after they have had an invasive examination, being assessed for injuries, having swabs taken for possible DNA, photos taken, having to give very personal and intimate details about their lives and to relive the traumatic event that happened to them, we are re-traumatizing and re-victimizing them all over again when we submit for reimbursement.

Complete details of the victim's sexual assault is not necessary for reimbursement of services rendered. A patient has two separate records when they present to the hospital. There is the hospital medical record that is initiated when the patient presents to the emergency department that states their complaint and there is the forensic record the forensic nurse documents on during the sexual assault exam that is separate from the hospital record.

There are sexual assault programs globally that does not have to include the private details of a patient's assault to be reimbursed. One in particular is the program I ran in Texas. The Office of the Attorney General reimbursed for these exams and did not require any of the patient's medical or forensic records.

I urge the committee to pass SB 406. Thank you for the opportunity to present this written testimony.

Morningstar_MoCo_FAV_SB 406

Uploaded by: Morningstar, Sara

Position: FAV



Montgomery County

Office of Intergovernmental Relations

ROCKVILLE: 240-777-6550

ANNAPOLIS: 240-777-8270

SB 406

DATE: February 13, 2020

SPONSOR: Senators Waldstreicher and West

ASSIGNED TO: Judicial Proceedings

CONTACT PERSON: Sara Morningstar (sara.morningstar@montgomerycountymd.gov)

POSITION: SUPPORT (Montgomery County Department of Police)

Criminal Procedure – Sexual Assault Evidence Kits – Privacy, Reimbursement, and Notification

Senate Bill 406 instructs a hospital, a physician, or a qualified healthcare provider to direct all requests for reimbursement for services provided to a victim of sexual assault to the Criminal Injuries Compensation Board (CICB). The bill also enhances privacy provisions for victims as well as expands the length of time when a physical and sexual assault forensic examination of a victim can be filed as an eligible claim for compensation from the CICB.

Over the past several years, Maryland has been working to enact laws to promote justice for survivors of sexual violence and accountability for offenders. Through substantive changes in criminal procedure, like those proposed in SB 406, Maryland will take another step closer toward eliminating sexual violence in the State of Maryland.

It is with this laudable goal in mind, that the Montgomery County Department of Police supports SB 406 and urges that the Committee adopt a favorable report on the bill.

SB0406 MD NARAL FINAL

Uploaded by: philip, diana

Position: FAV



SB0406 Criminal Procedure - Sexual Assault Evidence Kits - Privacy, Reimbursement, and Notification
Presented to the Hon. Will Smith and Members of the Senate Judiciary Proceedings Committee
February 13, 2020 12:00 p.m.

POSITION: SUPPORT

NARAL Pro-Choice Maryland urges the Senate Judiciary Proceedings Committee to issue **a favorable report on SB0406 Criminal Procedure - Sexual Assault Evidence Kits - Privacy, Reimbursement, and Notification**, sponsored by Senator Jeff Waldstreicher.

Our organization is an advocate for reproductive health, rights, and justice. Thus, we strive to ensure that every individual can maintain their personal bodily autonomy and grow up in a safe, healthy environment. Children who have survived sexual abuse—a clear violation of their bodily autonomy and safety—unequivocally require appropriate supportive services. Survivors of childhood violence, including sexual abuse, are more likely to experience later injury, HIV, sexually transmitted infections, unintended pregnancy, early age of first sexual experience, and additional sexual risk behavior.ⁱⁱⁱ Thus, we advocate for policies that aim to support the safety, wellbeing, and privacy of children who have experienced sexual abuse.

Under Title 10 of the Department of Health, Maryland forensic exam regulations require children who have experienced sexual abuse to be treated as a special patient population; physicians must diligently work to minimize further emotional or physical trauma.ⁱⁱⁱ Depending on the case specifics and professional judgment, physicians may choose to perform a sexual assault forensic exam (SAFE) if the child is seen within 120 hours of an abusive encounter. The child's family cannot be charged for the physical examination, initial assessments, or any subsequent testing performed up to 90 days after the initial exam. In their reports, physicians must include relevant case identifiers.

The Maryland Coalition Against Sexual Assault estimates that there are more than 31 thousand cases of child sexual assault each year in Maryland.^{iv} Current law does not protect thousands of child sexual abuse survivors from having a narrative of the offense or a photograph included in the physician's report. The core elements of sexual abuse—invasion of personal boundaries, uncontrollable exposure and vulnerability, and feelings of powerlessness—are only perpetrated further by this action.^v Medical care is an essential aspect of properly caring for a child who has experienced sexual abuse, yet the current timeline of 120 hours following an abusive encounter is far too slim—of a study done with women who experienced child sexual abuse, only 21% reported having disclosed within a month of the occurrence.^{vi} Medical staff are additionally challenged when considering whether to obtain consent for assessments and examinations from a parent or legal guardian, given that 56% of perpetrators of child sexual abuse are acquaintances of the child or the family.ⁱⁱ

SB0406 seeks to support the privacy, wellbeing, and safety of children who have experienced sexual abuse. The exclusion of narratives of the abusive encounter(s) and photographs of the child, in any compensatory reports, reduces the exposure and vulnerability of the child, recognizes the possible harms of sharing such information, and respects the boundaries of the child.^v Increasing the timeline prior to sexual assault forensic exams allow

providers to more fully assess the needs and state of the child and to assist in the collection of necessary evidence for any future criminal charges. At the national level, less than 3% of child sexual assault perpetrators serve jail time for their offense.^{iv} Additionally, the removal of civil liability from medical providers, in relation to consent for assessments, allows for care to be initiated and continued in situations where the perpetrator's relationship to the family or child is unclear. Ultimately, optimal practices will involve respect, taking appropriate time, respecting boundaries, and sharing both information and control over what is occurring throughout.^v

In accordance with goals towards reproductive health, rights, and justice, children who have experienced sexual abuse deserve to have the ability to maintain their bodily autonomy, grow up in a safe, loving environment, and receive appropriate, sensitive medical care when these rights have been violated. At every point of care, children who have experienced sexual abuse must be protected, listened to, and supported; providers caring for these children must also be protected within their dedicated work. For these reasons, NARAL Pro-Choice Maryland **urges a favorable committee report on SB0406**. Thank you for your time and consideration.

ⁱ Hillis, Susan D., James A. Mercy, and Janet R. Saul. 2017. "The Enduring Impact of Violence against Children." *Psychology, Health and Medicine*. <https://doi.org/10.1080/13548506.2016.1153679>.

ⁱⁱ Maryland Coalition Against Sexual Assault, "Child Sexual Abuse", mcasa.org. Accessed February 9, 2020. <https://mcasa.org/assets/files/Child-SV-Updated.pdf>

ⁱⁱⁱ Department of Health and Mental Hygiene, "Maryland Forensic Exam Regulations Effective 12-29-08," mcasa.org. Accessed February 9, 2020. <https://mcasa.org/assets/files/Maryland-Forensic-Exam-Regs-effective-12-29-08.pdf>

^{iv} Maryland Coalition Against Sexual Assault, "Child Victims of Sexual Assault: Focus on Maryland," mcasa.org. Accessed February 9, 2020. <https://mcasa.org/assets/files/Children-in-Maryland-AC-Updated.pdf>

^v Schachter, C.L., Stalker, C.A., Teram, E., Lasiuk, G.C., Danilkewich, A. 2008. *Handbook on sensitive practice for health care practitioner: Lessons from adult survivors of childhood sexual abuse*. Ottawa: Public Health Agency of Canada

^{vi} López, Sílvia, Concepció Faro, Lourdes Lopetegui, Enriqueta Pujol-Ribera, Mònica Monteagudo, Àngels Avecilla-Palau, Cristina Martínez, Jesús Cobo, and María Isabel Fernández. 2017. "Child and Adolescent Sexual Abuse in Women Seeking Help for Sexual and Reproductive Mental Health Problems: Prevalence, Characteristics, and Disclosure." *Journal of Child Sexual Abuse*. <https://doi.org/10.1080/10538712.2017.1288186>

WomensLawCenterofMD_FAV_#406

Uploaded by: Siri, Michelle

Position: FAV

BILL NO.: Senate Bill 406
TITLE: Criminal Procedure – Sexual Assault Evidence Kits – Privacy, Reimbursement and Notification
COMMITTEE: Judicial Proceedings
DATE: February 13, 2020
POSITION: **SUPPORT**

Senate Bill 406 seeks to protect the privacy of survivors of sexual assault and ensure that medical providers are properly reimbursed for all sexual assault forensic examinations (SAFE). The Women's Law Center of Maryland fully supports any and all measures aimed at addressing the needs of survivors of rape and sexual assault and as such urges a favorable support for SB406.

Current law requires the Criminal Injuries Compensation Fund to provide health care providers with reimbursement for performing a SAFE exam. Reimbursement is regulated by COMAR, including provisions regarding which SAFEs qualify for reimbursement and the information which must be provided. Senate Bill 406 addresses two issues: first, it prohibits the State from requiring graphic details of a victim's sexual assault or copies of photographs obtained during the exam. This is to protect victim privacy. Second, it expands the time period to conduct a SAFE exam to reflect current science.

In order to be reimbursed for performing a SAFE exam, health care providers must establish that a crime has been committed. However, it is unnecessary for the providers to divulge detailed and private information about the assault where it is a commonly accepted practice to use medical diagnostic codes. Furthermore, practitioners are only reimbursed for SAFE exams conducted within 120 hours of an assault, despite the best practices of the Maryland State Police to conduct exams up to 15 days after the incident. Thus, practitioners who follow the MSP's protocols are often left without reimbursement.

One out of every five Maryland women—about 466,000—has been the victim of rape sometime in her lifetime, and more than half of Maryland's women—about 1,248,000—and more than one sixth of Maryland's men—about 359,000—have experienced other forms of sexual violence. Furthermore, approximately 45% of women in abusive relationships are also sexually assaulted during the course of the relationship. A coordinated community response is key to supporting survivors of sexual assaults and that includes the provisions of SB 406.

For the above reasons, the Women's Law Center of Maryland urges a favorable report for SB 406.

The Women's Law Center of Maryland is a private, non-profit, membership organization that serves as a leading voice for justice and fairness for women. It advocates for the rights of women through legal assistance to individuals and strategic initiatives to achieve systemic change.

AAMC_FAV_SB 406

Uploaded by: Volz, Jessica

Position: FAV

Will Smith, Chair
Senate Judicial Proceedings Committee

Renee' Donald, BSN, RN, SANE-A, FNE-A
Forensic Nurse Examiner Supervisor
Anne Arundel Medical Center
2001 Medical Parkway
Annapolis, MD 21401

Thursday, February 13, 2020

Support for SB 406 –Sexual Assault Evidence Kits-Privacy, Reimbursement, and Notification

Imagine if you will...a stranger has brutally sexually assaulted a victim. She has endured physical injuries, she is in shock, scared, confused, and many other emotions we cannot begin to understand if it has not happened to us. She is alone with exception of first responders who transports her to the emergency room. Now imagine being asked where you are hurting by the physician, all the details of what happened to you and who did this to you by the police for investigative purposes and the forensic nurse asking you what happen for the purpose of treatment and evidence collection. The details of the assault are gut wrenching. She has multiple vaginal and anal lacerations, multiple bruises and abrasions all over her body.

As a nurse, that provides comprehensive care and compassion for victims of sexual abuse and assault, my number priority is to provide the best care I can for that patient. That care not only includes the physical, but also the psychological and emotional care that a patient deserves to help assist them in the healing process. For this reason among others, I strongly support HB 0425, Sexual Assault Evidence Kits-Privacy, Reimbursement, and Notification, which would prohibit certain information (details of a victim's assault) from being included in order to obtain payment for services related to having a sexual assault forensic examination. For many patients of sexual assault and abuse, just getting them to take the step to come to the hospital for the exam is a major milestone in itself. Long after they have had an invasive examination, being assessed for injuries, having swabs taken for possible DNA, photos taken, having to give very personal and intimate details about their lives and to relive the traumatic event that happened to them, we are re-traumatizing and re-victimizing them all over again when we submit for reimbursement.

Complete details of the victim's sexual assault is not necessary for reimbursement of services rendered. A patient has two separate records when they present to the hospital. There is the hospital medical record that is initiated when the patient presents to the emergency department that states their complaint and there is the forensic record the forensic nurse documents on during the sexual assault exam that is separate from the hospital record.

There are sexual assault programs globally that does not have to include the private details of a patient's assault to be reimbursed. One in particular is the program I ran in Texas. The Office of the Attorney General reimbursed for these exams and did not require any of the patient's medical or forensic records.

I urge the committee to pass SB 406. Thank you for the opportunity to present this written testimony.

MHA_FAV_SB 406

Uploaded by: Volz, Jessica

Position: FAV



Maryland
Hospital Association

**Senate Bill 406– Criminal Procedure - Sexual Assault Evidence Kits - Privacy,
Reimbursement, and Notification**

Position: *Support*

February 13, 2020

Senate Judicial Proceedings Committee

MHA Position

Maryland’s 61 nonprofit hospitals and health systems care for millions of people each year, treating 2.3 million in emergency departments and delivering more than 67,000 babies. The 108,000 people they employ are [caring for Maryland](#) around-the-clock every day.

Unfortunately, all too often that includes caring for people who have been harmed through abuse and violence. Forensic nurse examiners are on the front lines of that work, which often includes collecting evidence to be used in court. Senate Bill 406 addresses two concerns raised by these providers and echoed in the recommendations of the Maryland Sexual Assault Evidence Kit Policy and Funding Committee’s (SAEK Committee) 2019 annual report.ⁱ State regulations require evidence to be collected within 120 hours of an assault.ⁱⁱ This legislation acknowledges medical standards for testing are subject to change as science and technology improves. Research and best practices indicate that certain evidence can be collected up to nine days post-assault and potentially as long as until the next menstrual cycle.ⁱⁱⁱ This provision aligns with the SAEK Committee’s recommendation to provide reimbursement for cervical swabs collected up to 15 days after an assault.^{iv}

State law ensures survivors have access to emergency medical treatment and forensic services for injuries sustained as a result of the assault, with no out-of-pocket expenses. SB 406 would restrict the amount and type of information required for submission to the state’s Sexual Assault Reimbursement Unit, which requires significantly more documentation than in most states.^v Maryland’s forensic nurse examiners are required to physically mail full medical charts, which affects the efficiency of processing the claims and the security of protected health information.

For patients seen at hospitals for sexual assault care and forensic services, there are two parts to their chart: medical and forensic. The forensic portion often includes pictures and descriptive narrative needed for a law enforcement case file and potentially prosecution should the victim choose to pursue it. The medical chart contains details of a provider’s exam, medical test results, medications prescribed, and justification for the requested reimbursement. This legislation allows these claims to be processed like other health care services, which rely on billing and diagnosis codes. A lengthy narrative describing the alleged offense/justification for service or photographs of the victim are unnecessary for processing these claims.

Maryland’s hospitals support this common-sense legislation because it seeks to streamline the claims process and protect survivors from further victimization by keeping intimate details of their assault private. Additionally, by expanding the timeline for reimbursement, the state would allow more survivors the opportunity to have a forensic exam—even if they decide to wait to seek treatment. This empowers survivors, acknowledges advancements in science, and allows more opportunities to identify sexual assault perpetrators.

For these reasons, we urge a *favorable* report.

For more information, please contact:

Jennifer Witten

Jwitten@mhaonline.org

ⁱ Maryland Sexual Assault Evidence Kit Policy & Funding Committee, *Annual Report*. (January 2019), www.marylandattorneygeneral.gov/Pages/Groups/2019_SAEK_Committee_Annual_Report.pdf

ⁱⁱ COMAR 10.12.02.03(B)(1)(a).

ⁱⁱⁱ Speck, P., & Ballantyne, J. Post-Coital DNA Recovery Study (2015), www.ncjrs.gov/pdffiles1/nij/grants/248682.pdf.

^{iv} *Ibid*, ii.

^v South Carolina, Texas, and Ohio State policies on SAFE service reimbursement with and claims forms, www.texasattorneygeneral.gov/sites/default/files/files/divisions/crime-victims/Forensic-Sexual-Assault-Examination-Reimbursement-Guidelines.pdf
www.ohioattorneygeneral.gov/Files/Forms/Forms-for-Victims/Sexual-Assault-Forensic-Examination/HIV-Reimbursement-Form
[www.sova.sc.gov/documents/eblasts/FINAL%20SAP%20CAP%20hospital%20%20billing%20022818RB%20\(002\)%20\(002\).pdf](http://www.sova.sc.gov/documents/eblasts/FINAL%20SAP%20CAP%20hospital%20%20billing%20022818RB%20(002)%20(002).pdf)



Sexual Assault Protocol (SAP) Billing Claim Form

Name (Last, First, MI): _____
 DOB: _____ Age: _____
 Ethnicity: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____
 Name of Healthcare Provider: _____
 Contact Number: _____

SS# (last 5 digits): _____
 Gender: Male Female Other _____
 Race: _____
 ACC#: _____
 Date of Service (mm/dd/yy): _____

Laboratory Services

- | | |
|---|--|
| <input type="checkbox"/> Gonorrhea NAAT
<input type="checkbox"/> Oral (\$14)
<input type="checkbox"/> Rectal (\$14)
<input type="checkbox"/> Vaginal (\$14) | <input type="checkbox"/> Gram Stain
<input type="checkbox"/> Urethral (\$12)
<input type="checkbox"/> Rectal (\$12)
<input type="checkbox"/> Vaginal (\$12) |
| <input type="checkbox"/> Chlamydia NAAT
<input type="checkbox"/> Oral (\$42)
<input type="checkbox"/> Rectal (\$42)
<input type="checkbox"/> Vaginal (\$42) | <input type="checkbox"/> RPR, VDRL, Syphilis (\$32)
<input type="checkbox"/> Presence of motile sperm (\$6)
<input type="checkbox"/> Hepatitis B surface Antibody (\$48)
<input type="checkbox"/> Hepatitis B surface Antigen (\$48)
<input type="checkbox"/> HIV 4 th gen antigen/antibody (\$30)
<input type="checkbox"/> Urinalysis (\$22)
<input type="checkbox"/> Blood Drawing Fee (\$6)
<input type="checkbox"/> Urine Culture (\$28)
<input type="checkbox"/> Urine Pregnancy Test (\$28) |
| <input type="checkbox"/> Trichomoniasis NAAT (\$60)
<input type="checkbox"/> Herpes Culture (\$24)
<input type="checkbox"/> Vaginal Culture (\$24)
<input type="checkbox"/> Wet Prep/KOH Prep (\$12)
<input type="checkbox"/> Serum Pregnancy Test (\$30) | |

Medical Services

- | |
|---|
| <input type="checkbox"/> Physician, FNP, NP Fee (\$137) |
| <input type="checkbox"/> Emergency Room Fee (\$90) |
| <input type="checkbox"/> SANE Fee (\$104) |
| <input type="checkbox"/> Colposcopy Fee (\$108) |
| <input type="checkbox"/> Clinic Fee (\$60) |
| <input type="checkbox"/> Supplies (\$14) |

Medications

Medication	Fee	Qty	Medication	Fee	Qty	Total Amount Billed \$ 								
<input type="checkbox"/> Rocephine 250 mg IM (Ceftriaxone) (injection)	\$11.46 ea		<input type="checkbox"/> Plan B Levonorgestrel Flagyl	\$30.00 ea										
<input type="checkbox"/> Flagyl 500 mg (Metronidazole) (4tabs/ea)	\$4.00 ea		<input type="checkbox"/> Ovral (Norgestrel) (tabs/each)	\$2.10 ea										
<input type="checkbox"/> Phenergan (Promethazine) (tabs/ea)	\$2.64 ea		<input type="checkbox"/> Zithromax 500mg (Azithromycin) (2 tabs/ea)	\$12.00 ea										
<input type="checkbox"/> Phenergan (suppository 50mg ea)	\$15.28 ea		<input type="checkbox"/> Lidocaine	\$25.00 ea										
<input type="checkbox"/> Suprax (Cefixime) (tabs/ea)	\$13.50 ea		<input type="checkbox"/> Tetanus vaccine	\$38.35 ea										
<input type="checkbox"/> Cipro (Ciprofloxin) (tabs/ea)	\$9.60 ea		<input type="checkbox"/> Acetaminophen(Tylenol)	\$0.17ea										
<input type="checkbox"/> Doxycycline (tabs/ea)	\$3.17 ea		<input type="checkbox"/> Ibuprofen (Motrin)	\$0.25ea										
<input type="checkbox"/> Hepatitis B vaccine	\$54.64 ea		<input type="checkbox"/> Ondansetron (Zofran)	\$6.00ea										
			<input type="checkbox"/> Ulipristal acetate (Ella)	\$43.00ea										
			<input type="checkbox"/> Other (Justify) _____											

Remittance Address Required

 SCEIS #: _____

Health Care Provider must attach a copy of **the Medical Examination Release Form to this Protocol Billing Claim Form** for payment and forward to:

Department of Crime Victim Compensation (DCVC)
 Edgar A. Brown Building, 1205 Pendleton Street, Room 401, Columbia, SC 29201

Telephone 803-734-1900 • Facsimile 803-734-2261

SAEK Committee & OAG_FAV_SB406

Uploaded by: Williams, Jessica

Position: FAV



**Maryland Sexual Assault Evidence Kit
Policy and Funding Committee**

February 13, 2019

TO: The Honorable William C. Smith, Jr.
Chair, Senate Judicial Proceedings Committee

FROM: The Maryland Sexual Assault Evidence Kit Policy and Funding Committee,
together with the Office of the Attorney General

RE: Senate Bill 406: Criminal Procedure - Sexual Assault Evidence Kits – Privacy,
Reimbursement, and Notification (SUPPORT)

The Sexual Assault Evidence Kit Policy and Funding Committee (SAEK Committee) submits this position paper in support of Senate Bill 406, which expands privacy protections for victims of sexual assault and ensures that health care providers are reimbursed for services provided to victims up to 15 days after the sexual assault, in accordance with current forensic medical standards.

The SAEK Committee, created by statute in 2017, is chaired by the Office of the Attorney General and consists of a broad cross-section of stakeholders including law enforcement, medical professionals, crime victim rights attorneys, victim advocates, prosecutors, agency officials and legislators. The Committee was established to develop and disseminate best practices information regarding the collection, testing, and retention of medical forensic evidence in sexual assault cases.¹ Relevant to the proposed legislation, the Committee is specifically mandated to develop recommendations concerning “payment for sexual assault evidence collection kits”² and “increasing the availability of sexual assault evidence collection exams for alleged victims of sexual assault.”³

¹ See generally MD. CODE ANN., Crim. Pro. § 11-927(e)(1) (West 2020).

² Crim. Pro. § 11-927(e)(1)(iii).

³ Crim. Pro. § 11-927(e)(1)(iv).

Senate Bill 406 seeks to extend the timeframe within which a healthcare provider will be reimbursed for collecting SAEK samples. Currently, Section 10.12.02.03(B)(1)(a) of the Code of Maryland Regulations (“COMAR”) provides that a “sexual assault forensic examination shall be performed...within 120 hours [five days] of the alleged sexual offense.” Based on this provision, medical personnel are only reimbursed for SAEK samples collected within five days of the sexual assault. This five-day collection requirement is based on outdated research and should be revised.

Recent advancements in forensic science have extended the window that DNA can be collected from a victim’s cervix to at least nine days after the assault and potentially up until the victim’s next menstrual cycle.⁴ Based on this research, in both its April 2018 Preliminary Recommendations and its 2019 Annual Report, the SAEK Committee recommended that the Governor’s Office of Crime, Control and Prevention (GOCCP) amend its regulations to allow health care providers to be reimbursed for cervical swabs collected within 15 days of the sexual assault. This extension would ensure that GOCCP’s reimbursement policy reflects current forensic advancements.

As discussed in the SAEK Committee’s 2019 Annual Report, GOCCP has communicated a reluctance to extend the timeframe for reimbursement due to the difficulties in determining the costs required to implement this new policy.⁵ Despite the Committee’s best efforts (led by members of the Maryland Hospital Association), the lack of available data makes it difficult to develop an accurate statewide cost estimate. Moreover, the SAEK Committee does not believe that the lack of a clear fiscal impact precludes adoption of the extended reimbursement timeframe. The research is clear that DNA from the perpetrator of a sexual assault can be obtained from the victim’s cervix for many days beyond the current five day window for reimbursement. Failure to revise the policy in light of scientific developments would result in key evidence that could identify perpetrators of sexual assault and be admissible in criminal prosecutions going uncollected. This undermines victims’ access to justice.

In addition to extending the reimbursement timeframe, Senate Bill 406 also seeks to protect the privacy of victims by narrowing the scope of information that health care providers are required to provide in order to be reimbursed for the sexual assault forensic exam. The bill would prevent health care providers from including a narrative of the sexual assault and any pictures of the victim

⁴ PATRICIA SPECK & JACK BALLANTYNE, POST-COITAL DNA RECOVERY STUDY 77–80 (2015), available at <https://www.ncjrs.gov/pdffiles1/nij/grants/248682.pdf>.

⁵ SAEK Committee Annual Report (January 2019) at p.9.

in the request to obtain reimbursement for the exam. During its quarterly meetings, the Committee received testimony regarding the traumatic impact of sexual assault and the effects this trauma can have on a victim. It is critical that victims of sexual assault not be further traumatized by having unnecessary details of the alleged offense or photographs of the victim transmitted by health care professionals while seeking reimbursement for services provided. For these reasons, the SAEK Committee supports the privacy protections set forth in Senate Bill 406.

For the aforementioned reasons, we ask the Honorable Chairman Smith and members of the Senate Judicial Proceedings Committee to favorably report Senate Bill 406.

JenniferWitten_FAV_SB406

Uploaded by: Witten, Jennifer

Position: FAV



Maryland
Hospital Association

**Senate Bill 406– Criminal Procedure - Sexual Assault Evidence Kits - Privacy,
Reimbursement, and Notification**

Position: *Support*

February 13, 2020

Senate Judicial Proceedings Committee

MHA Position

Maryland’s 61 nonprofit hospitals and health systems care for millions of people each year, treating 2.3 million in emergency departments and delivering more than 67,000 babies. The 108,000 people they employ are [caring for Maryland](#) around-the-clock every day.

Unfortunately, all too often that includes caring for people who have been harmed through abuse and violence. Forensic nurse examiners are on the front lines of that work, which often includes collecting evidence to be used in court. Senate Bill 406 addresses two concerns raised by these providers and echoed in the recommendations of the Maryland Sexual Assault Evidence Kit Policy and Funding Committee’s (SAEK Committee) 2019 annual report.ⁱ State regulations require evidence to be collected within 120 hours of an assault.ⁱⁱ This legislation acknowledges medical standards for testing are subject to change as science and technology improves. Research and best practices indicate that certain evidence can be collected up to nine days post-assault and potentially as long as until the next menstrual cycle.ⁱⁱⁱ This provision aligns with the SAEK Committee’s recommendation to provide reimbursement for cervical swabs collected up to 15 days after an assault.^{iv}

State law ensures survivors have access to emergency medical treatment and forensic services for injuries sustained as a result of the assault, with no out-of-pocket expenses. SB 406 would restrict the amount and type of information required for submission to the state’s Sexual Assault Reimbursement Unit, which requires significantly more documentation than in most states.^v Maryland’s forensic nurse examiners are required to physically mail full medical charts, which affects the efficiency of processing the claims and the security of protected health information.

For patients seen at hospitals for sexual assault care and forensic services, there are two parts to their chart: medical and forensic. The forensic portion often includes pictures and descriptive narrative needed for a law enforcement case file and potentially prosecution should the victim choose to pursue it. The medical chart contains details of a provider’s exam, medical test results, medications prescribed, and justification for the requested reimbursement. This legislation allows these claims to be processed like other health care services, which rely on billing and diagnosis codes. A lengthy narrative describing the alleged offense/justification for service or photographs of the victim are unnecessary for processing these claims.

Maryland’s hospitals support this common-sense legislation because it seeks to streamline the claims process and protect survivors from further victimization by keeping intimate details of their assault private. Additionally, by expanding the timeline for reimbursement, the state would allow more survivors the opportunity to have a forensic exam—even if they decide to wait to seek treatment. This empowers survivors, acknowledges advancements in science, and allows more opportunities to identify sexual assault perpetrators.

For these reasons, we urge a *favorable* report.

For more information, please contact:

Jennifer Witten

Jwitten@mhaonline.org

ⁱ Maryland Sexual Assault Evidence Kit Policy & Funding Committee, *Annual Report*. (January 2019), www.marylandattorneygeneral.gov/Pages/Groups/2019_SAEK_Committee_Annual_Report.pdf

ⁱⁱ COMAR 10.12.02.03(B)(1)(a).

ⁱⁱⁱ Speck, P., & Ballantyne, J. Post-Coital DNA Recovery Study (2015), www.ncjrs.gov/pdffiles1/nij/grants/248682.pdf.

^{iv} *Ibid*, ii.

^v South Carolina, Texas, and Ohio State policies on SAFE service reimbursement with and claims forms, www.texasattorneygeneral.gov/sites/default/files/files/divisions/crime-victims/Forensic-Sexual-Assault-Examination-Reimbursement-Guidelines.pdf www.ohioattorneygeneral.gov/Files/Forms/Forms-for-Victims/Sexual-Assault-Forensic-Examination/HIV-Reimbursement-Form [www.sova.sc.gov/documents/eblasts/FINAL%20SAP%20CAP%20hospital%20%20billing%20022818RB%20\(002\)%20\(002\).pdf](http://www.sova.sc.gov/documents/eblasts/FINAL%20SAP%20CAP%20hospital%20%20billing%20022818RB%20(002)%20(002).pdf)

Sb406_FWA_Baranauskas

Uploaded by: baranauskas, andy

Position: FWA



GOVERNOR'S COORDINATING OFFICES

Community Initiatives · Service & Volunteerism · Performance Improvement
Crime Prevention, Youth, & Victim Services · Small, Minority, & Women Business Affairs
Banneker-Douglass Museum · Volunteer Maryland · Deaf & Hard of Hearing

FROM THE GOVERNOR'S OFFICE OF CRIME CONTROL AND PREVENTION

February 13, 2020

Chair William C. Smith Jr.
2 East
Miller Senate Office Building
Annapolis, Maryland 21401

Re: Senate Bill 406 - Criminal Procedure- Sexual Assault Evidence Kits - Privacy, Reimbursement, and Notification

POSITION: SUPPORT with Amendments

Dear Chair Smith and Members of the Judicial Proceedings Committee:

The Governor's Office of Crime Prevention, Youth, and Victim Services supports with amendments Senate Bill 406 which seeks to limit the information provided to the Sexual Assault Reimbursement Unit (SARU) for the purpose of reimbursement for sexual assault forensic exam (SAFE) kits by the hospitals and clinics that provide sexual assault forensic exams to victims of sexual assault. Additionally, the bill addresses the extension of the time frame for reimbursement for cervical swab collection for Sexual Assault Forensic Examination kits from 5 days to 15 days or a longer period established by regulations.

One of the key missions of the Governor's Office of Justice, Youth, and Victim Services is to aid in serving crime victims in a compassionate, comprehensive, discrete, trauma-informed approach. As part of this responsibility our office runs the SARU program which is the only payor for emergency treatment and follow-up testing of rape and sexual assault victims and child sexual abuse victims and obtaining SAFE kits for potential use in a criminal investigation.

Senate Bill 406 seeks to address the privacy of the victim in regards to the documentation of the events of the sexual assault by prohibiting a health care provider or hospital from providing a narrative to describe the alleged crime and any photographs taken of the victim. The bill requires written or electronic notification that services were rendered relating to a specified sexual offense.

Our office takes very seriously the issues of privacy and confidentiality of the information we receive regarding these claims. The SARU employs trained nurses to examine the claims and

make the necessary determinations for reimbursement. No other Office staff has access to the data required for reimbursement requests, so great care is taken to preserve victim confidentiality and privacy. All SARU claims documents are kept in locked cabinets in the locked offices of the nurses who examine the claims and make the reimbursement decisions.

Since July 1, 2019, the SARU has denied approximately 1,400 claims. At an average claim of \$500 this would total \$700,000. The total annual SARU budget is \$1.3 million. While some of these denials are for incomplete forms, which will eventually be paid when the proper records are received, others are for claims that are unrelated to a specified sexual offense or where treatment was also provided for a condition unrelated to the sexual offense. Because SARU pays for all medical bills related to the sexual offense, in addition to the SAFE exam, these bills can total thousands of dollars. The narrative allows SARU to determine the extent to which a claim is compensable.

The following is a list of actual SARU reimbursement claims that were denied, the amount of the claim, and the reason for the denial. The following data was gathered from narratives and is not documented in any other areas of SARU claims submission:

Claim 1: According to the ER doctor, “Findings which indicate a diagnosis other than sexual assault”.

- SARU received a reimbursement claim of \$646.00 to cover a SAFE exam.

Claim 2: Patient indicated in narrative that she and her boyfriend got into an argument following consensual sex which led to a physical altercation. Patient presented to the ER for laceration on chin which required stitches. Per physician’s report, patient was victim of physical assault during an altercation, not sexual assault. Case does not warrant SAFE exam.

- SARU received a reimbursement claim of \$955.80, (\$665.00 SAFE exam, \$18.50 pregnancy test, miscellaneous other fees) to cover services rendered.

Claim 3: Patient and caregiver statements presented during forensic interview indicate physical abuse along with neglect and not sexual assault.

- SARU received a reimbursement claim of \$400.00 for services provided.

It is not uncommon for an individual who seeks treatment for a sexual offense to also seek treatment for a condition unrelated to a sexual offense. Having a narrative allows SARU to separate the claims that are compensable from other unrelated claims and use the funding that would go to unrelated claims to better serve sexual assault victims..

As the administrator of state funds, it is the responsibility of the Sexual Assault Reimbursement Unit to examine each claim and ensure that the claims that are reimbursed by the unit are sexual assault claims. Our office has no need for photographs and supports the provision in the bill eliminating photographs as part of the request for reimbursement.

Further, while our office uses the narratives to verify claims, there are other ways besides a narrative to verify claims. Because the bill requires unspecified “verification” our office believes that it will be able to obtain necessary information to ensure the claim is eligible for payment.

For all inquiries, please contact
Andy Baranauskas, Legislative Affairs Manager
410-855-2538
Anthony.Baranauskas@maryland.gov

For there to be proper verification we do believe it is essential that the individual who actually treated the victim verify that the treatment was as a result of a specified sexual offense. We therefore request an amendment to require the treating physician or health care provider sign the verification that the treatment was as a result of a specified sexual offense.

Attached to this letter are amendments proposed by our office for the committee's consideration. For the above reasons the Governor's Office of Crime Prevention, Youth, and Victim Services supports with amendments Senate Bill 406.

Sincerely,

A handwritten signature in black ink, appearing to read "V. Glenn Fueston, Jr.", with a stylized flourish at the end.

V. Glenn Fueston, Jr.
Executive Director

For all inquiries, please contact
Andy Baranauskas, Legislative Affairs Manager
410-855-2538
Anthony.Baranauskas@maryland.gov

BY: Governor's Office of Crime Prevention, Youth, and Victim Services
(To be offered in the Judicial Proceedings Committee)

AMENDMENT TO SENATE BILL 406
(First Reading File Bill)

On page 2, in line 24, after "VERIFICATION" insert "SIGNED BY THE TREATING PHYSICIAN OR HEALTHCARE PROVIDER"; and in line 25, after "SERVICES" insert "DESCRIBED UNDER SUBSECTION (C) OF THIS SECTION".

For all inquiries, please contact
Andy Baranauskas, Legislative Affairs Manager
410-855-2538
Anthony.Baranauskas@maryland.gov