

House Bill 1127- Sexual Assault Forensic Examinations Conducted Through Telehealth – Reimbursement and Study

Position: *Support* February 20, 2024 House Judiciary 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 House Bill 1127.

Across the state, hospital-based sexual assault forensic exam (<u>SAFE</u>) 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 <u>surveyed</u> 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.

House Bill 1127 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 <u>Sexual</u> <u>Assault Forensic Examination Telehealth System</u>. 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 HB 1127.

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