



**Substitute Senate Bill No. 17**

**Public Act No. 18-83**

**AN ACT CONCERNING PROCEDURES RELATED TO COLLECTING AND PROCESSING SEXUAL ASSAULT EVIDENCE COLLECTION KITS.**

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

Section 1. Section 19a-112a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2018*):

(a) There is created a Commission on the Standardization of the Collection of Evidence in Sexual Assault Investigations composed of [fourteen] fifteen members as follows: The Chief State's Attorney or a designee; the executive director of the Commission on Women, Children and Seniors or a designee; the Commissioner of Children and Families or a designee; one member from the Division of State Police and one member from the Division of Scientific Services appointed by the Commissioner of Emergency Services and Public Protection; one member from Connecticut [Sexual Assault Crisis Services, Inc.] Alliance to End Sexual Violence appointed by its board of directors; one member from the Connecticut Hospital Association appointed by the president of the association; one emergency physician appointed by the president of the Connecticut College of Emergency Physicians; one obstetrician-gynecologist and one pediatrician appointed by the president of the Connecticut State Medical Society; one nurse

**Substitute Senate Bill No. 17**

appointed by the president of the Connecticut Nurses' Association; one emergency nurse appointed by the president of the Emergency Nurses' Association of Connecticut; one police chief appointed by the president of the Connecticut Police Chiefs Association; [and] one member of the Office of Victim Services within the Judicial Department; and one member of Disability Rights Connecticut, Inc. appointed by its board of directors. The Chief State's Attorney or a designee shall be chairman of the commission. The commission shall be within the Division of Criminal Justice for administrative purposes only.

(b) (1) For the purposes of this section, (A) "protocol" means the state of Connecticut 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 and as incorporated in regulations adopted in accordance with subdivision (2) of this subsection, pertaining to the collection of evidence in any sexual assault investigation, and (B) "law enforcement agency" means the Division of State Police within the Department of Emergency Services and Public Protection or any municipal police department.

(2) The commission shall recommend the protocol to the Chief State's Attorney for adoption as regulations in accordance with the provisions of chapter 54. Such protocol shall include nonoccupational post-exposure prophylaxis for human immunodeficiency virus (nPEP), as recommended by the National Centers for Disease Control. The commission shall annually review the protocol and may annually recommend changes to the protocol for adoption as regulations.

(c) (1) The commission shall design a sexual assault evidence collection kit and may annually recommend changes in the kit to the Chief State's Attorney. Each kit shall include instructions on the proper use of the kit, standardized reporting forms, standardized tests which shall be performed if the victim so consents and standardized receptacles for the collection and preservation of evidence. The

**Substitute Senate Bill No. 17**

commission shall provide the kits to all health care facilities in the state at which evidence collection examinations are performed at no cost to such health care facilities.

(2) Not later than October 1, 2018, the Division of Scientific Services within the Department of Emergency Services and Public Protection shall (A) implement an electronic tracking system for sexual assault evidence collection kits, and (B) notify health care facilities at which evidence collection examinations are performed of such kit-tracking system.

(3) Not later than October 1, 2018, the commission shall develop guidelines for (A) the use by such health care facilities of kit-tracking software to record (i) when a sexual assault evidence collection kit is used, and (ii) when and to which law enforcement agency the kit is transferred, (B) the use by the Division of Scientific Services within the Department of Emergency Services and Public Protection of such software to record the receipt of each kit submitted by a law enforcement agency to the division, and (C) training employees of such health care facilities and the division who are subject to the guidelines, including instruction on the use of such kit-tracking software.

(d) Each health care facility in the state [which] that provides for the collection of sexual assault evidence shall follow the protocol [as described in] adopted under subsection (b) of this section, contact a sexual assault counselor, as defined in section 52-146k, when a person who identifies himself or herself as a victim of sexual assault arrives at such health care facility and, with the consent of the victim, shall collect sexual assault evidence. After the collection of any evidence, the health care facility shall contact a [police department] law enforcement agency to receive the evidence. Not later than ten days after the collection of the evidence, the [police department] law enforcement agency shall transfer the evidence, in a manner that maintains the

**Substitute Senate Bill No. 17**

integrity of the evidence, to the Division of Scientific Services within the Department of Emergency Services and Public Protection or the Federal Bureau of Investigation laboratory. If the evidence is transferred to the division, the division shall analyze the evidence not later than sixty days after the collection of the evidence or, if the victim chose to remain anonymous and not report the sexual assault to the [police department] law enforcement agency at the time of collection, shall hold the evidence for at least five years after the collection of the evidence. If a victim reports the sexual assault to the [police department] law enforcement agency after the collection of the evidence, such [police department] law enforcement agency shall notify the division that a report has been filed not later than five days after filing such report and the division shall analyze the evidence not later than sixty days after receiving such notification. The division shall hold any evidence received and analyzed pursuant to this subsection until the conclusion of any criminal proceedings. The failure of a [police department] law enforcement agency to transfer the evidence not later than ten days after the collection of the evidence, or the division to analyze the evidence not later than sixty days after the collection of the evidence or after receiving a notification from a [police department] law enforcement agency, shall not affect the admissibility of the evidence in any suit, action or proceeding if the evidence is otherwise admissible. The failure of any person to comply with this section or the protocol shall not affect the admissibility of the evidence in any suit, action or proceeding if the evidence is otherwise admissible.

(e) (1) No costs incurred by a health care facility for the examination of a victim of sexual assault, when such examination is performed for the purpose of gathering evidence as prescribed in the protocol, including the costs of testing for pregnancy and sexually transmitted diseases and the costs of prophylactic treatment as provided in the protocol, and no costs incurred for a medical forensic assessment

**Substitute Senate Bill No. 17**

interview conducted by a health care facility or provider or by an examiner working in conjunction with a multidisciplinary team established pursuant to section 17a-106a or with a child advocacy center, shall be charged directly or indirectly to such victim. Any such costs shall be charged to the Forensic Sex Evidence Exams account in the Judicial Department.

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

(f) The commission shall advise the Chief State's Attorney on the establishment of a mandatory training program for health care facility staff regarding the implementation of the regulations, the use of the sexual assault evidence collection kit and kit-tracking software and procedures for handling evidence.

(g) The commission shall advise the Chief State's Attorney not later than July 1, 1997, on the development of a sexual assault examiner program and annually thereafter on the implementation and effectiveness of such program.

(h) Not later than October 1, 2018, the commission shall develop policies and procedures to ensure each victim has access to information regarding the victim's sexual assault evidence collection kit, including, but not limited to, information regarding when the kit was tested, whether DNA (deoxyribonucleic acid) obtained from the testing of the kit was entered into the DNA data bank established under section 54-102j, a national DNA data bank or any other data bank of another state, and if so, whether the sample derived from the kit satisfactorily matches a profile in any such DNA data bank.

**Substitute Senate Bill No. 17**

Sec. 2. Subsection (a) of section 17a-101q of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2018*):

(a) Not later than July 1, 2016, the Department of Children and Families, in collaboration with the Department of Education and Connecticut [Sexual Assault Crisis Services, Inc.] Alliance to End Sexual Violence, or a similar entity, shall identify or develop a state-wide sexual abuse and assault awareness and prevention program for use by local and regional boards of education. Such program shall be implemented in each local and regional school district and shall include:

(1) For teachers, instructional modules that may include, but not be limited to, (A) training regarding the prevention and identification of, and response to, child sexual abuse and assault, and (B) resources to further student, teacher and parental awareness regarding child sexual abuse and assault and the prevention of such abuse and assault;

(2) For students, age-appropriate educational materials designed for children in grades kindergarten to twelve, inclusive, regarding child sexual abuse and assault awareness and prevention that may include, but not be limited to, (A) the skills to recognize (i) child sexual abuse and assault, (ii) boundary violations and unwanted forms of touching and contact, and (iii) ways offenders groom or desensitize victims, and (B) strategies to (i) promote disclosure, (ii) reduce self-blame, and (iii) mobilize bystanders; and

(3) A uniform child sexual abuse and assault response policy and reporting procedure that may include, but not be limited to, (A) actions that child victims of sexual abuse and assault may take to obtain assistance, (B) intervention and counseling options for child victims of sexual abuse and assault, (C) access to educational resources to enable child victims of sexual abuse and assault to succeed in

**Substitute Senate Bill No. 17**

school, and (D) uniform procedures for reporting instances of child sexual abuse and assault to school staff members.

Sec. 3. Subsection (a) of section 19a-112f of the 2018 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2018*):

(a) There is established a Sexual Assault Forensic Examiners Advisory Committee consisting of the following: (1) The Chief Court Administrator, or the Chief Court Administrator's designee; (2) the Chief State's Attorney, or the Chief State's Attorney's designee; (3) the Commissioner of Public Health, or the commissioner's designee; (4) a representative from the Division of Scientific Services, appointed by the Commissioner of Emergency Services and Public Protection; (5) a representative from the Division of State Police appointed by the Commissioner of Emergency Services and Public Protection; (6) the Victim Advocate, or the Victim Advocate's designee; (7) the president of the Connecticut Hospital Association, or the president's designee; (8) the president of the Connecticut College of Emergency Physicians, or the president's designee; (9) one member from Connecticut [Sexual Assault Crisis Services, Inc.] Alliance to End Sexual Violence, appointed by its board of directors; (10) one member from the Connecticut Police Chiefs Association, appointed by the association; (11) one member from the Connecticut Emergency Nurses Association, appointed by the association; and (12) one member from the Connecticut Chapter of the International Association of Forensic Nurses, appointed by the association.

Approved June 6, 2018