

## HB 275 Written Public Testimony

My name is Tara Henry. I have been a forensic nurse providing health care for victims of physical and sexual assault for the past 27 years in Anchorage. Please accept this written public testimony for review as you consider HB 275 in the House Health and Social Services Committee.

HB 275 as currently proposed (Section 1 amendment: AS 44.41.065(a)(1)) that will legislate a healthcare provider notify law enforcement within seven days of collecting the sexual assault evidence collection kit (SAEK), will have unintended negative consequences for Forensic Nursing Programs, Child Advocacy Centers and Hospitals statewide. Please know this 7-day deadline was chosen without consulting the actual Hospitals, Forensic Nursing Programs, and Child Advocacy Centers in Alaska that it will effect. Instead, it was chosen by non-healthcare individuals/agencies based on reviewing similar legislated time frames in some other states. The problem with this decision method is the lack of understanding of the differences between the medical forensic examination processes and forensic nursing practices in Alaska compared to these other states. Legislation for Hospitals, Forensic Nursing Programs and Child Advocacy Centers in Alaska should be based on the healthcare processes and practices in Alaska, not those from other states that are not applicable to Alaska.

The forensic nurses and other healthcare providers in our state always strive to have the SAEKs ready for law enforcement to pick up as quickly as possible. However, given the diverse types of Forensic Nursing Programs and Child Advocacy Centers around the state, their various staffing models, the broad range of yearly case volumes seen at a program (eg: >200 patients vs <10 patients) and the extensive charting/documentation that is required for medical forensic examinations, it is very difficult to always meet a 7-day deadline for releasing these SAEKs to law enforcement. Especially Forensic Nursing Programs and Child Advocacy Centers who have high volume, high acuity patients. Depending on the level of care required to address a sexual assault patient's acute medical and mental health needs – the average patient length of stay for an acute medical forensic exam is 4-6 hours. After the patient is discharged, the forensic nurse then has 1-2 hours of lab processing and forensic sample packaging. After that, it can take 4-6 hours to complete the 60 plus pages of documentation, plus additional time for all the quality assurance reviews on the chart, labs, and SAEK that are completed to ensure a comprehensive, quality medical forensic record of that patient's episode of care.

To always meet this 7-day deadline, hospitals and Forensic Nursing Programs would have to force forensic nursing staff to work beyond their hourly scheduled shift and/or to come in to work on their days off between their scheduled shifts. Financially, this burdens the hospitals with overtime costs. From a forensic nurse personnel perspective, this additional stress and burden on an already strained forensic nursing staff will increase burnout and lead to even more forensic nurse staffing shortages than hospitals, Forensic Nursing Programs and Child Advocacy Centers are already dealing with statewide. Not to mention, for hospitals with union represented nurses, there would likely be union grievances if there was an attempt to force forensic nurses to work over 12-hour shifts or work on their days off in order to ensure compliance with a legislated 7-day deadline when they are over-burdened with high case volume.

Fiscally, it is important to note there is no funding associated with this legislation that would be allocated to hospitals and Forensic Nursing Programs statewide to fund their incurred overtime costs or to fund the cost for additional forensic nurse staff needed.

Alaska just began using the Track-Kit system in June/July of 2023. The hospitals, Forensic Nursing Programs, and Child Advocacy Centers have not yet been provided with any preliminary statistical analysis of our data for review. It is unreasonable to legislate a time frame for healthcare providers in Alaska without the hospitals, Forensic Nursing Programs, and Child Advocacy Centers knowing our own Track-Kit submission data or without meeting and collaborating with the leadership representatives from the hospitals, Forensic Nursing Programs, and Child Advocacy Centers in Alaska to discuss and determine best practice for healthcare providers in our state.

Legislating this 7-day deadline for Alaskan healthcare providers without adequate Alaska based data and without consulting with the leadership from the hospitals, Forensic Nursing Programs, and Child Advocacy Centers who provide the medical forensic examinations for victims of sexual assault will set healthcare providers and these programs up for failure. To prevent a negative impact on these critical healthcare services for victims of sexual assault in Alaska, the time frame for healthcare providers to release the SAEK to law enforcement should be based on the processes and practices of Forensic Nursing Programs and Child Advocacy Centers in Alaska, not on data and practices from other states that are not applicable to Alaska.

The concept of establishing a submission deadline for healthcare providers to release the SAEK to law enforcement is important, however legislating a specific time frame should be deferred until next legislative session in 2025. This will allow us the opportunity to identify an appropriate time frame for Alaska's healthcare providers that will ensure a successful implementation for our Forensic Nursing Programs and Child Advocacy Centers serving victims of sexual assault. Alternatively, instead of legislating a time frame for healthcare providers to release SAEKs to law enforcement, a regulation created by the appropriate state hospital, nursing, and physician healthcare regulating agencies in Alaska should be considered in place of legislation.

Regardless of how a submission deadline for healthcare providers is established (legislation vs regulation), the first step should be to analyze a year's worth of Track-Kit data from the hospitals, Forensic Nursing Programs, and Child Advocacy Centers in Alaska to determine the length of time low volume vs high volume Forensic Nursing Programs and Child Advocacy Centers take to release the SAEKs to law enforcement. In addition, the Department of Public Safety and the Scientific Crime Detection Laboratory should be required to collaborate with the leadership from the Forensic Nursing Programs and Child Advocacy Centers in Alaska to determine a best practice and reasonably attainable deadline for Alaska's healthcare providers that will not be detrimental to the Forensic Nursing Programs and Child Advocacy Centers providing these critical services for victims of sexual assault in Alaska.

Respectfully submitted,



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