ANTHONY G. BROWN
Attorney General

CANDACE MCLAREN LANHAM
Chief Deputy Attorney General

CAROLYN A. QUATTROCKI
Deputy Attorney General

STATE OF MARYLAND
OFFICE OF THE ATTORNEY GENERAL

FACSIMILE NO.
(410) 576-7036

WRITER'S DIRECT DIAL NO.
410-576-7939

March 6, 2024

TO: The Honorable Pamela Beidle
Chair, Finance Committee

FROM: Carisa A. Hatfield, Esq.
Assistant Attorney General
Counsel, Maryland Sexual Assault Evidence Kit Policy and Funding Committee

RE: SB 950 - Sexual Assault Forensic Examinations Conducted Through Telehealth - Reimbursement and Study
(Support w/Sponsor Amendments)

The Office of the Attorney General (OAG), on behalf of the Maryland Sexual Assault Evidence Kit (SAEK) Policy and Funding Committee, urges a favorable report of Senate Bill 950, which, as amended by the sponsor, does the following:

(1) defines the term "peer to peer telehealth";
(2) allows for reimbursement of telehealth exams by the Sexual Assault Reimbursement Unit (SARU); and
(3) directs the SAEK Committee to conduct a feasibility study for telehealth forensic examination and issue a report by December 1, 2024.

By way of background, the SAEK Policy and Funding Committee was created by the General Assembly in 2017 to create effective statewide policies regarding the collection, testing, and retention of medical forensic evidence in sexual assault cases and increase access to justice for sexual assault victims. Each year, the Committee is also required to submit an annual report on its activities during the prior fiscal year to the Governor and the General Assembly. Earlier this year, the Committee issued its sixth annual report detailing its activities which included managing $2.1 million in federal Sexual Assault Kit Initiative funding, implementing recent SAEK reforms, providing guidance and training to stakeholders on State laws and policies governing SAEKs, and developing new recommendations for improving Maryland's handling of SAEKs and its support of victims.

Senate Bill 950 is the Committee's next step in improving both resource availability and support of victims by exploring the feasibility of forensic medical exams offered through peer-to-peer telehealth services. Peer-to-peer telehealth has been recognized nationally as a method to improve access to services in areas where victims are either historically underserved or unserved by forensic medical services.

The Committee first became aware of peer-to-peer telehealth services as it created its report pursuant to 2023's SB789 in its effort to explore alternatives to self-administered sexual assault kits that support quality care and increase accessibility. During the formation of recommendations surrounding that report, the Committee connected with representatives from both the Pennsylvania State Sexual Assault Forensic Examination Telehealth (SAFE-T) Center and the International Association of Forensic Nursing (IAFN).

The Penn State Sexual Assault Forensic Examination – Telehealth (SAFE-T) Program was founded in 2017 with the mission to "deliver[] the new standard of sexual assault trauma care."[1] The program was a pilot first introduced in California in 2007 and brought to Penn State by Sheridan Miyamoto, a doctor of nursing and "nurse scientist."[2] Dr. Miyamoto has published academic papers on the viability of telehealth models for both adult and adolescent sexual assault forensic treatment.[3]

The SAFE-T Center has incredible reach in Pennsylvania and has received accolades for its positive patient outcomes and retention of forensic nursing staff in programs where it provides technical support (76% of nurses continued practicing when involved in the program versus just a 7% two-year retention rate nationwide without a TeleSAFE program).[4] The program has also seen a 700% increase in available forensic nursing staff over the course of its program. The SAFE-T Center is expanding from 7 locations to 15 new locations in 2024.

The Committee also spoke with a representative from IAFN. IAFN was first formed in 1992 by 72 registered nurses, many of whom were Sexual Assault Nurse Examiners ("SANE").[5] The Association "seeks to advance forensic nursing practice and incorporate forensic nursing science into basic and graduate nursing programs in colleges and universities around the globe."[6] A member of the subcommittee informed the group of a grant-funded telehealth program through IAFN and provided contact information so the committee could request information.

IAFN as the technical assistance provider works with programs in Texas, South Dakota, Arkansas, Alaska, and Nebraska. These five sites (known at IAFN as "hub sites") serve as peer

---

[1] "SAFE-T Center Home Page." Updated 2023. https://safe-tsystem.com/.
[2] "Meet Sheridan Miyamoto." Updated 2023. https://safe-tsystem.com/about-us/sheridan-miyamoto/.
[3] "DOJ Report," Updated 2023, https://safe-tsystem.com/doj-report/, "Impact of telemedicine on the quality of forensic sexual abuse examinations in rural communities," https://www.sciencedirect.com/science/article/abs/pii/S014521341400146X, "Using Telemedicine to Improve the Care Delivered to Sexually Abused Children in Rural, Underserved Hospitals," and https://publications.aap.org/pediatrics/article-abstract/123/1/223/71918/Using-Telemedicine-to-Improve-the-Care-Delivered.
[4] "SAFE-T Center Home Page." Updated 2023. https://safe-tsystem.com/
[5] International Association of Forensic Nurses. "History of the Association." Updated 2023. https://www.forensicnurses.org/page/AboutUS/.
[6] *Id.*

mentor and support sites for over 50 subsidiaries (known as "spoke sites"). These hub sites employ a variety of methods for providing this support to their spoke sites, including some providing exclusively online support with no required base site for working hub site nurses, while others require the use of physical facilities for administration of peer mentorship to spoke sites. However, there are some commonalities across all sites. The National TeleNursing Center ("NTC") reported in 2019 that there was an 86% overall satisfaction rate with TeleSAFE programs, with a 97% overall satisfaction rate from civilians who interacted with these systems. Additionally, IAFN reported an overall increase in job satisfaction and provider wellness at the hub sites where it provides technical assistance.

The NTC and the representative from IAFN both cited two common challenges: funding sources and ensuring appropriate state licensure for programs that operate in multiple states, with funding acting as a continuous challenge. Some sites, like Arkansas and Texas, have set up funding through state sources, such as a line item fund or a fund distributed through their attorneys general; others, like Alaska, have privately funded the operation through their hospital system. However, all have reported to IAFN that the programs work well and are worth funding. IAFN has offered to continue to provide information and technical assistance to Maryland as it explores the option of creating its own TeleSAFE Program in the state.

After meeting with these programs, the Committee is very interested in pursuing a similar opportunity for Maryland. However, the Committee has not had the opportunity to explore many aspects that would be important to launching such a program, including but not limited to how such a program would be funded, who would operate as a hub site to support nursing staff providing peer-to-peer telehealth, or what regulatory changes would be needed to institute such a program in Maryland. For this reason, the Committee is requesting the opportunity to conduct such a study. It also wants to ensure that if any hospital-based SAFE program wishes to explore and/or institute such a program while the Committee completes the study, it is not restricted from doing so and indeed, is supported in receiving appropriate reimbursement for providing such services.

Considering the above, the Committee requests a favorable report with the sponsor's amendments for Senate Bill 950.

cc: Committee Members