

SB950_FAV.pdf

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Position: FAV

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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

SB950_TeleSAFE_Support.pdf

Uploaded by: Jane Krienke

Position: FAV



Maryland
Hospital Association

**Senate Bill 950 - Sexual Assault Forensic Examinations Conducted Through Telehealth -
Reimbursement and Study**

Position: *Support*

March 6, 2024

Senate Finance Committee

MHA Position

On behalf of the Maryland Hospital Association's (MHA) member hospitals and health systems, we appreciate the opportunity to comment in support of Senate Bill 950.

Across the state, hospital-based sexual assault forensic exam ([SAFE](#)) programs employ forensic nurse examiners. These registered nurses receive special training in evidence collection and are experts in delivering trauma-informed care to survivors of violence and abuse. State law ensures survivors of sexual assault have access to emergency medical treatment for their injuries with no out-of-pocket expense. Hospitals care for survivors of all forms of violence.

Many SAFE programs rely on grant funding to support their staffing and infrastructure costs given the limited state reimbursement. According to the Maryland Sexual Assault Evidence Kit Policy & Funding Committee's Forensic Nurse Examiner subcommittee:

- One-third of the 13 hospitals [surveyed reported](#) relying on grant funding for at least 50%
- or more of their program costs including staffing, equipment, and supplies
- Five of the programs reported employing no full-time staff
- 10 of the programs reported employing five or more per diem staff

These staffing challenges can contribute to hospitals not being able to provide 24/7 coverage. As required by state law, (Health General 19-310.2), all hospitals have a protocol in place to ensure survivors of sexual assault have timely access to an exam.

SB 950 would ensure a sexual assault forensic exam delivered via telehealth, directed by a trained forensic nurse examiner, can be reimbursed by the state. The bill also requires the Maryland Sexual Assault Evidence Kit Policy & Funding Committee to study and make recommendations on the feasibility of a telehealth program including a TeleSAFE Pilot Program.

Leveraging technology to expand access to care has been utilized in other health care service lines, especially in areas of high need. Due to the lack of investment in SAFE program infrastructure and the FNE workforce shortage, there are areas in the state where the utilization of telehealth could expand access to SAFEs. Pennsylvania State University operates a [Sexual Assault Forensic Examination Telehealth System](#). Their program has shown to reduce

disparities, increase access to care and increase FNE retention. These are all goals that we seek to see in Maryland.

There are many important details that will need to be discussed by relevant stakeholders before a telehealth program could be launched statewide. Maryland hospitals support starting with a feasibility study and pilot program before expanding statewide. This will also allow the SAEK Committee to support hospitals within the areas of highest need in the state.

For these reasons, we request a *favorable* report on SB 950.

For more information, please contact:

Jane Krienke, Senior Legislative Analyst, Government Affairs

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TeleSANEAHC.pdf

Uploaded by: Jessica Volz

Position: FAV

March 05, 2024

The Honorable Pamela Beidle
Chair, Senate Finance Committee
Senate Office Building

RE: Support – SB 0950 Sexual Assault Forensic Examinations Conducted Through Telehealth-Reimbursement and Study

Dear Chair Beidle and Committee Members,

I am a nurse practitioner serving as the Clinical Director of the Forensic Medical Unit at Adventist HealthCare Shady Grove Medical Center and a member of the Maryland Sexual Assault Evidence Kit Policy and Funding Committee. One reason Marylanders experience barriers to accessing sexual assault medical forensic examinations (SAMFEs) is a shortage of forensic nurse examiners to provide care.¹ Telehealth (including providing SAMFEs) is a growing method employed to increase access to direct patient care and professional mentorship to support less experienced clinicians.²

Telehealth is a promising option for increasing SAMFE access in Maryland. However, a feasibility study aimed at examining the unique needs of the community and a description of the infrastructure necessary for the successful development and implementation of a Maryland TeleSAFE Pilot is essential to ensuring Marylanders receive world-class quality medical care after sexual assault.

For these reasons, I ask for a favorable report for Maryland SB 0950.

Respectfully,



Jessica M. Volz DNP, CRNP, FNE A/P, FNP-BC, NE-BC, AFN-C, SANE-A, SANE-P, DM-AFN
Clinical Director of Forensics, Forensic Medical Unit



References

1. Maryland Sexual Assault Evidence Policy and Funding Committee. *SAEK Committee 2024 Sixth Annual Report*. 2024.
https://www.marylandattorneygeneral.gov/Pages/Groups/2024_SAEK_Committee_Annual_Report.pdf
2. Miyamoto S, Thiede E, Dorn L, Perkins DF, Bittner C, Scanlon D. The Sexual Assault Forensic Examination Telehealth (SAFE-T) Center: A Comprehensive, Nurse-led Telehealth Model to Address Disparities in Sexual Assault Care. *The Journal of Rural Health*. 2021;37(1):92-102. doi:10.1111/jrh.12474



SAEK - TeleSAFE - senate testimony - 2024 - SB950

Uploaded by: Lisae C Jordan

Position: FAV



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Testimony Supporting Senate Bill 950 with Sponsor Amendments
Lisae C. Jordan, Executive Director & Counsel
Laura Jessick, Sexual Assault Kit Initiative/Sexual Assault Response Team Manager
March 6, 2024

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), a statewide legal services provider for survivors of sexual assault. MCASA represents the unified voice and combined energy of all of its members working to eliminate sexual violence. We urge the Finance Committee to report favorably on Senate Bill 950 with Sponsor Amendments.

Senate Bill 950 - TeleSAFE – Expanding Access to Sexual Assault Forensic Exams

This bill will help increase access to sexual assault forensic exams (“SAFE”, commonly called rape kits) by allowing peer-to-peer telehealth.

There is a crisis in access to sexual assault forensic exams in Maryland. This is a long-standing issue and has been resistant to efforts to address the problem. Structurally, the system is not as survivor-friendly as it could or should be. Survivors are required to go to specific hospitals and, if they present at the “wrong” hospital, must go elsewhere. The statewide nursing shortage exacerbates this issue and sometime survivors are sent to other hospitals even when they present at a hospital with a SAFE program because there is no forensic nurse available. This is not only unacceptable, it is now creating an opportunity for exploitation by companies seeking to profit off of sexual assault survivors (see companion bill, SB949, proposing a ban on self-administered rape kits).

In 2014, legislation was introduced to require all hospitals to offer exams. This was amended to require protocols on how to respond to sexual assault survivors, and the requirement to provide actual exams was stricken. In 2017, the General Assembly created the Attorney General’s Sexual Assault Evidence Kit Policy and Funding Committee to help address continuing issues. Now, in 2024 in the face of continued

challenges, SB950 is proposed by the Committee. Uncodified language will direct that telehealth options be explored.

More importantly, **the bill proposes allowing “peer to peer telehealth” for exams.** This is modeled loosely after a program in Pennsylvania and will allow a forensic nurse in one location to use telehealth to direct a qualified health care provider who is performing and exam on a patient/survivor in another location.

The International Association of Forensic Nurses and the Office for Victims of Crime both support the use of telehealth services for forensic exams is increasing across the country. This has the potential to help increase access to exams in the face of continuing challenges. It also has the potential to support more survivors as they seek to have evidence of rape collected so they have the option of pursuing justice.

Sponsor amendments clarify that “peer-to-peer” telehealth is authorized. This is necessary because current regulations require that a forensic nurse perform the exam on the patient.

**The Maryland Coalition Against Sexual Assault urges the
Finance Committee to
report favorably on Senate Bill 950 with Sponsor Amendments**

SB 950 - Sexual Assault Forensic Exams Through Tel

Uploaded by: Scott Shellenberger

Position: FAV

Bill Number: SB 950
Scott D. Shellenberger, State's Attorney for Baltimore County
Support

WRITTEN TESTIMONY OF SCOTT D. SHELLENBERGER,
STATE'S ATTORNEY FOR BALTIMORE COUNTY,
IN SUPPORT OF SENATE BILL 950
SEXUAL ASSAULT FORENSIC EXAMS
THROUGH TELEHEALTH

Scott Shellenberger State's Attorney for Baltimore County, and a member of the Maryland Sexual Assault Evidence Kit (SAEK) Policy and Funding Committee. I write in support of Senate Bill 950 which will allow for Telehealth visits of sexual assault exams and permit reimbursement in the same fashion as in person exams.

Currently there are 22 hospitals that have qualified nurses who are specially trained in conducting sexual assault evidence collection. So if it is 2:00 a.m. on a Saturday morning and a victim has summonsed the courage to drive to a nearby hospital, like Franklin Square Hospital they will to be told to drive to GBMC. This acts as an additional barrier to a victim of sexual assault. This Telehealth Bill would allow the victim to stay at Franklin Square and have the exam performed by a nurse at that location with the oversight of the qualified SAFE nurse, at GBMC or any other SAFE program in the state.

In this day and age Telehealth is done often for all types of "visits". Why not expand this to sexual assault exams? Why would we say to a victim who is in a vulnerable state that he or she needs to go to a different hospital when an exam can be done via Telehealth? This is already being done in Pennsylvania and it works.

Please remember these exams are not just to collect evidence but also to give medical treatment to the victim. We don't want them to leave the hospital and not go to another one and not get the treatment they need and deserve.

I urge a favorable report.

SB950_Hettleman_FAV.pdf

Uploaded by: Shelly Hettleman

Position: FAV

SHELLY HETTLEMAN
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THE SENATE OF MARYLAND
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TESTIMONY OF SENATOR SHELLY HETTLEMAN
SB950 SEXUAL ASSAULT FORENSIC EXAMINATIONS CONDUCTED THROUGH TELEHEALTH -
REIMBURSEMENT AND STUDY

One in five women in Maryland experience a sexual assault in their lifetime, according to the Maryland Coalition Against Sexual Assault. This is a horrific, life-altering experience that is too common. Yet, for a variety of reasons, only 18% of those who experience sexual assault report it to the authorities.

This bill would require the Maryland Sexual Assault Evidence Kit Policy & Funding Committee to assess the feasibility of a telehealth pilot program to expand access to treatment and reporting services. The proposed program would enable healthcare providers in any hospital in Maryland to connect with a licensed Forensic Nurse Examiner through telehealth to conduct a Sexual Assault Forensic Exam (SAFE).

SAFE exams are critical to providing the support survivors need after this type of traumatic event. Typically, when a survivor would arrive at a hospital and get seen by a Forensic Nurse Examiner (FNE), they would be provided a physical and mental health assessment and any needed treatment. This exam would also involve the collection of any evidence, as consented by the patient. Lastly, FNEs can help to corroborate survivor criminal cases, if pursued, in court.

The issue, however, is that there is a nationwide shortage of Forensic Nurse Examiners, to which Maryland is not immune. Many hospitals in Maryland do not have FNEs on staff. If a survivor were to present at one of these hospitals, they would likely be referred to a hospital that can conduct the SAFE exam. After a traumatic assault, this poses great stress and inconvenience and may lead someone to not end up getting the exam they originally wanted. By taking advantage of the technology available in telehealth, this program could make it easier to serve more people, broadening the access to these specialized services.

This bill also ensures that providers are reimbursed for treatment delivered via telehealth via the Criminal Injuries Compensation Board (CICB), as is currently done for exams conducted entirely in-person. This is critical to ensure that costs are not being incurred by the survivor. This is the only way we currently have to collect evidence after a sexual assault while maintaining the chain of custody enforced by courts. We expect this bill to enable increased access to these needed services.

Maryland SB0950 testimony.pdf

Uploaded by: Sheridan Miyamoto

Position: FAV

I am Dr. Sheridan Miyamoto. I am the Founder and Director of the Sexual Assault Forensic Examination Telehealth Center (SAFE-T Center).

The SAFE-T Center was launched in 2016 with a 1-year planning grant from the Department of Justice. That year was critical to our future success as we examined costs, technology, built our infrastructure, and identified our expert response team. Planning allowed us to successfully implement the program in four health systems the following year.

Since 2017, we have partnered with 12 communities, developing a comprehensive Sexual Assault Nurse Examiner (SANE) team response where it previously didn't exist. We provide SANE training, secure forensic telehealth technology, and expert consultation.

We have conducted over 300 telehealth examinations, providing trauma-informed support for the survivor and guidance to the local nurse on best practices and proper evidence collection.

Research shows our program is effective in growing the SANE workforce, increasing local nurse confidence, and more than tripling the SANE retention rate compared to national rates. We have trained 113 nurses, representing a 300% increase in trained SANEs in our partner communities.

Importantly, the program has an impact on the quality of care delivered to survivors.

- Over 90% of patients reported that having a SAFE-T telehealth consultation improved the quality of care they received.
- 95% of patients stated they felt better after having a forensic exam.
- Over 88% stated their initial fears of coming forward were alleviated during the examination.

Healing begins with quality care. These outcomes show the promise of telehealth to deliver specialty care where it is needed.

The proposed feasibility study is critical to accurately assess need, resources and solutions that can effectively solve the SANE workforce shortage and thoughtfully build capacity for equitable access to quality sexual assault care in Maryland.

SAFE-T one page_PSU 11.17.23.pdf

Uploaded by: Sheridan Miyamoto

Position: FAV



SEXUAL ASSAULT FORENSIC EXAMINATION TELEHEALTH (SAFE-T)
**IMPROVING ACCESS TO QUALITY
SEXUAL ASSAULT CARE**

Sexual violence is a public health crisis. We know how to respond to trauma to help victims on a path of healing and justice from day one. Care delivered by Sexual Assault Nurse Examiners (SANEs) has been shown to improve physical and mental health outcomes for survivors. Yet many across the country, especially marginalized groups and those living in rural communities, do not have access to expert care that promotes healing and justice.

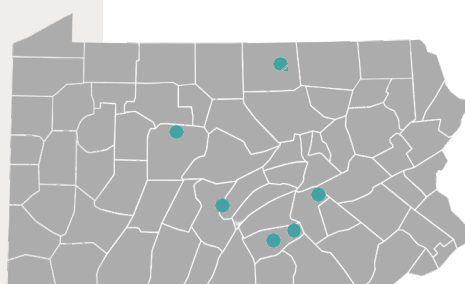
THE PROBLEM: DISPARITIES IN QUALITY SEXUAL ASSAULT CARE

- One in five women experience completed or attempted rape and nearly 25% of men experience some form of sexual violence in their lifetime, the majority of which occurs prior to age 25.¹
- Marginalized groups are disproportionately at risk for SA.²⁻⁹
- The substantial impact of sexual trauma on short- and long-term health, including mental health issues, greater burden of chronic disease and premature death, is well established.¹⁰⁻¹³
- Sexual violence has steep societal costs with an estimated population economic burden of \$3.1 trillion (in 2014 U.S. dollars).¹⁴

THE SOLUTION: SAFE-T SYSTEM

Healing and justice begin at the point of care. SAFE-T System enhances equitable access to expert, telehealth-enabled SANE care in marginalized, rural, and impacted communities. We know how to sustainably grow this solution so that every victim, regardless of economic status, race, or geographical location, can be assured high-quality SANES

INCREASE SUPPLY & DISTRIBUTION OF SANES



300%

56 new SANES, a 300% increase across the SAFE-T System Service A



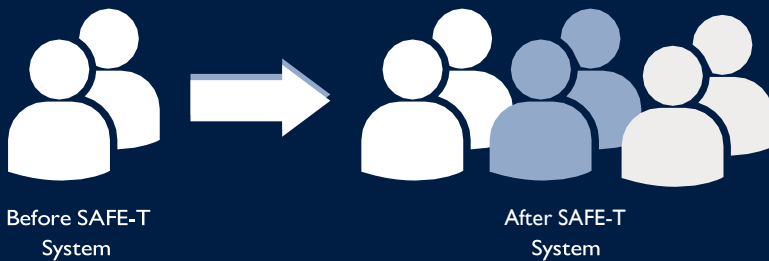
**Pennsylvania Office of Rural Health
2023 Rural Health Program of the Year**



KEY EVIDENCE

SAFE-T System has a positive impact on patient recovery and healing, with 92% reporting they felt better after the examination. Hospitals can be designated as a "SAFE Place" and partner with TeleSANE solutions to ensure everyone has access to expert care.

TRIPLED PATIENT VOLUME AT PARTNER HOSPITALS



ACCEPTABILITY OF TELEHEALTH BY PATIENTS

85% of eligible patients consented to forensic telehealth examination



91%

of patients rated their care as "excellent" or "very good"

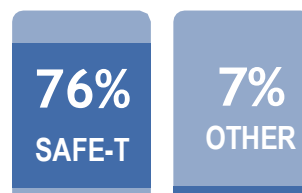
EASING PRE-EXAMINATION WORRIES

66% of patients expressed at least one worry prior to their sexual assault examination

WORRIES RESOLVED WITH SAFE-T EXAM

88-100% pre-examination worries were alleviated (not experienced) during the SAFE-T System examination

LOCAL NURSE RETENTION



76% retention of nurses trained and supported by SAFE-T System after one year (versus 2-year national retention rate of 7%)



CONTACT US

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