



Maryland
Hospital Association

March 4, 2019

To: The Honorable Shane Pendergrass, Chair
House Health and Government Operations Committee

Cc: HGO members and Sponsor Delegate Valentino-Smith

From: Jennifer Witten, Vice President, Government Affairs
Maryland Hospital Association

Re: Letter of Concern: HB 971 – Hospitals - Emergency Departments - Identification, Treatment, and Rescue of Human Trafficking Victims

On behalf of the Maryland Hospital Association's (MHA) 62 member hospitals and health systems, we appreciate the opportunity to comment on House Bill 971. Maryland's hospitals appreciate the intent of this legislation and are supportive of establishing a statewide hospital protocol for human trafficking. House Bill 971, however, does not account for the substantial stakeholder input, legal review and training that would be required for successful implementation. Additionally, with the current national shortage of forensic nurse examinersⁱ (FNEs), a mandate to provide these specialized services 24/7 in all 46 acute care hospitals, would be challenging and could dilute the forensic services required to collect evidence for prosecution.

There are 22 Sexual Assault Forensic hospital-based programs, covering almost every county in the state, where FNEs are available to care for survivors of sexual assault and other forms of violence. The nurses and staff who lead these programs are passionate and dedicated to meeting the needs of their patients. According to the Maryland Board of Nursing, there are only 140 forensic nurse examiners in the state certified to examine adults and 81 certified to examine both adults and pediatric patientsⁱⁱ. This shortage is reflective of a larger workforce problem. In 2016, the Government Accountability Office reported a national shortage of FNEsⁱⁱⁱ stemming from the limited availability of training, challenges with maintaining certification requirements, low retention rates due to the emotional and physical demands of the profession, and more.^{iv} A 2017 report on the implementation of a law in Texas mandating all hospitals be equipped to conduct forensic exams, found that employing an FNE was impractical for some facilities because of the low volume of cases seen, making it difficult to maintain certification.^v

Similar concerns have been expressed in Maryland. Recently the Attorney General's Sexual Assault Evidence Kit and Funding Committee issued its first annual report to the Governor and General Assembly. Included in the report is a detailed review of current issues related to Maryland FNE workforce and recommendations to address shortages. We would strongly urge that consideration be given to those recommendations to accommodate additional mandates of these programs.

Maryland's hospitals are aware of their unique position to identify and care for victims of human trafficking and are committed to helping break the cycle through identification of victims. However, this requires thorough training and protocols — lack of either can be counterproductive and result in missed opportunities.^{vi} Efforts have already been underway to determine the best method of sharing a model medical screening protocol that was developed by the Maryland Human Trafficking Task Force in 2015.^{vii} Some hospitals already have engaged in pilots' programs to implement the protocol. These pilots could offer best practices and lessons learned for statewide implementation. Mercy Medical Center, in Baltimore City — an early adopter of the protocol — is currently training hospitals in Baltimore City to identify and care for victims of human trafficking.

In lieu of this legislation, MHA respectfully requests the opportunity to move forward in partnership with the University of Maryland's SAFE Center for Human Trafficking Survivors (SAFE Center), key stakeholders and our member hospitals to raise awareness of human trafficking, promote training opportunities and develop and implement a statewide protocol. Stakeholders could include MCASA, Attorney General's Office, law enforcement, DHS and others. This proposed approach will provide hospitals with the tools needed for successful implementation, thereby allowing them to better meet the needs of victims of human trafficking. MHA could report back to the Maryland General Assembly on the progress of these efforts prior to the next legislative session — as well as provide intermediate updates as requested.

We support the **intent of House Bill 971** and appreciate the consideration of this revised approach to improve identification of victims, develop and implement a statewide protocol and ensure all hospitals have access to appropriate training.

ⁱ United States Government Accountability Office. *Sexual Assault: Information on Training, Funding and the Availability of Forensic Examiners*. (March, 2016). Retrieved from: <https://www.gao.gov/products/GAO-16-334>

ⁱⁱ Maryland General Assembly. HB 971, Hospitals - Emergency Departments - Identification, Treatment, and Rescue of Human Trafficking Victims (2019). Fiscal Note. Retrieved from: http://mgaleg.maryland.gov/2019RS/fnotes/bil_0001/hb0971.pdf

ⁱⁱⁱ Ibid,i.

^{iv} Ibid,i.

^v Police Foundation. *Impact of SB1191 on Accessibility of Sexual Assault Forensic Exams in Texas*. (January 25, 2017). Retrieved from: <https://www.policefoundation.org/publication/impact-of-sb1191-on-accessibility-of-sexual-assault-forensic-exams-in-texas/>

^{vi} Maryland Human Trafficking Task Force. *Maryland Human Trafficking Medical Screening Protocol*. (2015). Retrieved from: <https://www.fmh.org/documents/PGHC-Medical-Screening-Protocol-FINAL.pdf>

^{vii} Ibid.

Maryland Sexual Evident Kit and Funding Policy Committee Annual Report. (2018). Retrieved from: http://www.marylandattorneygeneral.gov/Pages/Groups/2019_SAEK_Committee_Annual_Report.pdf