

FISCAL NOTE
Requested by Legislative Council
04/17/2015

Amendment to: SB 2284

- 1 A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2013-2015 Biennium		2015-2017 Biennium		2017-2019 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures				\$250,000		
Appropriations						

- 1 B. **County, city, school district and township fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

	2013-2015 Biennium	2015-2017 Biennium	2017-2019 Biennium
Counties			
Cities			
School Districts			
Townships			

- 2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

The engrossed bill creates a new section of NDCC relating to hospital treatment of victims of sexual assault, designates funding from oil and gas impact grants and requires those entities receiving a grant to provide reports.

- B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

Section 1 of the engrossed bill contains language that has been changed from "shall" to "may" when coordinating with hospitals with a community-based sexual assault nurse examiner program or developing a sexual assault nurse examiner program to ensure those victims wanting a sexual assault forensic examination or sexually transmitted infection treatment are accommodated. The fiscal impact is the amount appropriated.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

- A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

- B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

The expenditures to be funded will be those reflected in the grant applications awarded by the board of university and school lands as directed by the attorney general.

- C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation or a part of the appropriation is included in the executive budget or relates to a continuing appropriation.*

An appropriation of \$250,000 is reflected in the bill.

Name: Brenda M. Weisz

Agency: ND Department of Health

Telephone: 328-4542

Date Prepared: 04/17/2015

FISCAL NOTE
Requested by Legislative Council
04/14/2015

Amendment to: SB 2284

- 1 A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2013-2015 Biennium		2015-2017 Biennium		2017-2019 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures			\$871,836			
Appropriations			\$871,836			

- 1 B. **County, city, school district and township fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

	2013-2015 Biennium	2015-2017 Biennium	2017-2019 Biennium
Counties			
Cities			
School Districts			
Townships			

- 2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

As amended, the bill provides coordination with a community-based sexual assault nurse examiner nurse program or development of a sexual assault examiner nurse program for hospitals without specifically trained staff.

- B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

The estimated cost of developing a sexual assault examiner nurse program is \$871,836. This amount would cover this training for 6 regions for 2 years - Devils Lake, Fort Yates, Belcourt, Williston, Watford City and Dickinson, which is where the highest needs for trained hospital staff have been identified.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

- A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

Not applicable

- B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

According to information from the Executive Director for the Central Dakota Forensic Nurse Examiners, which has been confirmed by the Health Department, the two year cost for this training is \$871,836. This estimated cost is shown as coming from the general fund and the actual funding source will be determined by the legislature. This amount includes a community-based sexual assault nurse examiner and associated costs and training for hospital nurses.

- C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation or a part of the appropriation is included in the executive budget or relates to a continuing appropriation.*

The \$871,836 estimated cost is not included in any agency budget.

Name: Kathy Roll

Agency: Office of Attorney General

Telephone: 701-328-3622

Date Prepared: 04/16/2015

2015 SENATE JUDICIARY

SB 2284

2015 SENATE STANDING COMMITTEE MINUTES

Judiciary Committee
Fort Lincoln Room, State Capitol

SB 2284
2/4/2015
23189

- Subcommittee
 Conference Committee

Committee Clerk Signature



Minutes:

1,2,3,4,5,6,7,8,9,10

Ch. Hogue: We will open the hearing on SB 2284.

Sen. Carolyn Nelson: Sponsor, Support. We're talking about sexual assault nurse examiners. They are experts at addressing the psychological trauma in combination with physical trauma associated with sexual assault and a focus on patient dignity and compassionate support, as well as their abilities to interpret the test results. There is an appropriation in this bill up to \$500,000 to the Dept. of Health and to their division of Injury Prevention and Control to provide grants through the domestic violence/rape crisis program for community based and hospital based sexual assault nurse examiner programs. It is a two year program, the recipient of the grant "shall" use the grant funds to train and support sexual assault nurse examiners programs. I have heard that there are places where there is room in the hospital, they just don't have the personnel yet; they are anxious to work with other non-profits in setting up these programs and I would invite you to listen to those who are here today to testify. I think you will see that we have them from both the medical and the law enforcement in favor of this bill.

Ch. Hogue: Thank you. Further testimony in support.

Tisha Scheuer, Executive Director, Central Dakota Forensic Nurse Examiners: Support (see attached 1,2,3,4).

Ch. Hogue: I noticed in the latter part of the bill, it provides an appropriation to the Dept. of Health and you mentioned that the Attorney General is now the source of some financial support for the program. What's the reason for the shift there, or isn't there a shift.

Tisha Scheuer: There isn't a shift. The forensic reimbursement monies that are set aside from the Attorney General are on a reimbursement basis. They are given specifically to health care agencies who conduct a forensic examination. Those monies are only to be used to pay for that forensic examination and the medications. These funds would help pay for on-call for the nurse to be available for 24 hours a day where those funds don't cover that. Operational costs to run a program as well as on-going training. In order to become a sexual assault nurse examiner you are required to be a registered nurse but you are also required to have 40 hours of classroom training, specialized classroom training on top of your RN license, as well as a clinical portion. Those monies would help to enhance that training and be able to provide that training to the nurses.

Ch. Hogue: Does it have to be a nurse, or could it be someone else.

Tisha Scheuer: It can be a nurse, a physician's assistant, a doctor, or nurse practitioner.

Sen. Luick: You mentioned the time lapse from one a victim is raped and it can go up to 48 hours; is there a time frame when that evidence is lost.

Tisha Scheuer: Yes.

Sen. Luick: How long is it possible to acquire that evidence?

Tisha Scheuer: We have up to 96 hours, according to our state protocol, the ND State Evidence Collection Protocol for sexual assault.

Sen. Luick: I have heard of rape kits being held in different areas that have not been gone through and made sure that there was evidence there or a lack of evidence. What's the cost of processing those rape kits?

Tisha Scheuer: I am not aware of what the cost is to process the kits. That would be a question for the AG's office.

Sen. Armstrong: This bill would help make sure that the evidence is collected properly.

Tisha Scheuer: Yes.

Sen. Armstrong: So at least on the front end it wouldn't be done wrong so when law enforcement gets it, it would be done accurately and correctly.

Tisha Scheuer: Exactly, yes.

Ch. Hogue: If we looked at the \$500,000 appropriation, part of it would go to pay for call; what's happening now, are the nurses just volunteering to be on-call to take these calls.

Tisha Scheuer: Most of the time they are. In other areas of the state, they are trying to find funds within their budgets to be able to pay registered nurses to be on call and be available. That piece of the budget is not normally a part of ERs budget line items because they are not usually on call, like a surgical nurse or something like that. So finding those funds is very difficult for health care facilities to be able to provide that funding for the nurse to be available. If it is a nurse that is on staff that's going to be doing the forensic examination, I think we probably have testimony to speak to this as well. It really takes a lot of time away from the rest of the patients that are in the ER when that nurse is collecting evidence. It is usually about a 4-5-6 hour experience for that victim when they are with a specialized nurse, and that will take time away from the other patients in the ER. Best practice, is really having that extra nurse on call, to be able to come in and give full attention to that patient.

Sen. Grabinger: I see you are already functioning in Fargo, Grand Forks, Bismarck and now Minot.

Tisha Scheuer: Yes, they have programs in those communities.

Sen. Grabinger: I didn't know that in Jamestown that we weren't providing adequate help for these victims. Is the process of what we are doing in Jamestown, not up to the standards to provide the services?

Tisha Scheuer: They are struggling because of funding.

Sen. Armstrong: Thank you. Further testimony in support.

Maria Kogle, RN, SANE: Support (see attached 5).

Sen. Nelson: So you work on the OB/GYN floor. If someone comes in and is a rape victim, are you pulled off that floor or how does it work in your particular case.

Maria Kogle: My position as a labor and delivery nurse is separate from being a SANE nurse. I encounter women who have been sexually assaulted through my labor and delivery process, but the actual SANE kit and SANE examination is separate from my job as a labor nurse. I function in both of those positions.

Sen. Armstrong: Thank you. Further testimony in support.

Michelle Erickson, Victim Services Coordinator, Abused Adult Resource Center: Support. Michelle read Diane Zainhofsky's testimony (see attached 6).

Sen. Nelson: 1240 cases were reported. What's your best guess with the number that are not reported?

Michelle Erickson: I don't have any idea. There are a lot of unreported cases. It's hard to tell.

Sen. Armstrong: Thank you. Further testimony in support.

Trisha Neugabauer, RN: Support (read attached 7).

Sen. Armstrong: Thank you. Further testimony in support.

Steven Scheuer, Bismarck Police Dept: Support (read attached 8, letter from Dan Donlin, Chief of Police, Bismarck Police Department).

Sen. Armstrong: In your experience in law enforcement, how important is accurate evidence collection, not only to a conviction but to a conviction without trial.

Steve Scheuer: That is definitely a key. If you get the evidence collected a lot of times these plea agreements can be worked out with the defendant knowing the type of case that is brought before them, therefore, reducing the time a victim has to be part of a court process. With that, the evidence collection is a collaborative effort that matches what officers and detectives find at the scene and what was collected at the hospital, and putting those two efforts together make the case that much stronger.

Sen. Armstrong: In your experience, if there is accurate scientific or biological evidence, is the case more likely to proceed to trial?

Steve Scheuer: No, it will not.

Sen. Armstrong: Thank you. Further testimony in support.

Janelle Moos, Executive Director, CAWS ND: Support (see attached 9 and 10 [which wasn't read but given to committee]).

Sen. Luick: What does it take for your agency to train one of these nurses; timeline and dollars for person; is there continuing education that's provided once they are trained.

Janelle Moos: It's a 40 hour training to be initially trained as a SANE nurse. There are others in the room that obviously have more expertise. We were offering it on a yearly basis so we were training nurses, offering that 40 hour training and we did it in conjunction with a nationally certified SANE nurse or someone within the state that is certified. I can get figures on how much it costs for each training, but we also have advanced SANE nurse training, maybe once a year to give nurses that are currently practicing time to build their skills and to look at advanced issues in forensic nursing. It's a pretty intense process that nurses choose to go through and whether or not they have the support of their administrators to come to the training has been another challenge we've had. They often have to come on their own time and aren't really supported by the hospital.

Sen. Armstrong: You've read the language of the bill, right. My question is on subsection 3, number 19 and where it says that "a hospital without staff specially trained to perform a sexual assault forensic examination "shall" coordinate....." The way we use "shall" in the Code, it is essentially forcing every hospital to do this; there doesn't seem to be a start date listed here, or a requirement of that. Is permissive language maybe a better way to go; without getting into the appropriation, because I think that everybody has testified to today, is everybody is in support of it if they have the funding to do it. I get hesitant putting compulsory language into the ND Century Code, especially if there isn't a penalty not doing it, other than a civil suit.

Janelle Moos: I did talk to some of the sponsors and folks working behind the scenes on this bill prior to that. That was one of our concerns, maybe putting in "may" because I think that has been one of the biggest challenges that

we've had, as well as our local crisis centers, is developing that partnership with the hospitals saying we would like you to do this, we'd like to work with you to identify the resources to have a SANE program, but we often err on the side of "shall" vs. "may".

Sen. Armstrong: If the appropriation gets cut, I'm not sure I'm comfortable with the compulsory language if the funding runs out.

Janelle Moos: I think that's correct. It would be detrimental, both to what we're hoping to accomplish by getting more SANE nurses on the ground and obviously ham stringing hospitals if no appropriation is attached to it.

Sen. Armstrong: In your opinion, if the funding is available, you think most, if not all, hospitals will utilize this.

Janelle Moos: I think it depends on the community. We currently have a few SANE programs that are up and running and I think there is interest in expansion, especially in the underserved communities. Our hope would be that they develop a partnership with the Crisis Center that is located in their community to figure out what is going to work in that specific community. I don't think one model will work in Dickinson as it is going to work in Fargo. This allows communities to move forward in terms of what is the best response in their community.

Sen. Casper: Is there some averseness to this that the hospitals and communities are choosing not to do this on their own, so we want to compel them through the Code and the legislature that they "may" or "shall" whatever we decide to go with to do this. It seems like a good program and something we should be doing. I'm wondering why it isn't happening without putting it into the law; I get the funding.

Janelle Moos: I don't work in a hospital and I've heard some of the challenges in terms of having a separate space for a room to conduct the SANE nurse exams. It is always my hope not to create an adverse relationship between folks that we know that are there to help. I think if we can find some language that would conducive to facilitating those relationships locally, I think that is what this could accomplish.

Sen. Nelson: How many hospitals are in the state of ND?

Janelle Moos: No.

Sen. Nelson: My concern is the same one as Sen. Armstrong talked about. I'm reading it slightly differently. I'm reading it that says if you have a small town hospital and they don't have a program, they can coordinate with somebody who does have a program that's nearby or they can develop their own program. So if someone gets raped in Grassy Butte, I don't know where the closest hospital is, but perhaps someone in Grassy Butte knows where that nearest community program is and then, therefore, everybody would have access but that they don't have to have their own program; they happen to be related to some program. That's how I was reading this bill. I also think it depends too, of where the hospitals are located. In some other bills, there weren't a whole lot of hospitals. They seemed to be congregated in the major cities. The little towns don't have one.

Janelle Moos: I think developing regional SANE programs might be the best solution because we can't have a crisis center in every small town, just like we can't have a SANE nurse in every small town or hospital. Developing a regional collaborative program would be great. For example, if you take Dickinson, there is St. Joe's there and they are currently developing a SANE program. I think having trained staff on a regional basis because Dickinson serves the 8 southwest counties in ND; I think that would be the best solution. The language or the granting process could allow for that developing some sort of regional collaborative for SANE programming.

Sen. Nelson: Would it hurt anything if, for instance, you had the southwest regional hospital at Hettinger or you have Towner County up in Cando. These are covering large areas if that nurse was on call and it took them some time to get to the hospital. That small amount of time wouldn't be detrimental to the patient, but they would have access to that nurse, right.

Janelle Moos: Yes. I think it is also important to have communities not only have a trained SANE nurse; they encourage them to develop a sexual assault team, which includes law enforcement and advocates. Even if it may take an advocate a short amount of time to get there or that you have someone sitting with the victim and being with them until the nurse gets there. That is the most important piece of this is that they work as a collaborative team to respond to sexual assaults.

Sen. Armstrong: Thank you. Further testimony in support. Testimony in opposition. Neutral testimony. We will close the hearing.

2015 SENATE STANDING COMMITTEE MINUTES

Judiciary Committee
Fort Lincoln Room, State Capitol

SB 2284
2/10/2015
23545

- Subcommittee
 Conference Committee

Committee Clerk Signature



Minutes:

1

Ch. Hogue: We will take a look at SB 2284.

Sen. Armstrong: If they cut the funding, then you are mandating something without funding (explained amendment, see attached 1). There is an appropriation in here that I think is fairly essential to the expansion of this program and it's got to get through two different appropriation committees and if they cut that funding or get rid of that funding, without changing the word "shall" to "may" you are mandating that hospitals do something without having the funding to do it.

Sen. Nelson: I move the amendment, 15.0823.01001.

Sen. Grabinger: Second the motion.

Ch. Hogue: We will take a voice vote, motion carried. We now have the bill before us as amended. What are the committee's wishes?

Sen. Armstrong: I move a Do Pass as amended and rerefer to Appropriations.

Sen. Grabinger: Second the motion.

6 YES 0 NO 0 ABSENT

DO PASS AS AMENDED AND REREFER TO APPROPRIATIONS

CARRIER: Sen. Luick

15.0823.01001
Title.02000

Adopted by the Judiciary Committee

February 10, 2015

FD
2/10/15

PROPOSED AMENDMENTS TO SENATE BILL NO. 2284

Page 1, line 20, replace "shall" with "may"

Renumber accordingly

Date: 2/10/15
Voice Vote # 1

2015 SENATE STANDING COMMITTEE
VOICE VOTE
BILL/RESOLUTION NO. 2284

Senate Judiciary Committee

Subcommittee

Amendment LC# or Description: 15.0823.01001

- Recommendation: Adopt Amendment
- Do Pass Do Not Pass Without Committee Recommendation
- As Amended Rerefer to Appropriations
- Place on Consent Calendar
- Other Actions: Reconsider _____

Motion Made By Sen. Nelson Seconded By Sen. Grabinger

Senators	Yes	No	Senators	Yes	No
Ch. Hogue			Sen. Grabinger		
Sen. Armstrong			Sen. C. Nelson		
Sen. Casper					
Sen. Luick					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Voice Vote: Motion Carried.

Date: 2/10/15
Roll Call Vote #: 2

2015 SENATE STANDING COMMITTEE
ROLL CALL VOTE
BILL/RESOLUTION NO. 2284

Senate _____ **JUDICIARY** _____ Committee

Subcommittee

Amendment LC# or Description: 15.0823.01001 02000

Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar

Other Actions: Reconsider _____

Motion Made By Sen. Armstrong Seconded By Sen. Grabinger

Senators	Yes	No	Senators	Yes	No
Chairman Hogue	✓		Sen. Grabinger	✓	
Sen. Armstrong	✓		Sen. C. Nelson	✓	
Sen. Casper	✓				
Sen. Luick	✓				

Total (Yes) 6 No 0

Absent 0

Floor Assignment Sen. Luick

REPORT OF STANDING COMMITTEE

SB 2284: Judiciary Committee (Sen. Hogue, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2284 was placed on the Sixth order on the calendar.

Page 1, line 20, replace "shall" with "may"

Renumber accordingly

2015 SENATE APPROPRIATIONS

SB 2284

2015 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Harvest Room, State Capitol

SB 2284
2/18/2015
Job # 24050

- Subcommittee
 Conference Committee

Committee Clerk Signature

Eva Liebelt

Explanation or reason for introduction of bill/resolution:

Relating to hospital treatment of victims of sexual assault

Minutes:

Attachments 1 - 7

Legislative Council - Chris Kadrmaz
OMB - Nick Creamer

Senator Bowman called the committee to order on SB 2284.

Carolyn Nelson, State Senator, District 21, Fargo, ND, Bill Sponsor:

No written testimony. This is a bill that deals with something that is very necessary it deals with the training of sex assault nurse examiners. They are specially trained to collect and report information. They deal with the drama of the patient and show total respect for that victim.

Tisha Scheuer, Executive Director of the Central Dakota Forensic Nurse Examiners:

Testified in favor of SB 2284. Written Testimony Attached, Attachment (1). (3:13-11:04)
Handed out testimony in support of SB 2284 from: Susan Price, Director of Emergency Services at St. Joseph's Health, in Dickinson, ND: Attachment (2).
Rhonda Gunderson, Assistant Nurse Manager, Emergency Trauma Center, Trinity Health, Minot, ND: Attachment (3).
Dr. Gordon Leingang, Emergency Medical Services Director in Bismarck, ND: Attachment (4).
Craig Serr, MPM, BSN, RN, Emergency & Trauma Center Director: Attachment (5).

Senator Bowman: Since we have seen the oil boom in western North Dakota has sexual abuse gone up?

Tisha Scheuer: That is what has been reported to my organization.

Senator Kilzer: You talked about training nurses and expanding the service to smaller hospitals if you are going to provide these services how much money out of the five hundred thousand will go to each one of those?

Tisha Scheuer: It cost between fifty and seventy thousand dollars a year to train and fund and sustain the SANE program. (12:35-13:11)

Senator Kilzer: How much money do you have now and what is the source?

Tisha Scheuer: There are no programs in Williston and Dickinson. We are starting a program in Minot. We have a federal grant through the department of health which is helping to fund the Minot and Bismarck programs only.

Senator Kilzer: Did you ask the department of health to include this in their agency budget?

Tisha Scheuer: No.

Senator Kilzer: Why not?

Tisha Scheuer: We were too late.

Dan Donlin, Chief of Police for the Bismarck Police Department: Testified in favor of SB 2284. Written Testimony Attached, Attachment (6). (14:30-17:39)

Senator Heckaman: What has been your experience with the smaller communities around Bismarck area and how do they get any services like this?

Dan Donlin: The victims have to report to the jurisdiction where the crime was committed. If it was my family member I would report it to the local law enforcement and I would be bringing that victim to Bismarck to have forensically trained nurses collect that evidence. (18:15-19:03)

Diane Zainhofsky, Executive Director, Abused Adult Resource Center, Bismarck, ND: She testified in favor of SB 2284. Written Testimony Attached, Attachment (7). (19:33-29:17)

Senator Carlisle: Asked Tisha how she came up with the \$500,000 amount?

Tisha Scheuer: I had a meeting with another Senator and he suggested the number and I said that would go a long way for helping the SANE program develop in the state.

Senator G. Lee: This is one-time funding. How will you sustain this program?

Tisha Scheuer: We continue to look for other grant opportunities. We had discussed the possibility of that being a continuation.

Senator Krebsbach: What do you use for your materials for training?

Tisha Scheuer: The education guideline required for training nurses that want to be sexual assault examiners is provided through the International Association of Forensic Nursing.

Chairman Holmberg: Closed the hearing on SB 2284.

2015 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Harvest Room, State Capitol

SB 2284
2/18/2015
Job Number 24058

- Subcommittee
 Conference Committee

Committee Clerk Signature

Eva Liebelt

Explanation or reason for introduction of bill/resolution:

Relating to hospital treatment of victims of sexual assault

Minutes:

Senator Kilzer: I asked about the funding and they said they were late in getting the request into the health department budget.

Senator Carlisle: I asked how they arrived at the figure and if it could be adjusted. I don't know if \$500,000 is cast in stone but I think it is a positive program.

Senator Mathern: Moved a do pass on SB 2284.

Senator Heckaman: Seconded the motion.

Senator Mathern: There are negative consequences in terms of our economic development in North Dakota and the least we can do is provide training so that people who are raped can get proper care and rapists get judgment. People who are trained could provide this service for the next 30 years. The House is going to send that bill back over here totally stripped down, so I would hope we pass this bill and it will have lots of challenges. The five hundred thousand dollars is just a drop in the bucket for addressing this problem in our state. Let's send it out with at least the \$500,000 that the sponsors recommend.

Chairman Holmberg: We recognize that the body that has the bill last has a superior position in negotiating.

Senator Krebsbach: I have no question that this is good bill. I like what it does for the victim, but it's beneficial in law enforcement for getting the perpetrator. We do have some questions about the funding of this. I would prefer that we amend this bill to two hundred thousand at this time. That would take care of four new sites.

Senator Carlisle: I would second that. If we get that health department budget, there's going to be a lot of deals being put on the table and this could be a strong component. They can fund a few programs now, but there may be some other funding sources later. The program has merits and I would go for the two hundred thousand.

Senator Kilzer: I support the amendment. It's a fluid situation and we will have the health department last and it's much more effective to be talking about this level with all the other components and request with the normal routine the health department goes. I think it's good and in long run will serve those requesting funds.

Chairman Holmberg: We have to vote on the motion before us which was a do pass.

Roll Call Vote: Yes-4 No-9 Absent-0

Senator Krebsbach: Moved to amend from \$500,000 to \$200,000.

Senator Wanzek: Seconded the motion.

Senator Mathern: This has potential for being encouraged and supported by our citizens as a standalone bill if \$500,000 were in here there is a better chance that this will go through both houses. It deals with sexual assault and citizens understand that and would be supportive of that. I would reject this amendment and hope we could pass it the way it came.

Senator Kilzer: A standalone bill is just that a standalone bill for one time. If it's in an agency, it comes back year after year, so it's better off in the health department budget.

Voice vote carried.

Senator Wanzek: Moved Do Pass as amended.

Senator Kilzer: Seconded the motion.

Roll Call Vote: Yes-13 No-0 Absent-0

Senator Kilzer will carry the bill or Judiciary.

15.0823.02001
Title.03000

Prepared by the Legislative Council staff for
Senate Appropriations Committee
February 18, 2015

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2284

Page 2, line 2, replace "\$500,000" with "\$200,000"

Renumber accordingly

TW
2/18/15

Date: 2-18-15
 Roll Call Vote #: 1

2015 SENATE STANDING COMMITTEE
ROLL CALL VOTES
 BILL/RESOLUTION NO. 2284

Senate Appropriations Committee

Subcommittee

Amendment LC# or Description: _____

- Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar
 Other Actions: Reconsider _____

Motion Made By Mathern Seconded By Heckaman

Senators	Yes	No	Senators	Yes	No
Chairman Holmberg		✓	Senator Heckaman	✓	
Senator Bowman		✓	Senator Mathern	✓	
Senator Krebsbach		✓	Senator O'Connell	✓	
Senator Carlisle		✓	Senator Robinson	✓	
Senator Sorvaag		✓			
Senator G. Lee		✓			
Senator Kilzer		✓			
Senator Erbele		✓			
Senator Wanzek		✓			

Total (Yes) 4 No 9

Absent 0

Floor Assignment Judicial

Failed

If the vote is on an amendment, briefly indicate intent:

Date: 2-18-13
 Roll Call Vote #: 2

**2015 SENATE STANDING COMMITTEE
 ROLL CALL VOTES
 BILL/RESOLUTION NO. 2284**

Senate Appropriations Committee

Subcommittee

Amendment LC# or Description: Page 2 Amend to \$200,000

- Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar
 Other Actions: Reconsider _____

Motion Made By Krebsbach Seconded By Carlisle Wanzek

Senators	Yes	No	Senators	Yes	No
Chairman Holmberg			Senator Heckaman		
Senator Bowman			Senator Mathern		
Senator Krebsbach			Senator O'Connell		
Senator Carlisle			Senator Robinson		
Senator Sorvaag					
Senator G. Lee					
Senator Kilzer					
Senator Erbele					
Senator Wanzek					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Vote Carried

Date: 2-18-15
 Roll Call Vote #: 3

**2015 SENATE STANDING COMMITTEE
 ROLL CALL VOTES**
 BILL/RESOLUTION NO. 22804

Senate Appropriations Committee

Subcommittee

Amendment LC# or Description: _____

- Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar
- Other Actions: Reconsider _____

Motion Made By Wanzek Seconded By Mathern

Senators	Yes	No	Senators	Yes	No
Chairman Holmberg	✓		Senator Heckaman	✓	
Senator Bowman	✓		Senator Mathern	✓	
Senator Krebsbach	✓		Senator O'Connell	✓	
Senator Carlisle	✓		Senator Robinson	✓	
Senator Sorvaag	✓				
Senator G. Lee	✓				
Senator Kilzer	✓				
Senator Erbele	✓				
Senator Wanzek	✓				

Total (Yes) 13 No 0

Absent 0

Floor Assignment Kilzer

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2284, as engrossed: Appropriations Committee (Sen. Holmberg, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (13 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed SB 2284 was placed on the Sixth order on the calendar.

Page 2, line 2, replace "\$500,000" with "\$200,000"

Renumber accordingly

2015 HOUSE JUDICIARY

SB 2284

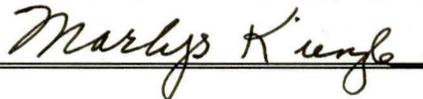
2015 HOUSE STANDING COMMITTEE MINUTES

Judiciary Committee
Prairie Room, State Capitol

SB 2284
3/17/2015
Job # 24983

- Subcommittee
 Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

Relating to hospital treatment of victims of sexual assault

Minutes:

Testimony #1, 2, 3, 4, 5, 6, 7

Vice Chairman Karls: Opened the hearing on SB 2284.

Senator Nelson District 21: Introduced this bill. This bill deals with Certified Sexual Assault Nurses (SANE) which applies to sexual assault examiners. We liked the initial bill better since it had a larger appropriation attached to it. The most important part of this is how to help the victims.

Rep. Lois Delmore: I read that the SANE nurses might even take the victims into court and they can provide them assistance throughout the whole process.

Senator Nelson: This program isn't just help in the hospital this person carries the victim through the prosecution.

Tisha Scheuer, Registered Nurse and SANE (Sexual Assault Nurse Examiner): (See Testimony #1) stop 13:18) (Handed out Testimony # 2,3,4,5 just for part of the record)

Rep. Mary Johnson: Is this certification of SANE recognized by the State Board of Nurses? How long is the Certification Program?

Tisha Scheuer: Yes! The Certification Program is 40 hours plus clinical time and that can be up to 40 hours.

Rep. K. Wallman: Do you know what the reason was given to cutting this funding on the Senate side from 500 to 200 dollars?

Tisha Scheuer: I am not aware.

Rep. P. Anderson: It would be good to state how long does it take in the emergency room to do the comprehensive examine by a SANE nurse.

Tisha Scheuer: If there is a SANE Nurse available, it would be 2-4 hours and then another 2 to 3 hours of documentation and evidence collection after the victim is gone, so about 7 or 8 hours for the total time.

Rep. L. Klemin: Explained getting DNA examples and the collection of them. There are often times the victim doesn't know who the perpetrator is? Give us an explanation of what happens to an individual's evidence is stored and how we access it at a later date?

Tisha Scheuer: We have specific ways we swab and collect the evidence. Also how we handle and package all the DNA evidence. There are approximately 18 different steps that we must follow with handling the evidence and we must follow forensic standards.

Rep. L. Klemin: You are talking about a person being trained on how to do this examine properly by the correct standards?

Tisha Scheuer: When we testify we need to be able to speak to why we collect specific evidence the way we collected it.

Rep. L. Klemin: This has been going on before SANE correct?

Tisha Scheuer: Yes! They found that nurses are better collectors of the evidence because they are incredibly detailed because of the nature of our work. The Law Enforcement has been able to get better evidence by having the nurse there and has helped and supported the victim.

Rep. L. Klemin: Do you find that the people working with this evidence are in court a lot.

Tisha Scheuer: Maybe not as often as we would like to be. We go probably four to five times a year.

Rep. Lois Delmore: Did you mention what the cost of the program was to become a certified SANE nurse?

Tisha Scheuer: \$2500 to \$3000 per nurse.

Rep. Lois Delmore: Are there any cases where those nurses only go in when they are called they are not with a specific hospital, so there would be flexibility?

Tisha Scheuer: We are a community based program. The program is run with nurses are independently contractors. There are a group of independent nurses in Minot and we are developing Williston, Dickinson and Bismarck. All work elsewhere but have health care privileges in the health care facilities, so when they are on call their whole focus is on the 8-10 hours for SANE.

Rep. Mary Johnson: How many certified SANE nurses are in ND?

Tisha Scheuer: Between 55-60.

Rep. Mary Johnson: How many emergency rooms are there in ND?

Tisha Scheuer: I don't know.

Chief Dan Donlin, Bismarck Police Department: (See testimony #6) stopped 31:47)

Rep. Mary Johnson: How many of those sexual assaults were reported in North Dakota last year?

Chief Donlin: I don't have those numbers.

Rep. L. Klemin: The purpose of this bill is to provide grants for funds for training nurse who then can become certified for SANE. Part of that training would involve training in the proper way to collect the forensic evidence, what do with it once it is collected and then they don't keep that. It is turned over to law enforcement. What do you do with it?

Chief Donlin: We would have an investigator that would responds, would collaborate and coordinates with that multi-disciplinary approach interview. The evidence is collected and put into our locked secure evidence unit and put into a refrigerator so it is maintained.

Rep. G. Paur: At the beginning you were testifying on the coordination so there isn't any need for multiple explanation of the event. How does this bill do that or happening?

Chief Donlin: If they are going to model this. The SANE does the examination so I can assume that this will run into a statewide model as we do.

Rep. G. Paur: The Police Departments are going to follow along with the recommendations of the SANE nurses?

Chief Donlin: This has been in place for twelve years now and is a very efficient system, so law enforcement has been working with this.

Michelle Erickson: (See Testimony #7) for Diane Zainhofsky, Executive Director of the Abused Adult Resource Center, Bismarck, ND: Asked to summarize since we were time restraints. We Urge a Do Pass on SB 2284.

Rep. P. Anderson: Who pays for the kits? Does the hospital absorb the cost of the kits?

Michelle Erickson: I am not sure. The Crime Lab does.

Rep. Lois Delmore: There are funds through the Attorney General office that takes care of it?

Rep. L. Klemin: There was a bill in previous sessions that addressed this.

Christopher Dotsen North Dakota Catholic Conference: There is a cost already occurring that they do because it is the right thing to do. Anything we can do to increase

excess in rural areas makes sense victim, for the Law Enforcement and makes sense financially for the hospitals.

Chairman K. Koppelman: What of the provisions of the bill says that a hospital may not require a victim of sexual assault to submit to a forensic examination or to report to the law enforcement? We are continually adding enforcement to report crimes does this seem to you that we are going the other direction?

Chief Donlin: I do not. We have to look at this victim first. The advocacy groups do a great job surrounding that victim with a network of support and resources and encourage them to prosecute their perpetrator. It must be that person's choice.

Chairman K. Koppelman: Are you concerned that this will not result in a diminishing of actual prosecution in this realm?

Chief Donlin: I don't believe so. We also can report as Jane Doe to assist the victim. We collect all the evidence and handle this just as a normal victim.

Rebecca Lafavore: I am a SANE nurse. I have done over 200 examines. As nurses we are mandatory reporters so even if this victim did not want to sit with Law Enforcement or the ARC we do have to report to Law Enforcement that something did occur but not the details.

Rep. Mary Johnson: The travel time was brought up. Are you a full time nurse?

Rebecca Lafabore: I am a nurse at Edgewood Vista. This is something I have a heart to do the last 12 years. SANE is so intensely involved so any positions I hold I inform them that I am involved with SANE. I do not travel as I serve only the 2 hospitals in Bismarck and the Mandan.

The recess is called to adjourn.

Recessed.

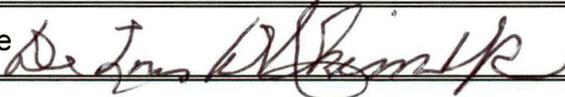
2015 HOUSE STANDING COMMITTEE MINUTES

Judiciary Committee
Prairie Room, State Capitol

SB 2284
3/17/2015
25030

- Subcommittee
 Conference Committee

Committee Clerk Signature



Minutes:

Testimony 1,2,3,

Chairman K. Koppelman: Reopened the hearing on SB 2284. (PM)

Tisha Schaurer, Executive Director, Register Nurse and SANE Examiner: (handed out #1, 2, 3,) I was asked to put together a simple budget for this project. This budget is for a community based program. When we are talking about a hospital based program these numbers are going to be higher because their employees so we are talking benefits, fringe and taxes etc. The map is also part of this and you will notice where all the hospitals are in the state. She went through the handouts. (1:29-3:08)

Chairman K. Koppelman: Before you leave the map let me ask you a question. In the Western part of the state; I know there is a hospital across in Breckenridge, Minnesota across the river from Wahpeton. Are the hospitals across the borders that serve parts of ND that might not be on this map? Do they have these critical excess designations?

Tisha Schaurer: No I am not aware. The first budget was for one year to develop the program. Those are basic numbers and do not include supplies etc. and equipment. Resource books are quite costly as well for the SANE nurses. Since we are independent contractors we also have to maintain our own insurance. This budget would be to help develop and sustain. The second budget I put together was to sustain the program. This is really a small list of supplies. Equipment such as a camera, kaleidoscope is something only Minot and Fargo Sanford. That is like a big microscope that magnifies and takes pictures of injuries in the genital region. Which also impacts the amount of reimbursement from the Attorney General's office that those programs receive? Resource books are quite costly, but they are hundreds of dollars to have the resource books for the SANE nurses. This budget is to develop and sustain the program. This money would not be used just to train SANE nurses. It is difficult to main services when you only have one nurse in Cando doing the services because she can't cover 365 days a year. Ideally it would be better and more cost effective if we developed regionalized SANE programs. That is what this money is intended for. The second budget is to sustain a program.

Rep. L. Klemin: The other nurse with you mentioned in her testimony that you are required to report. This bill in subsection 2, page 1 says the hospital may not require a victim report for sexual assault? This would be a change in the policy then?

Tisha Schaurer: As health nurses we are required to report by law under our license. The victim doesn't have to report it. We would be reporting that for them.

Rep. L. Klemin: So there is going to be a report; it is just who would report it.

Tisha Schaurer: How law enforcement handles that is they make a note; but not a formal report of the incident. We are not required to give name or gender.

Rep. G. Paur: You call and tell them there is somebody in the ER right now. Do the police ever show up?

Tisha Schaurer: That is up to the police department's policy. That victim has the option to report to law enforcement that victim also has the option whether they have an examine.

Rep. G. Paur: You can console them and tell them that they don't have to report to law enforcement.

Rep. L. Klemin: What is VAWA? What is that?

Tisha Schaurer: It is the Violence Against Women's Act.

Rep. L. Klemin: That has separate requirements?

Tisha Schaurer: That was enacted in the early 1990s specifically for sexual assault they enacted more of a recommendation that victims really need to have choices when they come in. They should be forced to talk to law enforcement if they don't want to.

Rep. Mary Johnson: Your trained SANE nurses provide these services on their own time. They are providing about 200 hours a year of volunteer service if you apply the 8 hours per victim. The program is only for those 14 and older? Do we not have a similar program for children victims of sexual assault?

Tisha Schaurer: Yes there are three advocacy programs. One in Dickinson, Fargo and Minot. The kid's cases coming into the ER we are struggling with because that is a whole separate training.

Rep. Mary Johnson: Is the evidence gathering different for children?

Tisha Schaurer: The examine is slightly different.

Rep. Mary Johnson: If a victim presented to a hospital on a weekend what happens?

Tisha Schaurer: What happens is an ER physician will have to do those examines. You are really hurt a victim if you are not trained. In order to have competent collection of forensic evidence if there is any it needs to be a specialized person.

Rep. Mary Johnson: Is your program capable of developing a child focus program as well?

Tisha Schaurer: Yes we have been approached by Sanford, but it is all about money.

Rep. G. Paur: If you have 100 victims who many would be under 14?

Tisha Schaurer: I can't answer that.

Chairman K. Koppelman: Who is your organization funded now?

Tisha Schaurer: Grant funds. Also the Attorney General's office. They do provide a reimbursement.

Chairman K. Koppelman: Is the medical community attempting to make an effort to do this?

Tisha Schaurer: In Minot they have donated a room and remodeled the room and provided equipment for us. They are donated nurse time for training and the same with Dickinson and Williston; but they can't do that on an ongoing basis.

Chairman K. Koppelman: So the bill is two parts; policy and appropriation. They things are moving forward through private funding through nonprofit organization funding and some state taxpayer funding already. So the half million dollars would be to put the pedal to the metal on that effort and try to expand it.

Tisha Schaurer: It is for the whole state and I am thinking Belcourt and Ft. Yates. They don't have many of these services in those areas.

Chairman K. Koppelman: If we recommend this bill it will go through appropriations and they will look at that.

Opposition: None

Hearing closed.

2015 HOUSE STANDING COMMITTEE MINUTES

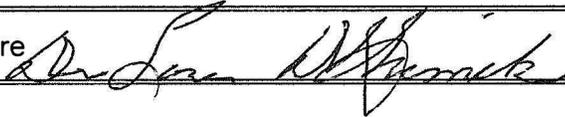
Judiciary Committee
Prairie Room, State Capitol

SB 2284
March 30, 2015

25570

- Subcommittee
 Conference Committee

Committee Clerk Signature



Minutes:

Chairman K. Koppelman: Reopened the meeting on SB 2284. This is the bill involves hospital's treatment of victims of sexual assault. The appropriation in the bill is \$200,000 to the State Department of Health.

Do Pass Motion Made by Rep. D. Larson: Seconded by Rep. Lois Delmore:

Discussion:

Chairman K. Koppelman: Do the grants go for training?

Rep. Lois Delmore: Yes there is a shortage of SANE nurses, but there is a shortage even within that area of cities and throughout the state.

Chairman K. Koppelman: some of the major cities have this expertise, but this will especially help the medium and rural hospitals.

Rep. D. Larson: They had asked us to amend it back to \$500,000

Rep. K. Hawken: If you are going to present this I would hope they would not cut it further.
(Mike not on)

Roll Call vote: 13 Yes 0 No 0 Absent Carrier: Rep. K. Hawken:

Referred to Appropriations.

Date: 3-30-15
Roll Call Vote #: 1

2015 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 2284

House JUDICIARY Committee

Subcommittee Conference Committee

Amendment LC# or Description: _____

Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations

Other Actions: Reconsider _____

Motion Made By Rep Larson Seconded By Rep Delmore

Representative	Yes	No	Representative	Yes	No
Chairman K. Koppelman	✓		Rep. Pamela Anderson	✓	
Vice Chairman Karls	✓		Rep. Delmore	✓	
Rep. Brabandt	✓		Rep. K. Wallman	✓	
Rep. Hawken	✓				
Rep. Mary Johnson	✓				
Rep. Klemin	✓				
Rep. Kretschmar	✓				
Rep. D. Larson	✓				
Rep. Maragos	✓				
Rep. Paur	✓				

Total (Yes) 13 No 0

Absent 0

Floor Assignment Rep. Hawken

If the vote is on an amendment, briefly indicate intent:

Re-Refered

REPORT OF STANDING COMMITTEE

SB 2284, as reengrossed: Judiciary Committee (Rep. K. Koppelman, Chairman) recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (13 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Reengrossed SB 2284 was rereferred to the **Appropriations Committee**.

2015 HOUSE APPROPRIATIONS

SB 2284

2015 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee
Roughrider Room, State Capitol

SB 2284
4/3/2015
25797

- Subcommittee
 Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

Hospital treatment of victims of sexual assault; to provide a penalty; and to provide an Appropriation.

Minutes:

Chairman Delzer: Opens the work session on SB 2284.

Representative Koppelman: Judiciary committee chairman spoke on the bill. SB 2284 is the bill for sexual assault nurse examiner program. This bill helps expand this effort in locations throughout the state and that's the fiscal portion of the bill. The program is staffed by RN's who have advanced education regarding medical forensic examination. The police chief of Bismarck said during our testimony, this program is about providing the absolute best, multi-disciplinary, coordinated respond to a sexual assault victim and insuring the best chance at collecting crucial, microscopic forensic evidence needed to investigate and prosecute sexual assault cases successfully. These same trained nurses may also provide expert testimony at a court of law regarding the forensic exam they conduct.

There are programs in Fargo, Grand Forks, Bismarck and now Minot and the hope is communities like Williston, Watford City, Devils Lake, Ft Yates and etc, have a change to develop their own sexual assault medical services. That is what the money is for, the training. Originally at \$500,000, the Senate cut it to \$200,000, and I've had some communication with folks involved that said that they could use the \$500,000 a lot better because of the scope of the program.

We did not increase the money in our committee and it's still at \$200,000.

Chairman Delzer: Did you have any discussion any discussion on the language to come in there, if there is no money?

Representative Koppelman: Probably does because there is some substantive language here that is important.

Chairman Delzer: But if they are already doing it, why would you need the language? What's going on with the victims because they get service now?

Representative Koppelman: It's a twofold thing. One is service to the victim and the other is helping law enforcement so that we can get the evidence necessary to prosecute these cases. For the earlier question, if you look at the substantive part of the bill, basically it says that a hospital may not require a sexual assault victim to submit to this type of examination. I think that's important protection.

Chairman Delzer: That's certainly must be somewhere in code now or is that an assumption?

Representative Koppelman: I don't know if the code says that now. I do think the bill is important even if the fund comes from another source.

Representative Boehning: Do nurses have to take continuing education to keep their license?

Representative Koppelman: I'm sure they do.

Representative Boehning: Isn't that something they could do in their training without creating another program so they don't need another expenditure?

Representative Koppelman: This is some fairly specialized training, so, it isn't something that every nurse has or understands, nor would it be our intent to try to make sure every nurse does. The idea is that each hospital will have someone on staff that is trained for this and know the protocol or these trainers would go out to the hospitals and the hospitals would pick a staff member to get this training.

Representative Boehning: If they were doing continuing education, they could put that into continuing education hours, so they all would get trained. My second question, are they doing any training when they are in college, I would assume they are?

Representative Koppelman: I don't know the answer of that, I expect this is an evolving science as they discover more ways to gather evidence and deal with this issue. With specialties, I don't think every nurse is necessarily trained in this specifically.

Chairman Delzer: Is the health department currently doing this on all the crisis and domestic violence that is already in the system? Do you get into who would receive the grants and how big the grants would be?

Representative Koppelman: We did not get into that kind of detail. I do believe though that the communities already doing this are Fargo, Grand Forks, Bismarck and Minot. The idea is with hospitals in medium sized cities that don't have it, they would like to be able to do it. The answer is yes, they are doing it.

Chairman Delzer: How are they doing it?

Representative Koppleman: I don't know whether the hospital foots the bill in those larger communities or if the health department does.

Chairman Delzer: Representative Bellew, I would like you to check into that to see if that's done.

Representative Skarphol: Can you talk about how the dollars are going to be utilized because I'm concerned about whether or not we are going to be hiring somebody with these dollars or it's going to be used to compensate people for doing the training on a contractual basis?

Representative Koppelman: I'm not 100% sure of the answer to that question but my belief is, there is no new FTE's involved and this would be to allow them to get out and do the training in more areas with existing staff.

Representative Skarphol: We had the discussion in our subsection about the problem the crime lab has in having to appear in court and sit for days, potentially waiting to testify. This concerns me as to whether or not these same individuals are going to be subjected to the same kind of abuse. I had a conversation with the Chief Justice and there is really nothing we can do with regard to litigating the problem of the crime lab folks have to sit in court. This is a dilemma and makes me wonder if the solution in this case is to require that the trials be in these four centers in order to ensure that the forensic nurse doesn't have to travel to wherever, under the current scenarios. It's a more complicated issue than this bill presents.

Representative Glassheim: As I read the appropriation section on page 2, the greatest will go to domestic violence/rape crisis programs which are already in existence and will be essentially be contractual grants to have them train local hospital nurses in sexual prevention and analysis.

Chairman Delzer: To me the real question is, are we just paying them for what they are already doing? That's a real question that we have to discuss and think about.

Representative Brandenburg: I remember some of the discussion. Wasn't this about the handling of the victim, that the nurse handles the procedure correctly so that the nurses don't mess up between the evidence and the law enforcement? I think that is where we are trying to get to?

Representative Koppelman: Absolutely and that is why it's necessary to have it in some of these other areas. Even though the trail might be in a major city, the hospital where the victim goes for help is where we need this kind of training present because it needs to be done at the time of the incident.

Chairman Delzer: Closes the hearing.

2015 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee
Roughrider Room, State Capitol

SB 2284
4/8/2015
25979

- Subcommittee
 Conference Committee



Explanation or reason for introduction of bill/resolution:

A BILL for an Act to create and enact section 23-16-16 of the North Dakota Century Code, relating to hospital treatment of victims of sexual assault; to provide a penalty; and to provide an appropriation.

Minutes:



Chairman Jeff Delzer: This bill came out of Judiciary. What it does is and I am not sure it has to be. The language says the treatment of victims of sexual assault, and apparently this is being done in the big hospitals already. The language maybe means you can't force anyone to do anything, it does say in subsection 3 "a hospital without staff especially trained by coordinate with a community base sexual assault nurse examiner program or develop one themselves." Section 2 of the bill appropriates money to the department of health and when we checked this out we were looking at how much money we already are appropriating for domestic violence or sexual assault in the department of health. Personally I don't think we need to add money to the department of health for this. It seems to me that if we think the language is needed we could take the appropriation out and pass it.

Representative Nelson: I move further amend to take out section 2 of the bill.

Representative Pollert: Second.

Motion to Further Amend and take out section 2.

Motion made by Representative Nelson.

Seconded by Representative Pollert.

Voice vote.

Motion carried.

Representative Nelson: I move a Do Pass As Amended.

Representative Kreidt: Second.

House Appropriations Committee

SB 2284

4/9/2015

Page 2

Motion for a Do Pass As Amended.

Motion made by Representative Nelson.

Seconded by Representative Pollert.

Total yes 20. No 1. Absent 2.

Motion carries.

Floor assignment Representative Hogan

SA
4/10/15

PROPOSED AMENDMENTS TO REENGROSSED SENATE BILL NO. 2284

Page 1, line 2, after the first semicolon insert "and"

Page 1, line 2, remove "; and to provide an"

Page 1, line 3, remove "appropriation"

Page 2, remove lines 1 through 7

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

This amendment removes an appropriation of \$200,000 from the general fund, relating to domestic violence/rape crisis grants for community based and hospital based sexual assault nurse examiner programs.

REPORT OF STANDING COMMITTEE

SB 2284, as reengrossed: Appropriations Committee (Rep. Delzer, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (20 YEAS, 1 NAYS, 2 ABSENT AND NOT VOTING). Reengrossed SB 2284 was placed on the Sixth order on the calendar.

Page 1, line 2, after the first semicolon insert "and"

Page 1, line 2, remove "; and to provide an"

Page 1, line 3, remove "appropriation"

Page 2, remove lines 1 through 7

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

This amendment removes an appropriation of \$200,000 from the general fund, relating to domestic violence/rape crisis grants for community based and hospital based sexual assault nurse examiner programs.

2015 CONFERENCE COMMITTEE

SB 2284

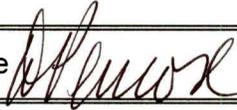
2015 SENATE STANDING COMMITTEE MINUTES

Judiciary Committee
Fort Lincoln Room, State Capitol

SB 2284
4/16/2015
26167

- Subcommittee
 Conference Committee

Committee Clerk Signature



Minutes:

1,2,3,4

Sen. Casper: Called conference committee on SB 2284 to order. All members were present. In the hearings we heard on this issue, the Senate's thoughts were that the SANE program, a program that we should fund. In the long run, it will probably save the state money, even though it might not be easily quantifiable and help from the perspective of prosecuting those folks who have committed what is obviously a very heinous act. That was the position of the Senate, we passed it out with some funding, and Rep. Skarphol if you can fill us in regarding the House's position.

Rep. Skarphol: On the House side, in full committee, we were kind of the impression that the institutions that are going to have these people working for them should have the abilities to fund this program. However, with some additional discussions, I think there is room for us to make some movement and I would hand out these proposed amendments (see attached #1) that would add \$250,000.00 back into the program. Out of the law enforcement grant dollars that are available to the Attorney General in HB 1176 that as a result of this action would be that we would reduce that number by a total of a \$1 million dollars; \$750,000 went into the Human Trafficking, SB 2199 and \$250,000 would be in this bill. This is one time funding, the way it stands. In order to help the entities that are being funded in both of these bills, have more opportunity in the next session, should they feel compelled to come back and ask for more money. It is sometimes beneficial to put some reporting requirements in place. I've had some discussions with a couple of groups and I understand there can be issues with that. However, I was provided with language by one of the groups and if the committee is interested in taking a look at reporting requirements, we can do that. I guess it's not entirely my call.

Sen. Armstrong: I think I would be interested in looking at some of the reporting requirements. The level of detail they provide next session, as long as the reporting requirements are general enough that they can be flexible enough in the interim because I would say the details they provide the next appropriation hearing will affect the amount of money, if any, they get next session, too. The fact that it is one-time funding essentially says that they have to come back and ask again and they better be able to tell you why they need it.

Rep. Skarphol: I agree with that. As you can see on this, the language is here for both this bill and SB 2199 (see #2). That's what I requested. As I said, it's not simply up to me but it just seems that if we ask for a rather succinct report, I don't want anything lengthy or onerous. We just need to know that there are results, to know that there were results. I believe you had some language changes you would propose in the amendment (to Sen. Casper).

Sen. Casper: I will speak to the reporting requirement; I don't have an issue with that. It seems like it would be beneficial to us as legislators and for the organization that would come back promoting further funding for this in the future to have that information. I wrote some notes on the amendment, in looking at the original language in the first draft of the bill, I just crossed out a line (see #3) and essentially copied part of the original appropriation language on the .1000 version of the bill. We want to make sure that the funding is going for the same program. The only adjustment I would be open to is Rep. Hogan's suggestion of potentially having "or" instead of an "and" in there. I don't have an issue with it.

Sen. Armstrong: I think it's important to note that this program will serve all victims of sexual assault and not just in human trafficking victims. It may very well serve victims of human trafficking too, but not exclusively.

Rep. Skarphol: I agree. One thing I think we need to make abundantly clear, as far as the money we're spending, it's to be for training and coordination; not salaries other than some very limited amounts for unusual circumstances. I think that's important because that's going to get us the largest amount of benefit. As far as the salaries go, these folks who are doing this should be collecting salaries from whatever institutions they are at; whether at a hospital or wherever. There is not sentiment with one-time funding to pay salaries, because that kind of implies continued funding. We want to get as much value out of this as we can. If we can train twice as many people because we

don't pay salaries, it just gives everyone in the state an opportunity to have more access.

Rep. Hogan: We might still need part-time coordination (see attached #4); a little bit of salary for part-time coordinators. I had talked to you about that.

Sen. Armstrong: I think the idea is to make sure that you aren't paying the nurses salaries, not the coordinator's salaries.

Rep. Hogan: For the record, we're saying that it's alright to have some part-time coordinating funding.

Rep. Skarphol: We need to get the amendment drafted in the form we want. I would leave that up to the Chairman at this point, to get that put together and we'll have another meeting. I think we have pretty much agreed on everything as far as I can perceive.

Sen. Nelson: We are going to insert your proposal into Rep. Skarphol's and add what the report shall include.

Sen. Armstrong: I would just like whoever is working on the reporting language, let me see it so that I will be comfortable with it, that the people this is serving is going to have enough flexibility that the organization can work with it. We want to see the reporting but we want to make sure that they can do it in a way that actually works.

Sen. Casper: I will get that amendment taken care of. We might be able to meet again yet today. We will close the conf. committee.

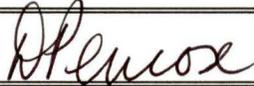
2015 SENATE STANDING COMMITTEE MINUTES

Judiciary Committee
Fort Lincoln Room, State Capitol

SB 2284
4/16/2015
26184

- Subcommittee
 Conference Committee

Committee Clerk Signature



Minutes:

1

Sen. Casper: Call to order SB 2284 at 3:30 pm. All members are present. Let's take a look at the amendment .03004, starting where you see the (#1) \$250,000.00, about the 4th or 5th line down it says that \$250,000 for grants "through" that was the change I had handwritten on this morning's amendment, through the domestic violence and rape crisis program for community-based or hospital-based sexual assault examiner programs for the biennium and the end part is the clause where it states that they have the reporting requirement to report results before the next session.

Rep. Skarphol: I move that the House recede from its amendments and be amended further.

Sen. Armstrong: Second the motion.

6 YES 0 NO 0 ABSENT

HOUSE RECEDE FROM ITS AMENDMENTS AND BE AMENDED FURTHER

CARRIER: Sen. Nelson

CARRIER: Rep. Skarphol

Sen. Casper: Motion carried. We will dissolve the conference committee on SB 2284.

*4/16/15
Jave*

PROPOSED AMENDMENTS TO REENGROSSED SENATE BILL NO. 2284

That the House recede from its amendments as printed on page 1377 of the Senate Journal and page 1558 of the House Journal and that Reengrossed Senate Bill No. 2284 be amended as follows:

Page 1, line 2, remove "and to provide an"

Page 1, line 3, replace "appropriation" with "to designate the use of oil and gas impact grants; and to provide for reports"

Page 2, replace lines 1 through 7 with:

"SECTION 2. BOARD OF UNIVERSITY AND SCHOOL LANDS - USE OF OIL AND GAS IMPACT GRANTS - REPORTS. The board of university and school lands, from funds designated in House Bill No. 1176 as approved by the sixty-fourth legislative assembly for grants to law enforcement agencies impacted by oil and gas development, shall make available \$250,000 for grants through the domestic violence and rape crisis program for community-based or hospital-based sexual assault examiner programs for the biennium beginning July 1, 2015, and ending June 30, 2017. The board of university and school lands shall award the grants as directed by the attorney general. Any organization that receives a grant under this section shall report to the attorney general and the appropriations committees of the sixty-fifth legislative assembly on the use of the funds received and the outcomes of its program. The attorney general shall report to the sixty-fifth legislative assembly on the number of nurses trained, the number and location of nurses providing services related to sexual assault nurse examiner programs, and documentation of collaborative efforts to assist victims which includes nurses, the hospital or clinic, law enforcement, states attorneys, and sexual assault advocates. Grant funds awarded under this section may not be used for salaries for nurses."

Renumber accordingly

Date: 4/16/15
 Roll Call Vote #: 1

**2015 SENATE CONFERENCE COMMITTEE
 ROLL CALL VOTES**

BILL/RESOLUTION NO. 2284 as (re) engrossed

Senate Judiciary Committee

- Action Taken**
- SENATE accede to House Amendments
 - SENATE accede to House Amendments and further amend
 - HOUSE recede from House amendments
 - HOUSE recede from House amendments and amend as follows
 - Unable to agree, recommends that the committee be discharged and a new committee be appointed

Motion Made by: Rep. Skarphol Seconded by: Sen. Armstrong

Senators	4/16		Yes	No	Representatives	4/16		Yes	No
<u>Sen. Casper</u>	<u>✓</u>				<u>Reps Skarphol</u>	<u>✓</u>		<u>✓</u>	
<u>Armstrong</u>	<u>✓</u>				<u>Vigessa</u>	<u>✓</u>		<u>✓</u>	
<u>Nelson</u>	<u>✓</u>				<u>Hogan</u>	<u>✓</u>		<u>✓</u>	
Total Senate Vote					Total Rep. Vote				

Vote Count Yes: 6 No: 0 Absent: 0

Senate Carrier Sen. Nelson House Carrier Rep. Skarphol

LC Number 15.0823.03004.05000 of amendment

LC Number _____ of engrossment

Emergency clause added or deleted: _____

Statement of purpose of amendment: _____

REPORT OF CONFERENCE COMMITTEE

SB 2284, as reengrossed: Your conference committee (Sens. Casper, Armstrong, Nelson and Reps. Skarphol, Vigesaa, Hogan) recommends that the **HOUSE RECEDE** from the House amendments as printed on SJ page 1377, adopt amendments as follows, and place SB 2284 on the Seventh order:

That the House recede from its amendments as printed on page 1377 of the Senate Journal and page 1558 of the House Journal and that Reengrossed Senate Bill No. 2284 be amended as follows:

Page 1, line 2, remove "and to provide an"

Page 1, line 3, replace "appropriation" with "to designate the use of oil and gas impact grants; and to provide for reports"

Page 2, replace lines 1 through 7 with:

"SECTION 2. BOARD OF UNIVERSITY AND SCHOOL LANDS - USE OF OIL AND GAS IMPACT GRANTS - REPORTS. The board of university and school lands, from funds designated in House Bill No. 1176 as approved by the sixty-fourth legislative assembly for grants to law enforcement agencies impacted by oil and gas development, shall make available \$250,000 for grants through the domestic violence and rape crisis program for community-based or hospital-based sexual assault examiner programs for the biennium beginning July 1, 2015, and ending June 30, 2017. The board of university and school lands shall award the grants as directed by the attorney general. Any organization that receives a grant under this section shall report to the attorney general and the appropriations committees of the sixty-fifth legislative assembly on the use of the funds received and the outcomes of its program. The attorney general shall report to the sixty-fifth legislative assembly on the number of nurses trained, the number and location of nurses providing services related to sexual assault nurse examiner programs, and documentation of collaborative efforts to assist victims which includes nurses, the hospital or clinic, law enforcement, states attorneys, and sexual assault advocates. Grant funds awarded under this section may not be used for salaries for nurses."

Renumber accordingly

Reengrossed SB 2284 was placed on the Seventh order of business on the calendar.

2015 TESTIMONY

SB 2284



CENTRAL DAKOTA FORENSIC NURSE EXAMINER'S

PO Box 1512
Bismarck, North Dakota
58502

#1-1
2/4/2015

Testimony in support of SB 2284
Before the Judiciary Committee
January 26, 2015

Good Morning, my name is Tisha Scheuer. I have been a Registered Nurse for the past 20 years, a Certified Sexual Assault Nurse Examiner (SANE) for 12 of those years, and the Executive Director of the Central Dakota Forensic Nurse Examiner's located in Bismarck, North Dakota, for the past 1 year. I want to thank the Senate Judiciary Chairman and the members of the Senate Judiciary Committee for this opportunity to speak to you today about Senate Bill 2284.

Senate Bill 2284 offers an opportunity for already established SANE programs to expand their service area and gives agencies across North Dakota the opportunity to develop SANE programs ensuring all victims of sexual assault receive specialized care and a forensic examination, when requested.

First, I should start by explaining what a SANE nurse is. SANE stands for sexual assault nurse examiner. A sexual assault nurse examiner or SANE is a registered nurse who has been specially trained in the care of the sexual assault victim. A SANE program primarily focuses on the care of the sexual assault victim, always striving to help those victims begin their healing process. SANE programs are usually staffed by Registered Nurses who have had the advanced education regarding the medical-forensic examination, the psychological and emotional trauma victims experience from a sexual assault. SANE nurses may also provide expert testimony in a court of law, regarding the forensic examination they conducted.

In 2003, the Central Dakota Forensic Nurse Examiner's (CDFNE) was developed through the Abused Adult Resource Center (AARC), located in Bismarck, ND. This program was established as a grassroots community-based sexual assault program in collaboration with the Bismarck Police Department, Mandan Police Department, the formerly St. Alexius Medical Center now CHI St. Alexius Health, and formerly Med Center One, now Bismarck Sanford Health. The overall and on-going mission of the CDFNE is to provide professional, compassionate, and timely collection of forensic evidence for survivors of sexual assault, ages 14 and above.

This past winter the CDFNE began expanding their services into the Minot, Williston, and Dickinson regions, to provide this specialized service for victims. In these regions this type of sexual assault service does not currently exist as it does in Bismarck, North Dakota. The gaps in services are large in the Bakken region and this organization believes that by providing specialized forensic nursing services, this will not only provide a means for an increase in prosecution of these crimes, but also will aid in getting the victims to the appropriate services, which will increase the likelihood of a stronger recovery from this trauma. For example in 2013, Mercy Medical Center in Williston reported they provided forensic services to approximately 14 patients, Williston Police Department reports, at a minimum, they see one victim a week come into their agency reporting a sexual assault and feel they have nowhere to send them for this specialize service, and finally the advocacy agency reports they served six victims who



CENTRAL DAKOTA FORENSIC NURSE EXAMINER'S

PO Box 1512
Bismarck, North Dakota
58502

1-2

experienced sexual assault. CHI St. Joseph Health in Dickinson reports they served 36 patients, Dickinson Police Department also reports at a minimum, they see one victim a week coming into their agency reporting sexual assault, and finally the advocacy agency reports they served 25 victims in 2013. Through discussions with community members in both communities they report the gap in services is immense and leaves victims on their own. It has also been reported to this organization that in at least one instance, a victim, who wanted to receive a forensic examination, was turned away because of the absence in this specialized service in this area and was made to wait 48 hours without showering, remained in the same clothes she wore right after the sexual assault, and then was forced to drive 173 miles, 2 hours and 44 minutes later, in order to receive this type of services. The intense increase in demand for forensic sexual assault services in the Bakken region has all but reached a crisis level.

As forensic nurses we provide a trauma-informed care response in the acute setting at the time of reporting the sexual assault. Trauma informed care is essential to preventing long-term health disparity. By providing, this specialized trauma-informed service we create an environment which will not only acknowledge the impact of trauma but develop a sense of safety for all patients to include male or female victims, elderly victims, strangled victims, developmentally delayed victims, and victims from the jails and prisons. The result will be a stronger and healthier recovery for the before said population's, who are reporting a sexual assault in the Bakken region as well as an increase in the prosecution rates of these crimes.

The funds from this proposed grant program will enable organizations in the state to be able to continue the programs that are already functioning (Fargo, Grand Forks, Bismarck and now Minot), and give communities a chance to develop sexual assault medical services where there is none. The intentions of this funding is to pay nurses to be available 24 hours a day, train and provide ongoing training for nurses, and fund the operational costs it takes to manage a specialized nursing program. There are limited funds currently available, they are through the Attorney General's office on a reimbursement basis, and however those funds are very limited to funding only the medical/forensic examination and medications and do not cover the extenuating needs of a nursing program.

SB2284 is needed to ensure what is considered best practice of care, for victims of sexual assault. Emergency Department physicians could do an examination; however, this is not considered best practice. In those instances the forensic evidence collected is not being collected by a healthcare practitioner with specialized training to do so. In some cases this may impact the likelihood the prosecution of this crime will not take place, but also the detrimental impact on the victims are immense. The victims go through a lot during the examination and they expect the person collecting this evidence is trained to do so. If the evidence is not collected according to forensic standards the evidence could be lost.

It is important to know that hospitals fully support the concept of SANE nurses but they just don't have the financial means to fully sustain these programs. For example; as I stated earlier the Central Dakota Forensic Nurse Examiners have had the opportunity to expand into the Minot region. Trinity Health has

SB 2284
2/4/15



CENTRAL DAKOTA FORENSIC NURSE EXAMINER'S

PO Box 1512
Bismarck, North Dakota
58502

given full support to this process and has donated a specific room in the hospital for us to provide the SANE services and has remodeled it to fit the needs of the program. They have donated an exam table, computer, printer, filing cabinet etc. to help start this SANE program. However, in order to continue this specialized program, outside funding is essential.

Lastly, I want you to think about if you have had a family member diagnosed with cancer or know of someone who has been diagnosed with cancer; would you want an oncologist to prescribe the chemo regimen or would you want a regular ER physician to prescribe their chemo regimen. It is the same concept here, specialist are called in when needed, cardiologist for heart issues, orthopedics for bone issues, oncologist for cancer issues, a diabetic educator for diabetes issues etc. I am asking you recognize the need for specialize healthcare providers for rape victims by supporting this bill, the need for the sexual assault nurse examiner's (SANE) to be called in to care for someone reporting they have been raped because they are considered the experts in their care.

In closing, I believe that everyone's goal here is to make sure victims have access to services that they have the right to have and to keep victims of violence safe in our communities. In order to accomplish this huge task, we need to fill the gaps in medical care and provide a means for the medical community to develop and continue these crucial programs. I urge a Do Pass recommendation on SB2284.

Sincerely,

Tisha Scheuer, MSN, RN, SANE-A
Executive Director
Central Dakota Forensic Nurse Examiner's
701-226-9804 tscheuer28@gmail.com

SB 2284
2/4/15

2-1
2-4-15

January 30, 2015

Senate Judiciary Committee
North Dakota State Capitol
600 East Boulevard avenue
Bismarck, ND 58505

RE: SB 2284 in Support of

Dear Committee Members;

This letter is to inform you of **my support of SB 2284**; Relating to hospitals treatment of victims of sexual assault; to provide a penalty; and to provide an appropriation. This bill will create a grant program that will lead to what is considered best practice in the care of sexual assault victims; Sexual Assault Nurse Examiner Programs (SANE) in the state of North Dakota.

I have been working with a community-based SANE program for the past several years in Bismarck North Dakota and have witnessed first-hand the difference they have made in the lives of the victims we see in the emergency department. The nurses who are specially trained for the collection of forensic medical examinations in our area have been able to lift such a heavy burden off our emergency department's responsibility. Everything from the training, to the collection and then the court appearances for our nurses and doctors has literally vanished. Not to mention the best practice care that the victim receives. Without the SANE program these services would disappear and victims would not have access to this incredibly important service any longer.

When a victim comes in and reports they have experience a sexual assault, I am fully confident the trained SANE nurses, will provide care based on best practice standards because of their specialized training they have received. Trained SANEs provide the following to the all victims they care for:

- They recognize the physical, emotional, psychological, socio-economical, spiritual, and cultural well-being of the victim and give them priority
- The victims receive age specific treatment and services every time
- The victims receive the same standard of care regardless of the circumstances of the sexual assault (this does not happen when medical staff are not specialized in their care)
- An environment is provided in which values promote a victim centered approach to all victims of sexual assault
- When the health care professional is trained in the collection of evidence and medical examination specific to victims of sexual assault they will also be prepared to help that victim connect with the community resources that are vital to the recovery from the sexual assault.

I am supporting this bill not only because it will help sustain the highest level of care for victims of sexual assault possible in the Bismarck region but I am confident, this grant program will bring the same high standard of care to the victims in our state who currently do not have access to this type of care. Thank you for your time.

I hope you take my thoughts into consideration.

Sincerely, 

Craig Serr, MPM, BSN, RN
Emergency and Trauma Center Director

3-1
2/4/15

February 27, 2015

RE: SB 2284 in Support of

Dear Senate Judiciary Committee,

Thank you for this opportunity to submit a letter of support of SB 2284 to support Sexual Assault Nurse Examiner (SANE) programs in North Dakota. I am a mastered prepared Registered Nurse that brings 19 years of nursing experience. I have been the Director-Emergency Services for the past year, however, have experience in emergencies and trauma for my entire career. I have been involved in sexual assault examinations and cases from Pennsylvania where I have practiced over the years.

In 2013 we saw approximately 3 cases a month (36 per year). However, these numbers are only the individuals for whom evidence was collected, these numbers do not reflect the individuals who reported a sexual assault and who declined a forensic examination. At CHI St. Joseph Health in Dickinson we currently do not have Sexual Assault Nurse Examiner (SANE) services. However, we are working hard to begin providing these services as we recognize the inherent need for specialized service.

Dickinson is considered a rural community located in the heart of the Bakken Region, where the discovery of an immense amount of oil has occurred. There have been many changes since the "oil boom" in western North Dakota some have been positive and some have been negative. The most visible change has been in the population. With an increase in population comes an increase in crime. Law enforcement has reported in that region there has been an increase in sexual violence by 300%. The hospital at this point is completely overwhelmed trying to provide sexual assault services we are not trained to provide.

For example; when an individual comes to the Emergency Department (ED) reporting a sexual assault it takes a staff nurse away from the other patients in the ED leaving the rest of staff shorthanded, for example, when a car accident or heart attack comes in. The forensic exam for victims of rape can take 4-6 hours of a provider's time. This affects the flow of the patients through the ED, and lengthens the stay of patients in the ED. Longer patient stays could affect our accreditations in a negative manner. SB2284 provides the opportunity to develop a designated SANE program and provide best practice of care for victims.

Further, staff is overwhelmed when sexual assault victim presents to the emergency room-staff does not have the specialized training to care for victims or to collect forensics evidence. It is important to know that training on performing a forensic exam is not taught in nursing school or medical school and is not a part of any training the ED staff goes through prior to working in the ED. Sexual Assault Nurse Examiners (SANE) are experts at addressing the psychological trauma in combination with physical trauma associated with sexual assault, focusing strongly on patient dignity and compassionate support.

We support this SB2284 because it will help to develop and sustain the highest level of care for victims of sexual assault possible in the Dickinson region. I am confident this grant program will bring the same high standards of care to the victims in our state who currently do not have access to this type of care especially the Bakken region. Thank you for your time.

I hope you take my thoughts into consideration.

Sincerely,



Susan Price, MS, RN
Director-Emergency Services
701-456-4401

4-1
2/4/15



January 29, 2015

RE: SB 2284 in Support of

Dear Senate Judiciary Committee,

Thank you for this opportunity to submit a letter of support of SB 2284 to support Sexual Assault Nurse Examiner (SANE) programs in North Dakota. My name is Rhonda Gunderson, RN BSN Assistant Nurse Manager of the Emergency Trauma Center at Trinity Health in Minot, ND. I am a registered nurse that brings 20 years of nursing experience. I have been the assistant manager of the Emergency room for the past 4 years. I have worked in the hospital setting for 25 years in many different roles. I am currently Assistant Manager in the Emergency Trauma Center and also function as the Hospital Supervisor regularly.

In 2013 we saw approximately 40 cases of victims who chose to receive a forensic exam. At Trinity Health in Minot we currently do not have a specific Sexual Assault Nurse Examiner (SANE) program, we have nurses trained to collect the evidence but not a designated program. However we are working hard to begin providing these services as we recognize the inherent need for this specialized service and SB2284 will go a long way in shoring up this program for victims in our area.

The community of Minot has seen significant changes in the past few years. Located on the edge of the oil boom we have experienced momentous growth in population. This increase in population has, unfortunately, also resulted in an increase in violent crime. Law enforcement has reported in that region there has been a significant increase in sexual violence. The hospital is experiencing challenges trying to provide services for the increasing volume of patients coming to the emergency department (ED) for other emergent reasons as well as providing sexual assault services.

There are many reasons why we transitioned to a community based program. Trinity is the only level 2 Trauma Center in the Northwest corner of North Dakota and we are seeing an increase in the amount of trauma cases that come to us. Our annual volume is also on the rise which means we are seeing more patients in the same amount of space. Unfortunately this scenario makes it very difficult to take a nurse away from patient care for 4-6 hours to complete the evidence collection in the ETC. There are also times that the victims come to the ETC and must wait until we are able to call in a nurse to do the exam. Sexual Assault is a very stressful situation for everyone and the chaos of the ER does not alleviate that stress.

After a year of examining the options for SA exams and much discussion with Bismarck community based SANE program, Trinity has decided to utilize Central Dakota Forensic Nurse Examiner's (CDFNE) in order to improve consistency and availability of appropriately trained nurses to care for the sexually assaulted patient. We believe that the nurse will be able to complete the exam more consistently when not having to worry about the other patients they were caring for. Minot is reestablishing a Sexual Assault Response Team (SART) to work toward consistent care of these patients in the acute phase and beyond. The team consists of Domestic Violence Crisis Center, CDFNE staff, Minot PD, Ward County Deputy, Minot Air-force Base, Minot State University and Trinity ER management. I am pleased and excited that Minot is moving toward a strong program to care for this group of patients and look forward to the program becoming a resource for others.

We support this SB2284 grant program will bring a reliable and high standard of care to the victims of sexual assault. Thank you for your time and we urge a yes vote on SB2284
I hope you take my thoughts into consideration.

Sincerely,
Rhonda Gunderson
Rhonda Gunderson, RN, BSN

Assistant Nurse Manager ETC Trinity Health
rhonda.gunderson@trinityhealth.org



CENTRAL DAKOTA FORENSIC NURSE EXAMINER'S

PO Box 1512
Bismarck, North Dakota
58502

#5-1
2/4/15

February 1, 2015

RE: SB 2284 in Support of

Dear Senate Judiciary Committee,

Thank you for this opportunity to submit a letter of **support of SB 2284** to support Sexual Assault Nurse Examiner (SANE) programs in North Dakota. I am a Registered Nurse that brings 4 years of nursing experience and currently work on a maternity floor to include labor and delivery. I have been contracted as a SANE nurse for past 2 years in Bismarck, North Dakota.

We are lucky in Bismarck, North Dakota to have the opportunity to provide these specialized services to all victims of sexual assault who come to us for services, however because we are a non-profit organization the sustainability of our program is in jeopardy.

When we respond to victims during the most horrible time in their lives and witnessing firsthand the effects of the trauma of experiencing a rape, it is life changing. It is so fulfilling when at the end of the forensic examination process a victim thanks us for helping them and in some cases has stated "I am glad I came in, I didn't think anyone would believe me", is why we do what we do. We see every day how important SANE nursing is to the victims and it would be an absolute travesty if those services were to end.

The fact that there are places in North Dakota that do not have the means to be able to provide these specialized services is a shame. As nurses we are known for our caring qualities and for caring for everyone; however this type of nursing requires specialized and on-going training that is not always looked at as a priority. We see the priority every time we respond to a victim and the difference we make, it is our privilege to be able to make that difference, and it cannot be ignored.

The few Sexual Assault Nurse Examiner (SANE) programs in North Dakota work tremendously hard to ensure that sexual assault victims in their regions receive the services they so desperately need, and research suggests that victims who receive such services are more likely to report the crime to police and recover from the trauma in a healthier manner. And with more victims of sexual assault coming forward for help than ever before demand for SANE services has multiplied.

We support this SB2284 grant program which will bring a reliable and high standard of care to the victims of sexual assault in our state. Thank you for your time and we urge a yes vote on SB2284.

I hope you take our thoughts into consideration.

Sincerely,


Maria Kogle, RN, SANE 612-250-0716 mariakogle@gmail.com

#6-1



A B U S E D
A D U L T
R E S O U R C E
C E N T E R

"Restoring hope. Building futures. Changing lives."

Testimony in support of SB 2284
Before the Judiciary Committee
February 4, 2015

Chairman Hogue and members of the Senate Judiciary Committee:

My name is Michelle Erickson. I am the Victim Services Coordinator at the Abused Adult Resource Center. Diane Zainhofsky asked that I be here today on her behalf to read her testimony in support of senate bill 2284.

Good Morning, my name is Diane Zainhofsky. I am the Executive Director of the Abused Adult Resource Center located in Bismarck, North Dakota. Unfortunately, I am ill and unable to present my testimony in support of Senate Bill 2284 in person today. I have asked Michelle Erickson to present on my behalf. I want to thank Chairman Hogue and members of the Senate Judiciary Committee for the opportunity to speak today about Senate Bill 2284.

Senate Bill 2284 offers an opportunity for already established Sexual Assault Nurse Examiners programs to expand their service area and gives agencies across North Dakota the opportunity to develop SANE programs ensuring all victims of sexual assault receive specialized care and a forensic examination, when requested.

The Abused Adult Resource Center has strived since 1976 to provide victims of domestic violence with crisis intervention and advocacy services. In 1994 we also began providing the full spectrum of our support services to rape victims in our community.

In spite of the fact that it is the most violent crime next only to murder, rape is one of the most underreported crimes in our nation. For those that survive the initial assault, the trauma of rape leaves them facing physical and emotional devastation because someone has stripped away personal control over the most intimate aspects of their being. This crime challenges a survivor's world order view on every level. Many victims of rape do not survive the initial assault and I know victims who have committed suicide when they did not have enough support to cope with their emotions and the trauma of the rape.

P O B o x 5 0 0 3 • B i s m a r c k , N D 5 8 5 0 2 - 5 0 0 3

Office: 701-222-8370 • Fax: 701-323-9399
24-Hr. Crisis: Toll Free: 1-866-341-7009
www.abusedadultresourcecenter.com



Additionally, their loved ones; parents, partners, husbands, siblings, and friends as the secondary victims of this crime have their own host of emotions to deal with knowing someone they loved was hurt in the most intimate type of violation. They struggle to know the right things to do and say to assist their loved one with recovering from this horrific crime.

When you walk beside a victim of rape and hold their hand as their body is probed for evidence you see the community response through their eyes. Between 1994 and 2003 we witnessed problems with our community response by all systems including our own and by 1998 we began working together to find a solution to system responses that impacted victims negatively. The forensic evidence collection process was at the core of the problem and ultimately redefining that process became the solution for how to provide the best services possible to victims of rape. In those years the problematic responses for all responders were within emergency responses to victims.

- I sat with victims sometimes up to 4 hours or more due to emergency departments needing to triage emergent medical conditions that were life threatening.
- Competency in the collection of forensic evidence by nurses was a struggle because even trained nurses and physicians would go for months without performing the forensic evidence collection process due to their shift work in the Emergency Department.
 - Even at that time, nurses always collected and packaged most of the forensic evidence. Nurses voiced to me that they were concerned about how long it had been since they last collected forensic evidence. I watched as they struggled to recall what the process of evidence collection involved and in what order that evidence should be collected.
 - As an advocate I would be asked questions by nurses about steps in evidence collection process and even how to go about collecting the evidence from the victim's body. I observed nurses carefully struggling to read the directions on the forensic evidence box step by step as they attempted to be diligent in their collection of evidence.
 - I saw mistakes and I intervened when and where I could to help.
 - Victims witnessed what I did and experienced this process which often became complicated and lengthy due to the lack of expertise in collecting forensic evidence.
- In those years, victims were also impacted by having to tell their story repeatedly during the same night to multiple responders because they had to tell the nurse, physician, responding officer and detective.
 - Can you imagine their struggle in having to tell the most terrifying and intimate violation of your life repeatedly to one stranger after another? As a result the victim would forget who they had told what too. Inevitably some of the responders would have differing or incomplete pieces of information because no one not even a responder could repeat any story four times and not forget something.

SB 2284
2/4/15

- This created additional complexities for the criminal justice system when they tried to achieve justice through the prosecution of the offender because the process we put victims through made it look like they were making inconsistent statements in reporting the crime committed against them.

In 2003 when our community implemented a Sexual Assault Nurse Examiner program and established a community response protocol for the team of responders working with the Sexual Assault Nurse Examiner we began ensuring that we placed the welfare of the victim foremost at all steps in the process.

Since that time our community has operated with a sexual assault nurse examiner that is the core of a response team which also includes an advocate and an investigator. I believe this is the best response for victims of rape and their families. When communities provide this level of specialized expertise victims are safer, they receive more compassionate and appropriately focused care and finally because each member of the team is specialized they reinforce for the victim that what happened to them was not their fault. A specialized care team gives victims the tools they need to begin their path to healing emotionally from the scars created by this devastating crime. When victims have positive experiences it encourages reporting these crimes within our communities.

I believe that when victims of rape come forth to report this crime we are all safer because of their courage. When they only have to tell their story one time it creates a stronger case. In addition when victims feel supported from the moment they reach out for help they are more likely to stay connected with the criminal justice system from the beginning report to the end of the trial. This combination of specialized responses and keeping victims at the center of our community response is our best hope of holding sexual predators accountable and keeping our communities safer.

SANE programs are at the core of providing best response services to rape victims within the state of ND. In fact without that member the victim is left with a host of medical and forensic issues related to the crime that no other responder can provide.

When medical providers do not have the expertise to understand the dynamics of rape and the first-hand experience of collecting evidence expertly the victim suffers because justice is often unattainable and the medical provider will struggle to assist the victim in overcoming the trauma related to rape.

It is my experience that the development of a Sexual Assault Nurse Examiner Program can improve the ability of community systems to respond to these crimes by uniting advocacy centers, hospitals, and criminal justice systems in their response.

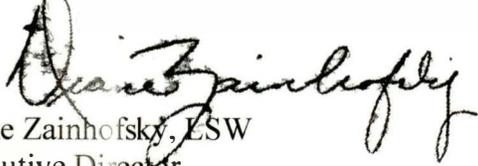
I believe that Sexual Assault Nurse Examiner services are essential to helping victims and their families recover from the trauma of rape. In 2013, 913 primary victims and 327 secondary victims sought assistance from rape crisis programs throughout North Dakota. All victims in our state deserve the best response possible when they reach out for help in their community. If your family member was raped I know you would want them to have a specialized care response. I

SB 2284
2/4/15

am asking you to make that support available to victims in their communities across our state as responders and systems work together to develop and maintain Sexual Assault Nurse Examiner services.

As the Executive Director of the Abused Adult Resource Center I urge a Do Pass recommendation on SB2284.

Sincerely,



Diane Zainhofsky, LSW
Executive Director
Abused Adult Resource Center
701-222-8370 dzainhofsky@btinet.net

SB2284
2/4/2015

January 22, 2015

RE: In support of SB2284- Sexual Assault Nurse Examiner Programs

Dear Senate Judiciary Committee Members,

This letter is to inform you of my support of SB 2284; relating to hospitals treatment of victims of sexual assault and to provide an appropriation. This bill would create a grant program that would lead to what is considered best practices in the care of sexual assault victims, i.e. Sexual Assault Nurse Examiner Programs (SANE) in the state of North Dakota.

I am a residency trained, board certified Emergency Trauma Physician in practice for over 20 years here in Bismarck. I am a former law enforcement officer prior to becoming a physician. I have extensive training and experience in the care of sexually and physically abused adults and children and domestic violence issues.

I have been working with our community-based SANE program in Bismarck for the past 12 years as the Medical Director and have witnessed first-hand the difference they have made in the lives of many victims I have seen in the Emergency Department (ED). There are many reasons why a trained SANE nurse should be conducting the forensic examination and I will touch on just a few:

- The victim receives a timely, competent collection of forensic evidence which reflects directly on the potential for prosecution of these crimes. Without the evidence that is collected it makes it almost impossible to prosecute.
- Prior to having a SANE program the ED staff were woefully ill-prepared by training or expertise to provide full comprehensive services to these victims.
- It had taken a staff nurse and busy physician away from other patients in the ED for approximately 4-6 hours, on average, leaving the rest of the staff shorthanded, for example, when other critically ill or injured patients arrived.
- Prior to the SANE program, victims were not getting the emotional support, understanding, or referrals to community advocacy services that are so important for victims of sexual assault.

Now when the victim of an often brutal sexual assault arrives to a busy Emergency Department, they get the undivided attention of a highly trained SANE Nurse who provides care based on best practice standards. They recognize the physical, emotional, psychological, socio-economical, spiritual, and cultural well-being of the victim and give the undivided attention that cannot otherwise be provided without a SANE Program.

- The victims receive age specific treatment and services every time

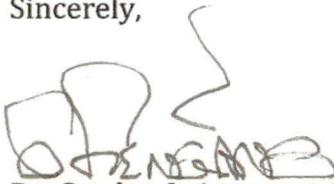
7-2

- The victims receive the same standard of care regardless of the circumstances of the sexual assault. (This does not happen when medical staff are not specialized in their care)
- An environment is provided, typically out of the commotion of the ED, that promotes a victim-centered approach to all victims of sexual assault
- When the health care professional is trained in the appropriate collection of evidence and medical examination specific to victims of sexual assault they will also be prepared to help that victim connect with the community resources that are vital to the recovery from the sexual assault.

I offer my earnest support of this bill because it will help develop and sustain the highest level of care for victims of sexual assault possible in the Bismarck region, and potentially bring the same high standards of care to the victims across our state who currently do not have access to this type of care. It is a dire need.

Thank you for this opportunity to share my professional experience as a Medical Director in working with a SANE program. I respectfully submit this letter in support of SB2284. Do not hesitate to contact me if I can provide further information.

Sincerely,



Dr. Gordon Leingang, DO, FACEP, FACOEP
Emergency Medical Services Medical Director
Medical Director, Central Dakota Sexual Assault Nurse Examiner (SANE) Program
N.D. Army National Guard/Senior Flight Surgeon
Colonel, Medical Corps, Senior Flight Surgeon, USA

PO Box 1476 Bismarck, ND 58502-1476

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701-530-7001

SB 2284
2/4/15



Testimony for the Development and Sustainability of SANE Programs in North Dakota
IN SUPPORT OF SB 2284, Relating to hospitals treatment of victims of sexual assault; to
provide a penalty; and to provide an appropriation BILL
February 4, 2015

Chairman Hogue and members of the Senate Judiciary Committee:

My name is Dan Donlin, Chief of Police for the Bismarck Police Department. I am in my 27th year of law enforcement. I apologize for not being able to be present and provide this testimony in support of SB 2284 in person.

The Bismarck Police Department has been working in collaboration with the Sexual Assault Nurse Examiner (SANE) program for the past 12 years. This partnership with SANE, along with the Abused Adult Resource Center (AARC), is all about providing the absolute best multi-disciplinary coordinated response to a sexual assault victim and ensuring the best chance at collecting the crucial, many times microscopic, forensic evidence needed to investigate and prosecute sexual assault cases successfully. The coordinated response keeps the focus on ensuring the victim of a sexual assault, who has been horrifically traumatized, is treated with the utmost compassion and providing them the care and services they need.

Having the SANE program (forensically trained nurses) has vastly improved the collaborative response to victims reporting a sexual assault in our community. Our department knows that the SANE program presents victims with a positive first impression of the community response, which increases the likelihood that the sexual assault victim will feel encouraged to cooperate or participate with police in the investigation and ultimately be more comfortable in going through with prosecution.

Officers know that victims are in good hands with the highly trained SANEs because victims will be treated with kindness and respect. Officers also recognize the increased efficiency that SANEs bring to the evidentiary exam process, and as a result, the time they spend waiting for evidence and waiting to interview victims can often be greatly reduced. Detectives realize that SANEs can contribute to investigations by providing meticulously collected forensic evidence and extensive documentation that complement crime scene evidence and witness statements. SANEs have greatly improved the quality and consistency of collected evidence.

I know our local SANE program has recently expanded to some of the other larger cities out west and with the passage of SB 2284 even more hospitals and law enforcement agencies in smaller communities will be able to benefit by having specifically trained SANEs as a part of the investigation process.

Dan Donlin, Chief of Police

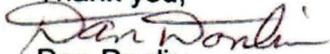
Phone: 701-223-1212 ★ FAX: 701-355-1927 ★ Tdd: 701-221-6820 ★ 700 S. Ninth Street ★ Bismarck, ND 58504-5899



8-2
2/4/15

I encourage you to give SB 2284 a "do pass" recommendation.

Thank you,



Dan Donlin

Chief of Police

Bismarck Police Department

#9-1

Testimony on SB 2284
Senate Judiciary Committee
February 4, 2015

Chairman Hogue and Members of the Committee:

My name is Janelle Moos and I am the Executive Director of the CAWS North Dakota. Our Coalition is a membership based organization that consists of 20 domestic violence and rape crisis centers that provide services to victims of domestic violence, sexual assault, and stalking in all 53 counties and the reservations in North Dakota. I'm speaking this morning on their behalf in support of SB 2284.

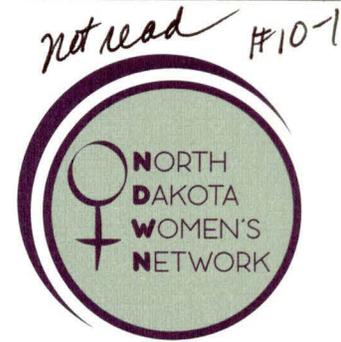
Last year in North Dakota over 900 victims of sexual assault sought services from one of the twenty crisis centers; 40% of those victims were under the age of 18 at the time of the assault and 70% of sexual assault victims report the assault to law enforcement.

SANE programs provide 24-hour-a-day, first response crisis intervention and medical forensic exams for adolescent and adult sexual assault victims. SANE nurses are often one of the first responders in cases involving victims of sexual assault and work as part of a team that involves advocates and law enforcement.

For many years CAWS North Dakota has worked in conjunction with national and state certified SANE nurses to offer training to other nurses willing to become a SANE. We've trained hundreds of nurses but we are unable to say with certainty how many still practice or are utilized by hospitals or clinics in their communities. We know how essential it is to have a trained nurse on staff to provide both medical care and to collect evidence after a sexual assault but we've not been successful in building a statewide SANE nurse collaborative in order to build the capacity of other facilities to offer the service or to assist nurses in keeping up with best practices in forensic nursing. Up until last August we employed a SANE nurse that was committed to this very process. The same challenges kept resurfacing- hospitals didn't want to allow nurses to take time off for training, they didn't want to set aside space for a separate exam room off of the ER and there was and still is very little funding to support SANE nurse programs.

We support the intent behind SB 2284 because our advocates work alongside these nurses when they respond to a sexual assault and can attest to how important it is to work as a team with law enforcement in order to provide the most immediate and appropriate care for sexual assault victims so therefore we urge a DO PASS recommendation on SB 2284.

Thank you.



Senate Judiciary

Senate Bill 2284

February 4, 2015

Good morning, Chairman Hogue and members of the Senate Judiciary Committee. I am Renee Stromme, executive director of the North Dakota Women's Network. The North Dakota Women's Network (NDWN) serves as a catalyst for improving the lives of women through communication, legislation and increased public activism.

NDWN supports efforts to provide intervention and prevention services for victims of violence; advocates for support of community programs that provide services to victims of violence; and strengthening enforcement of criminal and civil laws to protect women and hold violent offenders accountable. For these reasons, NDWN supports Senate Bill 2284.

As the previous testimony has illustrated, SANE nurses provide crucial services to victims of rape and make the best possible prosecutorial case against an offender. SANE nurses are dedicated to preserving the dignity and reducing the psychological trauma experienced by the victim. Additionally, SANE nurses work as part of a team, gather evidence for prosecution, and help facilitate the victim through the legal system.

Passage of SB 2284 puts resources toward women's health and safety while also advancing accountability of offenders. The North Dakota Women's Network strongly urges a do pass recommendation on SB 2284. Thank you for the opportunity to testify.

#1-1
2-10-15

PROPOSED SENATE BILL NO. 2284

1 A BILL for an Act to create and enact section 23-16-16 of the North Dakota Century
2 Code, relating to hospital treatment of victims of sexual assault; to provide a penalty; and
3 to provide an appropriation.

4 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

5 **SECTION 1.** Section 23-16-16 of the North Dakota Century Code is created and
6 enacted as follows:

7 **Treatment of victims of sexual assault.**

- 8 1. As used in this section:
 - 9 a. "Hospital" means an entity required to obtain a license under
 - 10 section 23 - 16 - 01 .
 - 11 b. "Sexual assault" has the same meaning as provided under section
 - 12 12.1 - 20 - 07 .
 - 13 c. "Victim of sexual assault" means an individual who:
 - 14 (1) States a sexual assault has been committed against the
 - 15 individual;
 - 16 (2) Is accompanied by another individual who states a sexual
 - 17 assault has been committed against the accompanied
 - 18 individual; or
 - 19 (3) An individual who hospital personnel or a sexual assault
 - 20 nurse examiner have reason to believe is a victim of sexual
 - 21 assault.
- 22 2. A hospital may not require a victim of sexual assault to submit to a
- 23 forensic examination or to report the alleged sexual assault to law
- 24 enforcement.
- 25 3. A hospital without staff specially trained to perform a sexual assault
- 26 forensic examination shall may coordinate with a community - based
- 27 sexual assault nurse examiner nurse program or develop a sexual assault
- 28 examiner nurse program to ensure all victims of sexual assault who want
- 29 a sexual assault forensic examination or sexually transmitted infection
- 30 treatment receive that examination or treatment.

31 **SECTION 2. APPROPRIATION.** There is appropriated out of any moneys in the

1-2

32 general fund in the state treasury, not otherwise appropriated, the sum of \$500,000, or
33 so much of the sum as may be necessary, to the state department of health for the
34 division of injury prevention and control to provide grants through the domestic
35 violence/rape crisis program for community-based and hospital-based sexual assault
36 nurse examiner programs, for the biennium beginning July 1, 2015, and ending June 30,
37 2017. A recipient of a grant under this section shall use the grant funds to train and
38 support a sexual assault nurse examiner program.

SB, 2284
2/10/15



CENTRAL DAKOTA FORENSIC NURSE EXAMINER'S
PO Box 1512 Bismarck, North Dakota 58502

Testimony in support of SB 2284
Before the Appropriations Committee
February 17, 2015

SB 2284
2-17-15
#1

Good Morning, my name is Tisha Scheuer. I have been a Registered Nurse for the past 20 years, a Certified Sexual Assault Nurse Examiner (SANE) for 12 of those years, and the Executive Director of the Central Dakota Forensic Nurse Examiner's in Bismarck, North Dakota, for the past 1 year.

Senate Bill (SB) 2284 will offer the opportunity for already established SANE programs to expand their service area and will give agencies across North Dakota the chance to develop SANE programs, ensuring that victims of sexual assault will have the opportunity to receive this specialized care and a forensic examination, when requested.

A sexual assault nurse examiner or SANE is a registered nurse who has been specially trained in the medical care of victims of sexual assault. SANE programs are typically staffed by Registered Nurses (RN) who have had advanced education regarding the medical-forensic examination, and the psychological and emotional trauma victims experience from a sexual assault. SANE trained nurses may also provide expert testimony in a court of law, regarding the forensic examination they conducted.

In 2003, the Central Dakota Forensic Nurse Examiner's (CDFNE) was developed through the Abused Adult Resource Center (AARC), located in Bismarck, ND. This program was established as a grassroots community-based sexual assault program in collaboration with the Bismarck Police Department, Mandan Police Department, CHI St. Alexius Health, and Bismarck Sanford Health.

This past winter the CDFNE began expanding their services into the Minot, Williston, and Dickinson regions, to provide this specialized service for victims. In these regions this type of sexual assault service does not currently exist as it does in Bismarck. The gaps in services are large in the Bakken region and providing specialized forensic nursing services this will not only provide a means for an increase in prosecution of these crimes but also will aid in getting the victims to the appropriate services, which will increase the likelihood of a stronger recovery from this trauma. For example in 2013, CHI St. Joseph Health in Dickinson reports they served 36 patients, Dickinson Police Department reports at a minimum, they see one victim a week coming into their agency reporting sexual assault, and finally the advocacy agency reports they served 25 victims. Through discussions with community members they report the gap in services is immense and leaves victims on their own. It has also been reported to this organization that in at least one instance, a victim, who wanted to receive a forensic examination, was turned away because of the absence of this specialized service in this area and was made to wait 48 hours without showering, remained in the same clothes she wore right after the sexual assault, and then was forced to drive 173 miles, 2 hours and 44 minutes later, in-order to receive this type of service. The intense increase in demand for forensic sexual assault services in the Bakken region has all but reached a crisis level.

1.1



CENTRAL DAKOTA FORENSIC NURSE EXAMINER'S
PO Box 1512 Bismarck, North Dakota 58502

As forensic nurses we provide a trauma-informed care response in the acute setting at the time of reporting the sexual assault. Trauma informed care is essential to preventing long-term health disparity. The result will be a stronger and healthier recovery for the before said population's, who are reporting a sexual assault in the Bakken region as well as an increase in the prosecution rates of these crimes.

SB2284 is absolutely needed to ensure the best practice of care for victims of sexual assault. An Emergency Department physician could do an examination; however, this is not considered best practice. In those instances the forensic evidence collected is not being collected by a healthcare practitioner with specialized training. In some cases this may not only impact the likelihood the prosecution of this crime will not take place, but also the detrimental impact on the victims are immense.

The funds from this proposed grant program will enable organizations in the state to be able to continue the programs that are already functioning (Fargo, Grand Forks, Bismarck and now Minot), and give communities a chance to develop sexual assault medical services where there is none (Dickinson, Williston, Devils Lake etc). The intentions of this funding is to pay nurses to be available 24 hours a day, train and provide ongoing training for nurses, and fund the operational costs it takes to manage a specialized nursing program. There are limited funds currently available, they are through the Attorney General's office on a reimbursement basis however those funds are very limited to funding only the medical/forensic examination and medications and do not cover the extenuating needs of a nursing program. Whether the SANE program is community-based or an ED based program, finding funding to maintain and/or develop services is extremely difficult as there are very little opportunities available. SANEs close the gap in services that victims need.

SANE programs are cost effective and save money by reducing demand on emergency care department services and freeing physicians and nurses to treat other emergencies cases. It is important to know that hospitals fully support the SANE nurse model of care but they simply don't have the financial means to fully sustain these programs. I will pass out letters of support from the following supporters; Emergency Department (ED) manager from CHI St. Joseph Health Dickinson, Assistant ED manger from Trinity Health, Minot, ED manager from Bismarck, ED physician from CHI St. Alexius Health, and SANE from Bismarck.

In closing, I believe that everyone's goal here is to make sure victims have access to services that they have the right to have and to keep victims of violence safe in our communities. In order to accomplish this huge task, we need to fill the gaps in medical care and provide a means for the medical community to develop and continue these crucial programs. I urge a Do Pass recommendation on SB2284.

Sincerely,

Tisha Scheuer, MSN, RN, SANE-A
Executive Director

Central Dakota Forensic Nurse Examiner's
701-226-9804 tscheuer28@gmail.com

1.2

SB 2284 # 2
2-17-15

January 27, 2015

RE: SB 2284 in Support of

Dear Senate Judiciary Committee,

Thank you for this opportunity to submit a letter of support of SB 2284 to support Sexual Assault Nurse Examiner (SANE) programs in North Dakota. I am a mastered prepared Registered Nurse that brings 19 years of nursing experience. I have been the Director-Emergency Services for the past year, however, have experience in emergencies and trauma for my entire career. I have been involved in sexual assault examinations and cases from Pennsylvania where I have practiced over the years.

In 2013 we saw approximately 3 cases a month (36 per year). However, these numbers are only the individuals for whom evidence was collected, these numbers do not reflect the individuals who reported a sexual assault and who declined a forensic examination. At CHI St. Joseph Health in Dickinson we currently do not have Sexual Assault Nurse Examiner (SANE) services. However, we are working hard to begin providing these services as we recognize the inherent need for specialized service.

Dickinson is considered a rural community located in the heart of the Bakken Region, where the discovery of an immense amount of oil has occurred. There have been many changes since the "oil boom" in western North Dakota some have been positive and some have been negative. The most visible change has been in the population. With an increase in population comes an increase in crime. Law enforcement has reported in that region there has been an increase in sexual violence by 300%. The hospital at this point is completely overwhelmed trying to provide sexual assault services we are not trained to provide.

For example; when an individual comes to the Emergency Department (ED) reporting a sexual assault it takes a staff nurse away from the other patients in the ED leaving the rest of staff shorthanded, for example, when a car accident or heart attack comes in. The forensic exam for victims of rape can take 4-6 hours of a provider's time. This affects the flow of the patients through the ED, and lengthens the stay of patients in the ED. Longer patient stays could affect our accreditations in a negative manner. SB2284 provides the opportunity to develop a designated SANE program and provide best practice of care for victims.

Further, staff is overwhelmed when sexual assault victim presents to the emergency room-staff does not have the specialized training to care for victims or to collect forensics evidence. It is important to know that training on performing a forensic exam is not taught in nursing school or medical school and is not a part of any training the ED staff goes through prior to working in the ED. Sexual Assault Nurse Examiners (SANE) are experts at addressing the psychological trauma in combination with physical trauma associated with sexual assault, focusing strongly on patient dignity and compassionate support.

We support this SB2284 because it will help to develop and sustain the highest level of care for victims of sexual assault possible in the Dickinson region. I am confident this grant program will bring the same high standards of care to the victims in our state who currently do not have access to this type of care especially the Bakken region. Thank you for your time.

I hope you take my thoughts into consideration.

Sincerely,



Susan Price, MS, RN
Director-Emergency Services
701-456-4401

2, 1



SB 2284
2-17-15

3

January 29, 2015

RE: SB 2284 In Support of

Dear Senate Judiciary Committee,

Thank you for this opportunity to submit a letter of support of SB 2284 to support Sexual Assault Nurse Examiner (SANE) programs in North Dakota. My name is Rhonda Gunderson, RN BSN Assistant Nurse Manager of the Emergency Trauma Center at Trinity Health in Minot, ND. I am a registered nurse that brings 20 years of nursing experience. I have been the assistant manager of the Emergency room for the past 4 years. I have worked in the hospital setting for 25 years in many different roles. I am currently Assistant Manager in the Emergency Trauma Center and also function as the Hospital Supervisor regularly.

In 2013 we saw approximately 40 cases of victims who chose to receive a forensic exam. At Trinity Health in Minot we currently do not have a specific Sexual Assault Nurse Examiner (SANE) program, we have nurses trained to collect the evidence but not a designated program. However we are working hard to begin providing these services as we recognize the inherent need for this specialized service and SB2284 will go a long way in shoring up this program for victims in our area.

The community of Minot has seen significant changes in the past few years. Located on the edge of the oil boom we have experienced momentous growth in population. This increase in population has, unfortunately, also resulted in an increase in violent crime. Law enforcement has reported in that region there has been a significant increase in sexual violence. The hospital is experiencing challenges trying to provide services for the increasing volume of patients coming to the emergency department (ED) for other emergent reasons as well as providing sexual assault services.

There are many reasons why we transitioned to a community based program. Trinity is the only level 2 Trauma Center in the Northwest corner of North Dakota and we are seeing an increase in the amount of trauma cases that come to us. Our annual volume is also on the rise which means we are seeing more patients in the same amount of space. Unfortunately this scenario makes it very difficult to take a nurse away from patient care for 4-6 hours to complete the evidence collection in the ETC. There are also times that the victims come to the ETC and must wait until we are able to call in a nurse to do the exam. Sexual Assault is a very stressful situation for everyone and the chaos of the ER does not alleviate that stress.

After a year of examining the options for SA exams and much discussion with Bismarck community based SANE program, Trinity has decided to utilize Central Dakota Forensic Nurse Examiner's (CDFNE) in order to improve consistency and availability of appropriately trained nurses to care for the sexually assaulted patient. We believe that the nurse will be able to complete the exam more consistently when not having to worry about the other patients they were caring for. Minot is reestablishing a Sexual Assault Response Team (SART) to work toward consistent care of these patients in the acute phase and beyond. The team consists of Domestic Violence Crisis Center, CDFNE staff, Minot PD, Ward County Deputy, Minot Air-force Base, Minot State University and Trinity ER management. I am pleased and excited that Minot is moving toward a strong program to care for this group of patients and look forward to the program becoming a resource for others.

We support this SB2284 grant program will bring a reliable and high standard of care to the victims of sexual assault. Thank you for your time and we urge a yes vote on SB2284
I hope you take my thoughts into consideration.

Sincerely,

Rhonda Gunderson, RN, BSN
Assistant Nurse Manager ETC Trinity Health
Rhonda.gunderson@trinityhealth.org

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PO BOX 5020 • MINOT, NORTH DAKOTA 58702-5020
TELEPHONE: 701-857-5000 • TOLL FREE: 800-862-0005 • WWW.TRINITYHEALTH.ORG

3.1

January 22, 2015

RE: In support of SB2284- Sexual Assault Nurse Examiner Programs

Dear Senate Judiciary Committee Members,

This letter is to inform you of my support of SB 2284; relating to hospitals treatment of victims of sexual assault and to provide an appropriation. This bill would create a grant program that would lead to what is considered best practices in the care of sexual assault victims, i.e. Sexual Assault Nurse Examiner Programs (SANE) in the state of North Dakota.

I am a residency trained, board certified Emergency Trauma Physician in practice for over 20 years here in Bismarck. I am a former law enforcement officer prior to becoming a physician. I have extensive training and experience in the care of sexually and physically abused adults and children and domestic violence issues.

I have been working with our community-based SANE program in Bismarck for the past 12 years as the Medical Director and have witnessed first-hand the difference they have made in the lives of many victims I have seen in the Emergency Department (ED). There are many reasons why a trained SANE nurse should be conducting the forensic examination and I will touch on just a few:

- The victim receives a timely, competent collection of forensic evidence which reflects directly on the potential for prosecution of these crimes. Without the evidence that is collected it makes it almost impossible to prosecute.
- Prior to having a SANE program the ED staff were woefully ill-prepared by training or expertise to provide full comprehensive services to these victims.
- It had taken a staff nurse and busy physician away from other patients in the ED for approximately 4-6 hours, on average, leaving the rest of the staff shorthanded, for example, when other critically ill or injured patients arrived.
- Prior to the SANE program, victims were not getting the emotional support, understanding, or referrals to community advocacy services that are so important for victims of sexual assault.

Now when the victim of an often brutal sexual assault arrives to a busy Emergency Department, they get the undivided attention of a highly trained SANE Nurse who provides care based on best practice standards. They recognize the physical, emotional, psychological, socio-economical, spiritual, and cultural well-being of the victim and give the undivided attention that cannot otherwise be provided without a SANE Program.

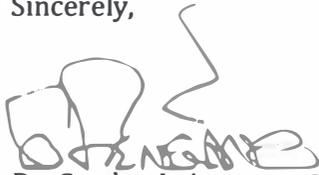
- The victims receive age specific treatment and services every time

- The victims receive the same standard of care regardless of the circumstances of the sexual assault. (This does not happen when medical staff are not specialized in their care)
- An environment is provided, typically out of the commotion of the ED, that promotes a victim-centered approach to all victims of sexual assault
- When the health care professional is trained in the appropriate collection of evidence and medical examination specific to victims of sexual assault they will also be prepared to help that victim connect with the community resources that are vital to the recovery from the sexual assault.

I offer my earnest support of this bill because it will help develop and sustain the highest level of care for victims of sexual assault possible in the Bismarck region, and potentially bring the same high standards of care to the victims across our state who currently do not have access to this type of care. It is a dire need.

Thank you for this opportunity to share my professional experience as a Medical Director in working with a SANE program. I respectfully submit this letter in support of SB2284. Do not hesitate to contact me if I can provide further information.

Sincerely,



Dr. Gordon Leingang, DO, FACEP, FACOEP
Emergency Medical Services Medical Director
Medical Director, Central Dakota Sexual Assault Nurse Examiner (SANE) Program
N.D. Army National Guard/Senior Flight Surgeon
Colonel, Medical Corps, Senior Flight Surgeon, USA

PO Box 1476 Bismarck, ND 58502-1476

dopa@bis.midco.net

701-530-7001

SB 2284 #5
2-17-15

January 30, 2015

Senate Judiciary Committee
North Dakota State Capitol
600 East Boulevard avenue
Bismarck, ND 58505

RE: SB 2284 in Support of

Dear Committee Members;

This letter is to inform you of **my support of SB 2284**; Relating to hospitals treatment of victims of sexual assault; to provide a penalty; and to provide an appropriation. This bill will create a grant program that will lead to what is considered best practice in the care of sexual assault victims; Sexual Assault Nurse Examiner Programs (SANE) in the state of North Dakota.

I have been working with a community-based SANE program for the past several years in Bismarck North Dakota and have witnessed first-hand the difference they have made in the lives of the victims we see in the emergency department. The nurses who are specially trained for the collection of forensic medical examinations in our area have been able to lift such a heavy burden off our emergency department's responsibility. Everything from the training, to the collection and then the court appearances for our nurses and doctors has literally vanished. Not to mention the best practice care that the victim receives. Without the SANE program these services would disappear and victims would not have access to this incredibly important service any longer.

When a victim comes in and reports they have experience a sexual assault, I am fully confident the trained SANE nurses, will provide care based on best practice standards because of their specialized training they have received. Trained SANEs provide the following to the all victims they care for:

- They recognize the physical, emotional, psychological, socio-economical, spiritual, and cultural well-being of the victim and give them priority
- The victims receive age specific treatment and services every time
- The victims receive the same standard of care regardless of the circumstances of the sexual assault (this does not happen when medical staff are not specialized in their care)
- An environment is provided in which values promote a victim centered approach to all victims of sexual assault
- When the health care professional is trained in the collection of evidence and medical examination specific to victims of sexual assault they will also be prepared to help that victim connect with the community resources that are vital to the recovery from the sexual assault.

I am supporting this bill not only because it will help sustain the highest level of care for victims of sexual assault possible in the Bismarck region but I am confident, this grant program will bring the same high standard of care to the victims in our state who currently do not have access to this type of care. Thank you for your time.

I hope you take my thoughts into consideration.

Sincerely, 

Craig Serr, MPM, BSN, RN
Emergency and Trauma Center Director

SB 2284
2-17-15 #6

Testimony for the Development and Sustainability of SANE Programs in North Dakota
IN SUPPORT OF SB 2284, Relating to hospitals treatment of victims of sexual assault; to
provide a penalty; and to provide an appropriation BILL
February 18, 2015

Chairman Holmberg, Vice-Chairman Bowman and members of the Senate Appropriations Committee:

My name is Dan Donlin, Chief of Police for the Bismarck Police Department. I am in my 27th year of law enforcement. In my career I have worked as a patrol officer and as a personal crimes investigator responsible for investigating crimes involving sexual assault and, unfortunately, have far more experience than I ever imagined I would in working with victims of sexual assault. I provide this testimony in support of SB 2284.

The Bismarck Police Department has been working in collaboration with the Sexual Assault Nurse Examiner Program, commonly referred to as "SANE," for the past 12 years. This partnership with SANE, along with the Abused Adult Resource Center (AARC), is all about providing the absolute best multi-disciplinary coordinated response to a sexual assault victim and ensuring the best chance at collecting the crucial, many times microscopic, forensic evidence needed to investigate and prosecute sexual assault cases successfully. This coordinated response keeps the focus on ensuring the victim of a sexual assault, who has been horrifically traumatized, is treated with the utmost compassion and providing them with the care and services they need to first, start them on their difficult path of healing, and second, to seek and obtain justice.

Having the SANE program, that is forensically trained nurses, has vastly improved the collaborative response to victims reporting a sexual assault in our community. Our department knows that the SANE program presents victims with a positive first impression of the community response, which increases the likelihood that the sexual assault victim will feel encouraged to cooperate or participate with police in the investigation and ultimately be more comfortable in going through with prosecution.

Officers know that victims are in good hands with the highly trained SANE nurses because victims will be treated with kindness and respect. Officers also recognize the increased efficiency that SANE nurses bring to the evidentiary exam process, and as a result, the time law enforcement spends waiting for evidence and waiting to interview victims can often be greatly reduced. Our detectives realize that SANE nurses can contribute to investigations by providing meticulously collected forensic evidence and extensive documentation that complement crime scene evidence and witness statements. SANE nurses have greatly improved the quality and consistency of collected evidence.

I know our local SANE program has recently expanded to some of the other larger cities out west and with the passage of SB 2284 even more hospitals and law enforcement agencies in smaller communities will be able to have access to, and benefit from having specifically trained SANE nurses as a part of the investigation process.

6.1

I encourage you to give SB 2284 a "do pass" recommendation and provide an appropriation to better assist the victims of sexual assault in our communities.

Thank you,

Dan Donlin
Chief of Police
Bismarck Police Department



#7

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"Restoring hope. Building futures. Changing lives."

Testimony in support of SB 2284
Before the Appropriations Committee
February 18, 2015

Chairman Holmberg and members of the Senate Appropriations Committee:

Good Morning, my name is Diane Zainhofsky. I am the Executive Director of the Abused Adult Resource Center located in Bismarck, North Dakota. I want to thank Chairman Holmberg and members of the Senate Appropriations Committee for the opportunity to speak today about Senate Bill 2284.

Senate Bill 2284 offers an opportunity for already established Sexual Assault Nurse Examiners programs to expand their service area and gives agencies across North Dakota the opportunity to develop SANE programs ensuring all victims of sexual assault receive specialized care and a forensic examination, when requested.

The Abused Adult Resource Center has strived since 1976 to provide victims of domestic violence with crisis intervention and advocacy services. In 1994 we also began providing the full spectrum of our support services to rape victims in our community.

In spite of the fact that it is the most violent crime next only to murder, rape is one of the most underreported crimes in our nation. For those that survive the initial assault, the trauma of rape leaves them facing physical and emotional devastation because someone has stripped away personal control over the most intimate aspects of their being. This crime challenges a survivor's world order view on every level. Many victims of rape do not survive the initial assault and I know victims who have committed suicide when they did not have enough support to cope with their emotions and the trauma of the rape.

Additionally, their loved ones; parents, partners, husbands, siblings, and friends as the secondary victims of this crime have their own host of emotions to deal with knowing someone they loved was hurt in the most intimate type of violation. They struggle to know the right things to do and say to assist their loved one with recovering from this horrific crime.

7.1

P O B o x 5 0 0 3 • B i s m a r c k , N D 5 8 5 0 2 - 5 0 0 3

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24-Hr. Crisis: Toll Free: 1-866-341-7009
www.abusedadultresourcecenter.com



When you walk beside a victim of rape and hold their hand as their body is probed for evidence you see the community response through their eyes. Between 1994 and 2003 we witnessed problems with our community response by all systems including our own and by 1998 we began working together to find a solution to system responses that impacted victims negatively. The forensic evidence collection process was at the core of the problem and ultimately redefining that process became the solution for how to provide the best services possible to victims of rape. In those years the problematic responses for all responders were within emergency responses to victims.

- I sat with victims sometimes up to 4 hours or more due to emergency departments needing to triage emergent medical conditions that were life threatening.
- Competency in the collection of forensic evidence by nurses was a struggle because even trained nurses and physicians would go for months without performing the forensic evidence collection process due to their shift work in the Emergency Department.
 - Even at that time, nurses always collected and packaged most of the forensic evidence. Nurses voiced to me that they were concerned about how long it had been since they last collected forensic evidence. I watched as they struggled to recall what the process of evidence collection involved and in what order that evidence should be collected.
 - As an advocate I would be asked questions by nurses about steps in evidence collection process and even how to go about collecting the evidence from the victim's body. I observed nurses carefully struggling to read the directions on the forensic evidence box step by step as they attempted to be diligent in their collection of evidence.
 - I saw mistakes and I intervened when and where I could to help.
 - Victims witnessed what I did and experienced this process which often became complicated and lengthy due to the lack of expertise in collecting forensic evidence.
- In those years, victims were also impacted by having to tell their story repeatedly during the same night to multiple responders because they had to tell the nurse, physician, responding officer and detective.
 - Can you imagine their struggle in having to tell the most terrifying and intimate violation of their life repeatedly to one stranger after another? As a result the victim would forget who they had told what too. Inevitably some of the responders would have differing or incomplete pieces of information because no one not even a responder could repeat any story four times and not forget something.
 - This created additional complexities for the criminal justice system when they tried to achieve justice through the prosecution of the offender because the process we put victims through made it look like they were making inconsistent statements in reporting the crime committed against them.

In 2003 when our community implemented a Sexual Assault Nurse Examiner program and established a community response protocol for the team of responders working with the Sexual Assault Nurse Examiner we began ensuring that we placed the welfare of the victim foremost at all steps in the process.

Since that time our community has operated with a sexual assault nurse examiner that is the core of a response team which also includes an advocate and an investigator. I believe this is the best response for victims of rape and their families. When communities provide this level of specialized expertise victims are safer, they receive more compassionate and appropriately focused care and finally because each member of the team is specialized they reinforce for the victim that what happened to them was not their fault. A specialized care team gives victims the tools they need to begin their path to healing emotionally from the scars created by this devastating crime. When victims have positive experiences it encourages reporting these crimes within our communities.

I believe that when victims of rape come forth to report this crime we are all safer because of their courage. When they only have to tell their story one time it creates a stronger case. In addition when victims feel supported from the moment they reach out for help they are more likely to stay connected with the criminal justice system from the beginning report to the end of the trial. This combination of specialized responses and keeping victims at the center of our community response is our best hope of holding sexual predators accountable and keeping our communities safer.

SANE programs are at the core of providing best response services to rape victims within the state of ND. In fact without that member the victim is left with a host of medical and forensic issues related to the crime that no other responder can provide.

When medical providers do not have the expertise to understand the dynamics of rape and the first-hand experience of collecting evidence expertly the victim suffers because justice is often unattainable and the medical provider will struggle to assist the victim in overcoming the trauma related to rape.

It is my experience that the development of a Sexual Assault Nurse Examiner Program can improve the ability of community systems to respond to these crimes by uniting advocacy centers, hospitals, and criminal justice systems in their response.

I believe that Sexual Assault Nurse Examiner services are essential to helping victims and their families recover from the trauma of rape. In 2013, 913 primary victims and 327 secondary victims sought assistance from rape crisis programs throughout North Dakota. All victims in our state deserve the best response possible when they reach out for help in their community. If your family member was raped I know you would want them to have a specialized care response. I am asking you to make that support available to victims in their communities across our state as responders and systems work together to develop and maintain Sexual Assault Nurse Examiner services.

As the Executive Director of the Abused Adult Resource Center I urge a Do Pass recommendation on SB2284.

Sincerely,

Diane Zainhofsky, LSW
Executive Director
Abused Adult Resource Center
701-222-8370 dzainhofsky@btinet.net

CENTRAL DAKOTA FORENSIC NURSE EXAMINER'S
PO Box 1512 Bismarck, North Dakota 58502

#1
SB 2284
3-17-15

Testimony in support of SB 2284
Before the Judiciary Committee
March 17, 2015

Good Morning, my name is Tisha Scheuer. I have been a Registered Nurse for the past 20 years, a Certified Sexual Assault Nurse Examiner (SANE) for 12 of those years, and the Executive Director of the Central Dakota Forensic Nurse Examiner's in Bismarck, North Dakota, for the past 1 year.

Senate Bill (SB) 2284 will provide the opportunity for already established SANE programs to sustain their services and will give healthcare agencies across North Dakota the chance to develop SANE programs when there was not a chance to do so before, ensuring that all victims of sexual assault will have the opportunity to receive this specialized care and a forensic examination, when needed and when requested.

A sexual assault nurse examiner or SANE is a registered nurse who has been specially trained in the medical care of victims of sexual assault. SANE programs are typically staffed by Registered Nurses (RN) who have had advanced education regarding the medical-forensic examination, and the psychological and emotional trauma victims experience from a sexual assault. SANE trained nurses may also provide expert testimony in a court of law, regarding the forensic examination they conducted.

In 2003, the Central Dakota Forensic Nurse Examiner's (CDFNE) was developed through the Abused Adult Resource Center (AARC), located in Bismarck, ND. This program was established as a grassroots community-based sexual assault program in collaboration with the Bismarck Police Department, Mandan Police Department, CHI St. Alexius Health, and Bismarck Sanford Health.

This past winter I am very proud to say, the CDFNE began expanding their services into the Minot, Williston, and Dickinson regions. In these regions this type of sexual assault service did not exist as it has in Bismarck for so many years. The gaps in services have been large in the Bakken region for some time now. The Minot SANE program officially started January 11th at 7 am and by 11 am the next morning had their first victim request their services. Dickinson's SANE program officially started on March 2 at 5pm and by 1 am their first victim had requested their services and with-in the first week of providing these services had provided 3 forensic examinations for victims of sexual assault. After the third victim, I was told law enforcement commented to the SANE nurse, "be prepared, we are going to keep you busy". The development of these programs has been very difficult, as the availability of funding for this type of specialized service is few and far between. The ability to sustain these programs depend on finding grant and foundation monies and is why this bill is so crucial.

As forensic nurses we provide a trauma-informed care response in the acute setting at the time of reporting the sexual assault. Trauma informed care is essential to preventing long-term health disparity. The result will be a stronger and healthier recovery for victims, who are reporting a sexual assault not only in the Bakken region but across North Dakota. The provision of SANE services will also influence and hopefully increase the prosecution rates of these crimes because of the expert collection of forensic evidence from the body of the victim.



CENTRAL DAKOTA FORENSIC NURSE EXAMINER'S

PO Box 1512 Bismarck, North Dakota 58502

SB2284 is absolutely needed to ensure the best practice of care for victims of sexual assault in North Dakota is available. An Emergency Department physician could do an examination; however, this is not considered best practice. In those instances the forensic evidence collected is not being collected by a healthcare practitioner with specialized training. In some cases this may not only impact the likelihood the prosecution of this crime will not take place, but also the detrimental impact on the victims are immense.

The funds from this proposed grant program will enable organizations in the state to be able to sustain and continue the programs that are already functioning (Fargo, Grand Forks, Bismarck and now Minot, and Dickinson), and give communities (Williston, Watford City, Devils Lake etc.) and to include tribal communities (Ft. Yates) a chance to develop their own sexual assault medical services. The intentions of this funding is to pay nurses to be available 24 hours a day 7 days a week, train and provide ongoing training for nurses, reimburse nurses for their time when preparing for expert court testimony, and fund the operational costs it takes to manage a specialized nursing program.

There are limited funds currently available, they are through the Attorney General's office on a reimbursement basis however those funds are very limited to funding only the medical/forensic examination and medications provided. They do not cover the extenuating needs of a specialized nursing program such as training and operational costs. Whether the SANE program is community-based or an ED based program, finding funding to sustain and/or develop services is extremely difficult, there are very little funding opportunities available. SANEs close the gap in services. The services the victims in our state have the right to have. I feel strongly the bill should be restored to the original level of \$500, 000. It has been dropped to \$200, 000 and that barely scratched the surface of the needs.

SANE programs are cost effective and save money by reducing the demand on emergency care department services and freeing physicians and other staff nurses to treat other emergencies cases. It is important to know that hospitals fully support the SANE nurse model of care but they simply don't have the financial means to fully develop and sustain these programs. I will pass out letters of support from the following supporters; Emergency Department (ED) manager from CHI St. Joseph Health Dickinson, Assistant ED manger from Trinity Health, Minot, ED manager from Bismarck, and an ED physician from CHI St. Alexius Health.

In closing, I believe that everyone's goal here is to make sure victims have access to services that they have the right to have and to keep victims of violence safe in our communities. In order to accomplish this huge task, we need to fill the gaps in medical care and provide a means for the medical community to develop and sustain these crucial programs. I urge a Do Pass recommendation on SB2284.

Sincerely,



Tisha Scheuer, MSN, RN, SANE-A
Executive Director
Central Dakota Forensic Nurse Examiner's
701-226-9804 tscheuer28@gmail.com

3/17/15

January 27, 2015

RE: SB 2284 in Support of

Dear Senate Judiciary Committee,

Thank you for this opportunity to submit a letter of support of SB 2284 to support Sexual Assault Nurse Examiner (SANE) programs in North Dakota. I am a mastered prepared Registered Nurse that brings 19 years of nursing experience. I have been the Director-Emergency Services for the past year, however, have experience in emergencies and trauma for my entire career. I have been involved in sexual assault examinations and cases from Pennsylvania where I have practiced over the years.

In 2013 we saw approximately 3 cases a month (36 per year). However, these numbers are only the individuals for whom evidence was collected, these numbers do not reflect the individuals who reported a sexual assault and who declined a forensic examination. At CHI St. Joseph Health in Dickinson we currently do not have Sexual Assault Nurse Examiner (SANE) services. However, we are working hard to begin providing these services as we recognize the inherent need for specialized service.

Dickinson is considered a rural community located in the heart of the Bakken Region, where the discovery of an immense amount of oil has occurred. There have been many changes since the "oil boom" in western North Dakota some have been positive and some have been negative. The most visible change has been in the population. With an increase in population comes an increase in crime. Law enforcement has reported in that region there has been an increase in sexual violence by 300%. The hospital at this point is completely overwhelmed trying to provide sexual assault services we are not trained to provide.

For example; when an individual comes to the Emergency Department (ED) reporting a sexual assault it takes a staff nurse away from the other patients in the ED leaving the rest of staff shorthanded, for example, when a car accident or heart attack comes in. The forensic exam for victims of rape can take 4-6 hours of a provider's time. This affects the flow of the patients through the ED, and lengthens the stay of patients in the ED. Longer patient stays could affect our accreditations in a negative manner. SB2284 provides the opportunity to develop a designated SANE program and provide best practice of care for victims.

Further, staff is overwhelmed when sexual assault victim presents to the emergency room-staff does not have the specialized training to care for victims or to collect forensics evidence. It is important to know that training on performing a forensic exam is not taught in nursing school or medical school and is not a part of any training the ED staff goes through prior to working in the ED. Sexual Assault Nurse Examiners (SANE) are experts at addressing the psychological trauma in combination with physical trauma associated with sexual assault, focusing strongly on patient dignity and compassionate support.

We support this SB2284 because it will help to develop and sustain the highest level of care for victims of sexual assault possible in the Dickinson region. I am confident this grant program will bring the same high standards of care to the victims in our state who currently do not have access to this type of care especially the Bakken region. Thank you for your time.

I hope you take my thoughts into consideration.

Sincerely,



Susan Price, MS, RN
Director-Emergency Services
701-456-4401

3/17/15



January 29, 2015

RE: SB 2284 in Support of

Dear Senate Judiciary Committee,

Thank you for this opportunity to submit a letter of support of SB 2284 to support Sexual Assault Nurse Examiner (SANE) programs in North Dakota. My name is Rhonda Gunderson, RN BSN Assistant Nurse Manager of the Emergency Trauma Center at Trinity Health in Minot, ND. I am a registered nurse that brings 20 years of nursing experience. I have been the assistant manager of the Emergency room for the past 4 years. I have worked in the hospital setting for 25 years in many different roles. I am currently Assistant Manager in the Emergency Trauma Center and also function as the Hospital Supervisor regularly.

In 2013 we saw approximately 40 cases of victims who chose to receive a forensic exam. At Trinity Health in Minot we currently do not have a specific Sexual Assault Nurse Examiner (SANE) program, we have nurses trained to collect the evidence but not a designated program. However we are working hard to begin providing these services as we recognize the inherent need for this specialized service and SB2284 will go a long way in shoring up this program for victims in our area.

The community of Minot has seen significant changes in the past few years. Located on the edge of the oil boom we have experienced momentous growth in population. This increase in population has, unfortunately, also resulted in an increase in violent crime. Law enforcement has reported in that region there has been a significant increase in sexual violence. The hospital is experiencing challenges trying to provide services for the increasing volume of patients coming to the emergency department (ED) for other emergent reasons as well as providing sexual assault services.

There are many reasons why we transitioned to a community based program. Trinity is the only level 2 Trauma Center in the Northwest corner of North Dakota and we are seeing an increase in the amount of trauma cases that come to us. Our annual volume is also on the rise which means we are seeing more patients in the same amount of space. Unfortunately this scenario makes it very difficult to take a nurse away from patient care for 4-6 hours to complete the evidence collection in the ETC. There are also times that the victims come to the ETC and must wait until we are able to call in a nurse to do the exam. Sexual Assault is a very stressful situation for everyone and the chaos of the ER does not alleviate that stress.

After a year of examining the options for SA exams and much discussion with Bismarck community based SANE program, Trinity has decided to utilize Central Dakota Forensic Nurse Examiner's (CDFNE) in order to improve consistency and availability of appropriately trained nurses to care for the sexually assaulted patient. We believe that the nurse will be able to complete the exam more consistently when not having to worry about the other patients they were caring for. Minot is reestablishing a Sexual Assault Response Team (SART) to work toward consistent care of these patients in the acute phase and beyond. The team consists of Domestic Violence Crisis Center, CDFNE staff, Minot PD, Ward County Deputy, Minot Air-force Base, Minot State University and Trinity ER management. I am pleased and excited that Minot is moving toward a strong program to care for this group of patients and look forward to the program becoming a resource for others.

We support this SB2284 grant program will bring a reliable and high standard of care to the victims of sexual assault. Thank you for your time and we urge a yes vote on SB2284 I hope you take my thoughts into consideration.

Sincerely,
Rhonda Gunderson
Rhonda Gunderson, RN, BSN
Assistant Nurse Manager ETC Trinity Health
Rhonda.gunderson@trinityhealth.org

#4

3/17/15

January 30, 2015

Senate Judiciary Committee
North Dakota State Capitol
600 East Boulevard avenue
Bismarck, ND 58505

RE: SB 2284 in Support of

Dear Committee Members;

This letter is to inform you of **my support** of **SB 2284**; Relating to hospitals treatment of victims of sexual assault; to provide a penalty; and to provide an appropriation. This bill will create a grant program that will lead to what is considered best practice in the care of sexual assault victims; Sexual Assault Nurse Examiner Programs (SANE) in the state of North Dakota.

I have been working with a community-based SANE program for the past several years in Bismarck North Dakota and have witnessed first-hand the difference they have made in the lives of the victims we see in the emergency department. The nurses who are specially trained for the collection of forensic medical examinations in our area have been able to lift such a heavy burden off our emergency department's responsibility. Everything from the training, to the collection and then the court appearances for our nurses and doctors has literally vanished. Not to mention the best practice care that the victim receives. Without the SANE program these services would disappear and victims would not have access to this incredibly important service any longer.

When a victim comes in and reports they have experience a sexual assault, I am fully confident the trained SANE nurses, will provide care based on best practice standards because of their specialized training they have received. Trained SANEs provide the following to the all victims they care for:

- They recognize the physical, emotional, psychological, socio-economical, spiritual, and cultural well-being of the victim and give them priority
- The victims receive age specific treatment and services every time
- The victims receive the same standard of care regardless of the circumstances of the sexual assault (this does not happen when medical staff are not specialized in their care)
- An environment is provided in which values promote a victim centered approach to all victims of sexual assault
- When the health care professional is trained in the collection of evidence and medical examination specific to victims of sexual assault they will also be prepared to help that victim connect with the community resources that are vital to the recovery from the sexual assault.

I am supporting this bill not only because it will help sustain the highest level of care for victims of sexual assault possible in the Bismarck region but I am confident, this grant program will bring the same high standard of care to the victims in our state who currently do not have access to this type of care. Thank you for your time.

I hope you take my thoughts into consideration.

Sincerely,



Craig Serr, MPM, BSN, RN
Emergency and Trauma Center Director

January 22, 2015

RE: In support of SB2284- Sexual Assault Nurse Examiner Programs

Dear Senate Judiciary Committee Members,

This letter is to inform you of my support of SB 2284; relating to hospitals treatment of victims of sexual assault and to provide an appropriation. This bill would create a grant program that would lead to what is considered best practices in the care of sexual assault victims, i.e. Sexual Assault Nurse Examiner Programs (SANE) in the state of North Dakota.

I am a residency trained, board certified Emergency Trauma Physician in practice for over 20 years here in Bismarck. I am a former law enforcement officer prior to becoming a physician. I have extensive training and experience in the care of sexually and physically abused adults and children and domestic violence issues.

I have been working with our community-based SANE program in Bismarck for the past 12 years as the Medical Director and have witnessed first-hand the difference they have made in the lives of many victims I have seen in the Emergency Department (ED). There are many reasons why a trained SANE nurse should be conducting the forensic examination and I will touch on just a few:

- The victim receives a timely, competent collection of forensic evidence which reflects directly on the potential for prosecution of these crimes. Without the evidence that is collected it makes it almost impossible to prosecute.
- Prior to having a SANE program the ED staff were woefully ill-prepared by training or expertise to provide full comprehensive services to these victims.
- It had taken a staff nurse and busy physician away from other patients in the ED for approximately 4-6 hours, on average, leaving the rest of the staff shorthanded, for example, when other critically ill or injured patients arrived.
- Prior to the SANE program, victims were not getting the emotional support, understanding, or referrals to community advocacy services that are so important for victims of sexual assault.

Now when the victim of an often brutal sexual assault arrives to a busy Emergency Department, they get the undivided attention of a highly trained SANE Nurse who provides care based on best practice standards. They recognize the physical, emotional, psychological, socio-economical, spiritual, and cultural well-being of the victim and give the undivided attention that cannot otherwise be provided without a SANE Program.

- The victims receive age specific treatment and services every time

3/17/15

- The victims receive the same standard of care regardless of the circumstances of the sexual assault. (This does not happen when medical staff are not specialized in their care)
- An environment is provided, typically out of the commotion of the ED, that promotes a victim-centered approach to all victims of sexual assault
- When the health care professional is trained in the appropriate collection of evidence and medical examination specific to victims of sexual assault they will also be prepared to help that victim connect with the community resources that are vital to the recovery from the sexual assault.

I offer my earnest support of this bill because it will help develop and sustain the highest level of care for victims of sexual assault possible in the Bismarck region, and potentially bring the same high standards of care to the victims across our state who currently do not have access to this type of care. It is a dire need.

Thank you for this opportunity to share my professional experience as a Medical Director in working with a SANE program. I respectfully submit this letter in support of SB2284. Do not hesitate to contact me if I can provide further information.

Sincerely,



Dr. Gordon Leingang, DO, FACEP, FACOEP
Emergency Medical Services Medical Director
Medical Director, Central Dakota Sexual Assault Nurse Examiner (SANE) Program
N.D. Army National Guard/Senior Flight Surgeon
Colonel, Medical Corps, Senior Flight Surgeon, USA

PO Box 1476 Bismarck, ND 58502-1476

dopa@bis.midco.net

701-530-7001

#6
SB2284
3-17-15

Testimony for the Development and Sustainability of SANE Programs in North Dakota
IN SUPPORT OF SB 2284, Relating to hospitals treatment of victims of sexual assault; to
provide a penalty; and to provide an appropriation BILL
March 17, 2015

Chairman Koppelman, and members of the House Judiciary Committee:

My name is Dan Donlin, Chief of Police for the Bismarck Police Department. I am in my 27th year of law enforcement. In my career I have worked as a patrol officer and as a personal crimes investigator responsible for investigating crimes involving sexual assault and, unfortunately, have far more experience than I ever imagined I would in working with victims of sexual assault. I provide this testimony in support of SB 2284.

The Bismarck Police Department has been working in collaboration with the Sexual Assault Nurse Examiner Program, commonly referred to as "SANE," for the past 12 years. This partnership with SANE, along with the Abused Adult Resource Center (AARC), is all about providing the absolute best multi-disciplinary coordinated response to a sexual assault victim and ensuring the best chance at collecting the crucial, many times microscopic, forensic evidence needed to investigate and prosecute sexual assault cases successfully. This coordinated response keeps the focus on ensuring the victim of a sexual assault, who has been horrifically traumatized, is treated with the utmost compassion and providing them with the care and services they need to first, start them on their difficult path of healing, and second, to seek and obtain justice.

Having the SANE program, that is forensically trained nurses, has vastly improved the collaborative response to victims reporting a sexual assault in our community. Our department knows that the SANE program presents victims with a positive first impression of the community response, which increases the likelihood that the sexual assault victim will feel encouraged to cooperate or participate with police in the investigation and ultimately be more comfortable in going through with prosecution.

Officers know that victims are in good hands with the highly trained SANE nurses because victims will be treated with kindness and respect. Officers also recognize the increased efficiency that SANE nurses bring to the evidentiary exam process, and as a result, the time law enforcement spends waiting for evidence and waiting to interview victims can often be greatly reduced. Our detectives realize that SANE nurses can contribute to investigations by providing meticulously collected forensic evidence and extensive documentation that complement crime scene evidence and witness statements, that might otherwise not be collected or obtained. SANE nurses have greatly improved the quality and consistency of collected evidence.

I know our local SANE program has recently expanded to some of the other larger cities out west and with the passage of SB 2284 even more hospitals and law enforcement agencies in smaller communities will be able to have access to, and benefit from having specifically trained SANE nurses as a part of the investigation process.

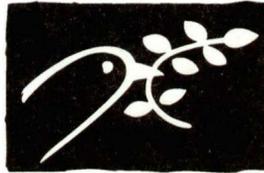
I encourage you to give SB 2284 a "do pass" recommendation and provide an appropriation to better assist the victims of sexual assault in our communities.

Thank you,

Dan Donlin
Chief of Police
Bismarck Police Department

2

#7



A B U S E D
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C E N T E R

"Restoring hope. Building futures. Changing lives."

Testimony in support of SB 2284
Before the House Judiciary Committee
March 17, 2015

Chairman Representative Koppelman and members of the House Judiciary Committee:

Good Morning, my name is Diane Zainhofsky. I am the Executive Director of the Abused Adult Resource Center located in Bismarck, North Dakota. I want to thank Chairman Representative Koppelman and members of the House Judiciary Committee for the opportunity to speak today about Senate Bill 2284.

Senate Bill 2284 offers an opportunity for already established Sexual Assault Nurse Examiners programs to expand their service area and gives agencies across North Dakota the opportunity to develop SANE programs ensuring all victims of sexual assault receive specialized care and a forensic examination, when requested.

The Abused Adult Resource Center has strived since 1976 to provide victims of domestic violence with crisis intervention and advocacy services. In 1994 we also began providing the full spectrum of our support services to rape victims in our community.

In spite of the fact that it is the most violent crime next only to murder, rape is one of the most underreported crimes in our nation. For those that survive the initial assault, the trauma of rape leaves them facing physical and emotional devastation because someone has stripped away personal control over the most intimate aspects of their being. This crime challenges a survivor's world order view on every level. Many victims of rape do not survive the initial assault and I know victims who have committed suicide when they did not have enough support to cope with their emotions and the trauma of the rape.

Additionally, their loved ones; parents, partners, husbands, siblings, and friends as the secondary victims of this crime have their own host of emotions to deal with knowing someone they loved was hurt in the most intimate type of violation. They struggle to know the right things to do and say to assist their loved one with recovering from this horrific crime.

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When you walk beside a victim of rape and hold their hand as their body is probed for evidence you see the community response through their eyes. Between 1994 and 2003 we witnessed problems with our community response by all systems including our own and by 1998 we began working together to find a solution to system responses that impacted victims negatively. The forensic evidence collection process was at the core of the problem and ultimately redefining that process became the solution for how to provide the best services possible to victims of rape. In those years the problematic responses for all responders were within emergency responses to victims.

- I sat with victims sometimes up to 4 hours or more due to emergency departments needing to triage emergent medical conditions that were life threatening.
- Competency in the collection of forensic evidence by nurses was a struggle because even trained nurses and physicians would go for months without performing the forensic evidence collection process due to their shift work in the Emergency Department.
 - Even at that time, nurses always collected and packaged most of the forensic evidence. Nurses voiced to me that they were concerned about how long it had been since they last collected forensic evidence. I watched as they struggled to recall what the process of evidence collection involved and in what order that evidence should be collected.
 - As an advocate I would be asked questions by nurses about steps in evidence collection process and even how to go about collecting the evidence from the victim's body. I observed nurses carefully struggling to read the directions on the forensic evidence box step by step as they attempted to be diligent in their collection of evidence.
 - I saw mistakes and I intervened when and where I could to help.
 - Victims witnessed what I did and experienced this process which often became complicated and lengthy due to the lack of expertise in collecting forensic evidence.
- In those years, victims were also impacted by having to tell their story repeatedly during the same night to multiple responders because they had to tell the nurse, physician, responding officer and detective.
 - Can you imagine their struggle in having to tell the most terrifying and intimate violation of their life repeatedly to one stranger after another? As a result the victim would forget who they had told what too. Inevitably some of the responders would have differing or incomplete pieces of information because no one not even a responder could repeat any story four times and not forget something.
 - This created additional complexities for the criminal justice system when they tried to achieve justice through the prosecution of the offender because the process we put victims through made it look like they were making inconsistent statements in reporting the crime committed against them.

In 2003 when our community implemented a Sexual Assault Nurse Examiner program and established a community response protocol for the team of responders working with the Sexual Assault Nurse Examiner we began ensuring that we placed the welfare of the victim foremost at all steps in the process.

Since that time our community has operated with a sexual assault nurse examiner that is the core of a response team which also includes an advocate and an investigator. I believe this is the best response for victims of rape and their families. When communities provide this level of specialized expertise victims are safer, they receive more compassionate and appropriately focused care and finally because each member of the team is specialized they reinforce for the victim that what happened to them was not their fault. A specialized care team gives victims the tools they need to begin their path to healing emotionally from the scars created by this devastating crime. When victims have positive experiences it encourages reporting these crimes within our communities.

I believe that when victims of rape come forth to report this crime we are all safer because of their courage. When they only have to tell their story one time it creates a stronger case. In addition when victims feel supported from the moment they reach out for help they are more likely to stay connected with the criminal justice system from the beginning report to the end of the trial. This combination of specialized responses and keeping victims at the center of our community response is our best hope of holding sexual predators accountable and keeping our communities safer.

SANE programs are at the core of providing best response services to rape victims within the state of ND. In fact without that member the victim is left with a host of medical and forensic issues related to the crime that no other responder can provide.

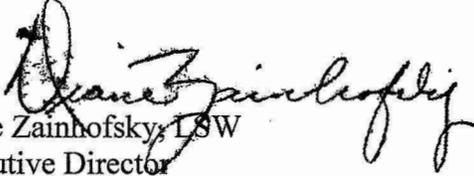
When medical providers do not have the expertise to understand the dynamics of rape and the first-hand experience of collecting evidence expertly the victim suffers because justice is often unattainable and the medical provider will struggle to assist the victim in overcoming the trauma related to rape.

It is my experience that the development of a Sexual Assault Nurse Examiner Program can improve the ability of community systems to respond to these crimes by uniting advocacy centers, hospitals, and criminal justice systems in their response.

I believe that Sexual Assault Nurse Examiner services are essential to helping victims and their families recover from the trauma of rape. In 2013, 913 primary victims and 327 secondary victims sought assistance from rape crisis programs throughout North Dakota. All victims in our state deserve the best response possible when they reach out for help in their community. If your family member was raped I know you would want them to have a specialized care response. I am asking you to make that support available to victims in their communities across our state as responders and systems work together to develop and maintain Sexual Assault Nurse Examiner services.

As the Executive Director of the Abused Adult Resource Center I urge a Do Pass recommendation on SB2284.

Sincerely,



Diane Zainhofsky, LSW
Executive Director
Abused Adult Resource Center
701-222-8370 dzainhofsky@btinet.net

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3-17-15

Example Budget for Developing SANE Program for 1 year of Service

SANE Program Coordinator	<u>\$18,200</u>
Fringe	<u>\$3,822</u>
On-call wages (24 hr/day/7 days a week)	<u>\$30,681</u>
Meeting wages (12 meetings per year/ 7 nurses)	<u>\$4,200</u>
Training per nurse (40 SANE training/skills training/7 nurses) <u>\$2,400 per nurse to train</u>	<u>\$14,000</u>
Ongoing training (6 CEU's per year/ 7 nurses)	<u>\$1,050</u>
Expert court testimony prep (Approximately 6 hours per year per nurse/7)	<u>\$1,050</u>
	Total: <u>\$73,003</u>

This does not include:

- Supplies ie speculums, sterile swabs, sterile water, gloves, urine cups, disks, printing supplies, pens/pencils, pads of paper etc
- Equipment ie camera, colposcope, printer, computer, ALS light, measuring tape, evidence tape,
- Resource books approximately: \$500- 600
- Victims needs if not provided by the advocacy agency ie. change of clothing, shoes, toiletries, snacks
- Malpractice insurance

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SB 2284
3-17-15

Example Budget for Sustaining a SANE Program for 1 year

SANE Program Coordinator	<u>\$18, 200</u>
Fringe	<u>\$3, 822</u>
On-call wages (24 hr/day/7 days a week)	<u>\$30, 681</u>
Meeting wages (12 meetings per year/ 7 nurses)	<u>\$4, 200</u>
Training per nurse (40 SANE training/skills training/2 nurses)	<u>\$4, 800</u>
<u>\$2, 400 per nurse to train</u>	
Ongoing training (6 CEU's per year/ 7 nurses)	<u>\$1, 050</u>
Expert court testimony prep (approximately 6 hours per year per nurse/7)	<u>\$1,050</u>
	Total: <u>\$63, 803</u>

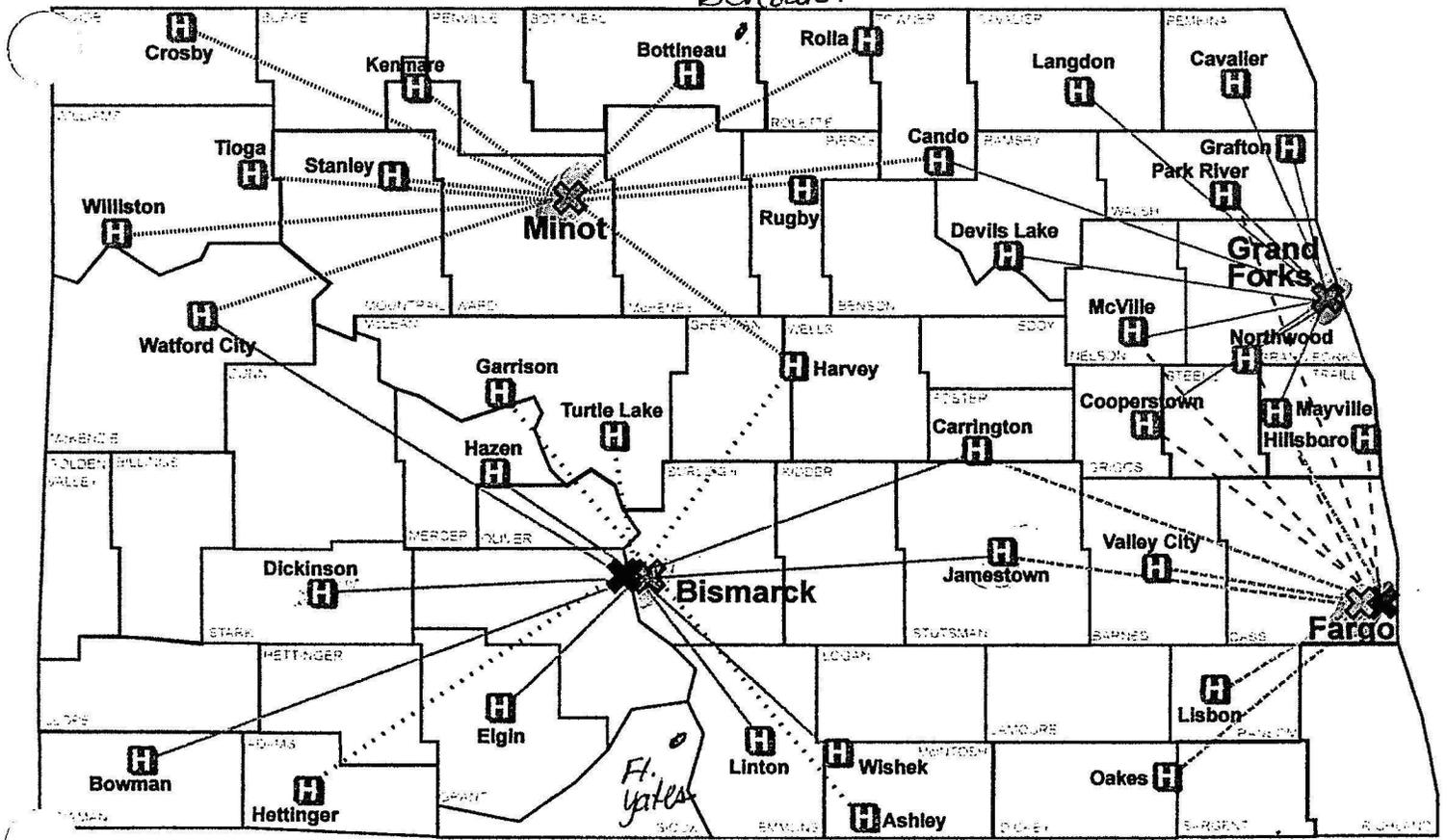
This does not include:

- Supplies ie speculums, sterile swabs, sterile water, gloves, urine cups, disks, printing supplies, pens/pencils, pads of paper etc
- Update Resources
- Malpractice insurance

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SB2284

North Dakota Critical Access Hospitals & Referral Centers 3-17-18

Belcourt



Center for Rural Health
University of North Dakota
School of Medicine & Health Sciences

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Referral Centers

Trinity Hospital Altru Hospital _____
 St. Alexius Medical Center Sanford Health - - - - -
 Sanford Bismarck Medical Center & St. Alexius _____ Sanford & Essentia Health
Critical Access Hospitals **H**

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#1-1
4/16/15

PROPOSED AMENDMENTS TO REENGROSSED SENATE BILL NO. 2284

That the House recede from its amendments as printed on page 1377 of the Senate Journal and page 1558 of the House Journal and that Reengrossed Senate Bill No. 2284 be amended as follows:

Page 1, line 2, remove "and to provide an"

Page 1, line 3, replace "appropriation" with "to designate the use of oil and gas impact grants; and to provide for reports;"

Page 1, after line 23, insert:

"SECTION 2. BOARD OF UNIVERSITY AND SCHOOL LANDS - USE OF OIL AND GAS IMPACT GRANTS - REPORTS. The board of university and school lands funds, from funds designated in House Bill No. 1176 as approved by the sixty-fourth legislative assembly, for grants to law enforcement agencies impacted by oil and gas development, shall make available \$250,000 for grants to organizations involved in providing prevention and treatment services related to human trafficking victims in hub cities located in oil-producing counties for the biennium beginning July 1, 2015, and ending June 30, 2017. The board of university and school lands shall award the grants as directed by the attorney general. Any organization that receives a grant under this section shall report to the attorney general and the appropriations committees of the sixty-fifth legislative assembly on the use of the funds received and the outcomes of its program."

Page 2, remove lines 1 through 7

Renumber accordingly

2-1

Rep. Skarphol

4/16/15

SB 2199

The attorney general shall report on the use of the funds received and the outcomes of the programs funded including the number of human trafficking victim service providers, the number of victims served, the number of trainings offered, and the number and type of services provided to victims under this grant program.

SB 2284

The attorney general shall report on the number of nurses trained, the number and location of nurses providing SANE services, and documentation of collaborative efforts to assist victims that includes nurses, the hospital or clinic, law enforcement, prosecution, and sexual assault advocates.

#3-1
4/16/15

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"through the domestic violence rape crisis program for community based and hospital based sexual assault examiner programs"

Rep. Hogan
4-1
4/16/15
SB 2284

Even though all of North Dakota, to include Fargo, Grand Forks, Bismarck, and Minot, are eligible for this funding stream, currently the largest needs in North Dakota are Devils Lake, Ft. Yates, Belcourt, Williston, Watford City, and Dickinson (totaling 6 regions).

To utilize \$250,000 over a 2 year period that would make \$125,000 available per year. According to the example budget below that amount of money will partially fund approximately 4 SANE programs at \$31,000 per year. The program itself would need to decide what their greatest needs are according to their individual budgets for example do they want to pay for a coordinator or to train new nurses etc. Bottom line the budget below is an example of what the money could be used for.

Example Budget for Developing a Community-Based SANE Program for 1 year of Service

SANE Program Coordinator (part time)	<u>\$18,200</u>
Fringe	<u>\$3,822</u>
Meeting wages (11 meetings per year/ 7 nurses)	<u>\$3,850</u>
Training per nurse (40 SANE training/skills training/7 nurses) <u>\$2,400 per nurse to train</u>	<u>\$14,000</u>
Ongoing training (6 CEU's per year/ 7 nurses)	<u>\$1,050</u>
Expert court testimony prep (Approximately 6 hours per year per nurse/7)	<u>\$1,050</u>
Total:	<u>\$41,972</u>

This does not include the following needs:

- Supplies that need to be purchased: ie speculums, sterile swabs, sterile water, gloves, urine cups, disks, printing supplies, pens/pencils, pads of paper etc

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SB2284

4/16/15

- Equipment that needs to be purchased: ie camera, colposcope, printer, computer, ALS light, Injury measuring tape, and evidence tape.
- Resource books that need to be purchased: approximately: \$500- 600
- Victims needs if not provided by the advocacy agency ie. change of clothing, shoes, toiletries, snacks
- Malpractice insurance for each Registered Nurse.

~~April 16 2015~~

#1-1

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Renumber accordingly