

Judiciary Committee Hearing on H25 and H27

2/2/2017

My name is Joan Carson and I am an emergency department staff registered nurse as well as a forensic nurse and clinical coordinator for the sexual assault nurse examiner program.

I'm here to speak to you about H25. I was at the Committee hearing last week and appreciated the information that the speakers imparted to the committee about sexual assault survivors. I'd like to spend my time with you to talk about the medical-forensic exam. At the previous hearing, there was some discussion about sexual assault survivors having to pay for their evidence collection through their insurance and there was some comparison to other victims of crime who must pay for their medical care after suffering injury.

The problem with sexual assault victims is that their evidence collection can not easily done in a police department's office. We are collecting evidence from very private parts of a patient's body. Taking a picture of a black eye is something very different from documenting injury to patient's vagina or anus. In addition, it is hard to separate out the "medical" from the "forensic" part of the examination, hence, the hyphenated term "medical-forensic examination." We take a history as part of a medical exam but this history also guides us to where we might find biological evidence to collect. We perform a physical examination to identify injury, but this, too, is part of the documentation of injury related to the crime. While we are assessing the patient, we are collecting samples from the patient's body to send to the Vermont Forensic Laboratory, we are documenting bruises, lacerations and other injuries to include in the forensic documentation tool. The patient also receives counseling and education about sexual transmitted infection and given choices about receiving medication to prevent these diseases. Finally, we provide the patient with follow up information for the medical care, but also contact information regarding follow up with the legal components of the crime, such as contact information of law enforcement and the state's attorney's advocate.

I want to talk about billing for patients' medical forensic examinations. Because of concerns about diminishing funds available through Vermont Center for Crime Victim Services, a law was passed last year to ease that budget. Before this act (32 V.S.A. § 1407) was enacted, patients were simply asked their preference about bill—their personal insurance or the Sexual Assault Program at Crime Victim Services. Most patients chose VCCVS. The new law required that insurance be the primary payor from first dollar, with a rather complicated mail diversion procedure should the patient be worried that an abusive partner or parent might learn of the hospital visit. In the process of teaching other clinicians, registration and billing staff, I am very worried that this additional procedure for diverting explanation of benefits to a safe mailing address is fraught with potential for error.

A solution would be to mandate insurance coverage of the visit *unless* there is a safety concern. If there is a safety concern, the bill would be paid by VCCVS. As the law stands now, bills for patients who have out of state insurance are automatically paid by Crime Victim Services because there is no mechanism in place for out of state insurance to or create a paper work-around for safety. Having the out-of-state insurers pay would then save money for the Center.

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