



# Senate

General Assembly

January Session, 2003

**File No. 302**

Senate Bill No. 873

*Senate, April 10, 2003*

The Committee on Judiciary reported through SEN. MCDONALD of the 27th Dist., Chairperson of the Committee on the part of the Senate, that the bill ought to pass.

## **AN ACT CONCERNING SEXUAL ASSAULT FORENSIC EXAMINATIONS.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Subsection (b) of section 19a-112a of the general statutes is  
2 repealed and the following is substituted in lieu thereof (*Effective from*  
3 *passage*):

4 (b) (1) For the purposes of this section, "protocol" means the state of  
5 Connecticut [health care facility protocol for victims of sexual assault  
6 which shall consist of] Technical Guidelines for Health Care Response  
7 to Victims of Sexual Assault, including the Interim Sexual Assault  
8 Toxicology Screen Protocol, as revised from time to time and as  
9 incorporated in regulations adopted in accordance with subdivision (2)  
10 of this subsection, pertaining to the collection of evidence in any [sex  
11 offense crime] sexual assault investigation.

12 (2) The commission shall recommend the protocol to the Chief

13 State's Attorney for adoption as regulations in accordance with the  
 14 provisions of chapter 54. [Said regulations shall be adopted not later  
 15 than July 31, 1997.] The commission shall annually review the protocol  
 16 and may annually recommend changes to the protocol for adoption as  
 17 regulations.

18 Sec. 2. Subsection (e) of section 19a-112a of the general statutes is  
 19 repealed and the following is substituted in lieu thereof (*Effective from*  
 20 *passage*):

21 (e) (1) No costs incurred by a health care facility for the examination  
 22 of [the] a victim of sexual assault, when such [an] examination is  
 23 performed for the [purposes] purpose of gathering evidence as  
 24 prescribed in the protocol, [described in subsection (b) of this section,]  
 25 including the costs of testing for pregnancy and sexually transmitted  
 26 diseases and the costs of prophylactic treatment as provided in the  
 27 protocol, shall be charged directly or indirectly to [the victim of such  
 28 assault] such victim. Any such [cost] costs shall be charged to the  
 29 Division of Criminal Justice.

30 (2) No costs incurred by a health care facility for any toxicology  
 31 screening of a victim of sexual assault, when such screening is  
 32 performed as prescribed in the protocol, shall be charged directly or  
 33 indirectly to such victim. Any such costs shall be charged to the  
 34 Division of Scientific Services within the Department of Public Safety.

This act shall take effect as follows:	
Section 1	<i>from passage</i>
Sec. 2	<i>from passage</i>

**JUD**      *Joint Favorable*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

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**OFA Fiscal Note**

**State Impact:**

<b>Agency Affected</b>	<b>Fund-Type</b>	<b>FY 04 \$</b>	<b>FY 05 \$</b>
Criminal Justice, Div.	GF - Cost	151,722	187,307
Criminal Justice, Div.	GF - Savings	Indeterminate	Indeterminate

Note: GF=General Fund

**Municipal Impact:** None

**Explanation**

The bill does the following: (1) adopts a new state protocol for the collection of evidence in sexual assault investigations; (2) specifies the exam costs to be reimbursed by the state; and (3) requires health care facilities to bill the Division of Criminal Justice for testing and treatment costs, and the Department of Public Safety for toxicology screening costs.

Currently, health care facilities bill the Division of Criminal Justice (DCJ) for the cost of sexual assault exams<sup>1</sup> when they are conducted in order to collect sexual assault evidence. The DCJ pays up to \$300 per exam if the health care facility indicates that a sexual assault evidence collection kit has been completed (required for adults), or a physical exam is conducted for the purposes of collecting evidence (in the case of children.) If the total amount due exceeds \$300, the health care facility may bill the balance to the patient, the insurer, or Title 19. It would cost about \$150,000 annually to fully reimburse the cost of forensic exams billed to the DCJ. (See below.)

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<sup>1</sup> These generally include an overall physical and pelvic exam, plus testing and treatment for various conditions.

Estimated Cost to Fully Reimburse Forensic Sex Evidence Exams					
	# of FY 02 Payments	Average Invoice	Total Billed to DCJ	Recommended Budget [1]	
				FY 04	FY 05
Children	598	\$500	\$299,000		
Adults	158	\$1,200	\$189,600		
<b>Total</b>	<b>756</b>		<b>\$488,600</b>	<b>\$336,878</b>	<b>\$301,293</b>
<b>Cost [2]</b>				<b>\$151,722</b>	<b>\$187,307</b>

[1] HB 6548, AAC the State Budget for the Biennium Ending June 30, 2005, and Making Appropriations Therefor. (Less funds for collection kits and brochures.)

[2] Calculated as follows: Total Billed to DCJ minus recommended appropriations.

The bill also requires the DCJ to adopt the new state protocol into its regulations. This is a workload increase that could be accomplished without additional appropriations.

The Technical Guidelines for Health Care Response to Victims of Sexual Assault, which includes the Interim Sexual Assault Toxicology Screen Protocol, already requires health care facilities to submit evidence to the Department of Public Safety's Division of Scientific Services for toxicology screening. The department annually conducts several hundred of these screenings. Consequently, passage of the bill is not anticipated to result in the need for additional resources.

The bill could generate savings to the extent that codification of the guidelines increases the number of toxicology screenings conducted by the Department of Public Safety rather than by health care facilities and subsequently billed to the state.

**OLR Bill Analysis**

SB 873

**AN ACT CONCERNING SEXUAL ASSAULT FORENSIC EXAMINATIONS****SUMMARY:**

By law, the Commission on the Standardization of the Collection of Evidence in Sexual Assault Investigations was supposed to recommend to the chief state's attorney the Connecticut health care facility protocol for collecting evidence from sexual assault victims. The chief state's attorney was supposed to adopt the protocol into regulations by July 31, 1997. The regulations were never adopted.

The bill adopts as the new state protocol the Technical Guidelines for Health Care Response to Victims of Sexual Assault, including the Interim Sexual Assault Toxicology Screen Protocol, as revised from time to time. It requires the chief state's attorney to adopt it in regulations, but does not specify a deadline for this.

By law, health care facilities cannot bill sexual assault victims for direct or indirect costs related to sexual assault forensic examinations. The bill further prohibits them from billing these victims for pregnancy tests, tests for sexually transmitted diseases, prophylactic treatment, or toxicology screening performed during these examinations. Health facilities must bill the Division of Criminal Justice for testing and treatment costs and the Department of Public Safety's Division of Scientific Services for toxicology screening costs.

EFFECTIVE DATE: Upon passage

**BACKGROUND*****Technical Guidelines for Health Care Response to Sexual Assault Victims***

The guidelines:

1. introduce the components of the state's sexual assault evidence

- collection program,
2. recommend elements of sensitive responses to sexual assault patients,
  3. provide guidelines for documenting a sexual assault examination using the CT100 sexual assault medical report forms,
  4. provide instructions on the CT100 sexual assault evidence collection kit,
  5. describe proper procedures for establishing and maintaining the chain of custody of sexual assault evidence,
  6. familiarize health care facilities with bill requirements for sexual assault examinations, and
  7. encourage coordination among health care facilities and service providers that care for sexual assault patients.

**COMMITTEE ACTION**

Judiciary Committee

Joint Favorable Report

Yea 40    Nay 0