

To: Senate Judiciary Committee

From: Joan Carson, RN, CEN, SANE-A, SANE-P

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My name is Joan Carson and I am one of the Clinical Coordinators for the Sexual Assault Nurse Examiner Program at the Vermont Network. Additionally, I am an emergency department registered nurse working as a forensic nurse working with UVM Medical Center's Forensic Nursing Program.

I am writing to support the passage of H. 25 (Sexual Assault Survivors Bill of Rights) and H. 27 (eliminating the statute of limitations on prosecutions for sexual assault).

H. 27 will ensure that survivors of sexual assault have the necessary time and options available to heal from their experience. I have cared for sexual assault survivors both in the immediate aftermath and when they come to the emergency department months and years after their trauma for other complaints. Many survivors are still trying to make sense of their experience years later. Sometimes another event, such as childbirth or a medical crisis, floods them with memories and forces them to reconnect with their trauma. It is at these times that patients begin to consider going to the police to begin the process of bringing their assailant to justice. I support lengthening the statute of limitations for sexual assault to give patients time to be ready to engage in the legal process.

The Sexual Assault Survivors Bill of Rights (H. 25) is another important piece of legislation for sexual assault survivors. These survivors have a different experience than other victims of crime. The process of collecting evidence is something that happens in the medical-forensic examination at the hospital.

Unlike other crimes, sexual assault victims' evidence collection is 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.

The Bill addresses important questions that patients often ask: "When will I get the results?" "I think I might have been drugged. Can I get tested?" "What will happen to my kit?" "How long do I have before the evidence is destroyed."

Billing for patients' medical forensic examinations can be confusing for patients who have just been assaulted. Because of concerns about diminishing funds available through Vermont Center for Crime Victim Services, a law was passed two years ago 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, 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 have been very worried that this additional procedure for diverting explanation of benefits to a safe mailing address is fraught with potential for error. H. 25 will 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.

For all these reasons and more, I support H25. I would be happy to speak to the Committee if you have further questions.

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