

Support SB 2003
House Appropriations Committee – Education and Environment Division

March 8, 2023

Chairman Nathe and members of the House Appropriations Committee – Education and Environment Division, my name is Kristie Wolff, I am the Communications and Engagement Coordinator for Central Dakota Forensic Nurse Examiners (CDFNE).

I am testifying today in support of SB 2003, with a request for an increase in funding for forensic medical exams and forensic interviews, which is included under line 24 titled “Medical examinations.”

CDFNE is a North Dakota based non-profit organization providing forensic medical services to children and adult survivors of sexual assault in western North Dakota. Our organization serves individuals in 23 counties, with our headquarters in Bismarck. CDFNE nurses work with a variety of partners including law enforcement, advocacy agencies, and children’s advocacy centers, as part of local sexual assault response teams. CDFNE currently has 22 Sexual Assault Nurse Examiners on staff who work throughout our service area providing 24-hour coverage to respond to calls. The eastern side of the state is served by several hospital and community based SANE programs.

Our state’s Sexual Assault Nurse Examiners (SANE), including our team at CDFNE, are specially trained to provide trauma-informed care to victims of sexual assault. This unique medical care is an interdisciplinary specialty combining nursing, forensic science, and the legal system.

Although we work closely with Children’s Advocacy Center across the state, we provide very different services.

Both state and federal law prohibit SANE programs from charging for forensic medical exams. The federal Violence Against Women Act requires any state that wants to be eligible for certain federal grants to certify that the state covers the cost of medical forensic exams for people who have been sexually assaulted. North Dakota Century Code 12.1-34-07 states “When an acute forensic medical examination is performed, the costs incurred by a health care facility or health care professional for performing the acute forensic medical examination or any preliminary medical screening examination may not be charged, either directly or through a third-party payer, to the alleged victim.” There is identical language for a child forensic medical exam in the same section of code.

With the shortfall the last biennium, the projected shortfall this biennium, and the potential changes that could occur if SB 2067 passes, this will create a significant funding shortage for SANE programs across the state.

Our request to increase funding is not a request to increase the reimbursement amount for each forensic medical exam, even though those amounts have been at the same level since the inception of our program 10 years ago.

Another solution being discussed is to split the “Medical examinations” pot into two, with one for forensic medical exams and one for forensic interviews.

Today I am asking you to give a DO PASS recommendation to SB 2003 with increased funding for forensic medical exams and forensic interviews.

Thank you,
Kristie Wolff
kristie.cdfne@midconetwork.com
701-751-4884

12.1-34-07. Medical screening and acute forensic medical examinations costs -

Reimbursement by attorney general - Use of evidence.

1. An acute forensic medical examination is an examination performed on an alleged victim of criminal sexual conduct for the purpose of gathering evidence of an alleged crime and is performed within ninety-six hours after the alleged crime unless good cause is shown for the delay in performing the examination. When an acute forensic medical examination is performed, the costs incurred by a health care facility or health care professional for performing the acute forensic medical examination or any preliminary medical screening examination may not be charged, either directly or through a third-party payer, to the alleged victim.
2. A child forensic medical examination is an examination performed on an alleged child victim of criminal sexual conduct for the purpose of gathering evidence of an alleged crime. When a child forensic medical examination is performed, the costs incurred by a health care facility or health care professional for performing the child forensic medical examination or any preliminary medical screening examination may not be charged, either directly or through a third-party payer, to the alleged child victim or the child's parent, guardian, or custodian.
3. Upon submission of appropriate documentation, the attorney general, within the limits of legislative appropriations, shall reimburse the health care facility or a health care professional for the reasonable costs incurred in performing the medical screening and acute forensic medical examination. Beginning on April first of the final year of each biennium, the attorney general, subject to legislative appropriations, shall reimburse each accredited children's advocacy center located in the state for a forensic interview that is not reimbursable by insurance, Medicaid, or crime victims compensation.
4. Evidence obtained during a medical examination under this section may not be used against an alleged victim for the prosecution of the alleged victim for a separate offense.



FORENSIC MEDICAL EXAMINATION REIMBURSEMENT

NORTH DAKOTA OFFICE OF ATTORNEY GENERAL

CRIME LABORATORY DIVISION

SFN 59408 (09/2020)

FME

sample

This form is used by a healthcare provider to request reimbursement of costs associated with providing a forensic medical examination, including the EMTALA screening. This form should be completed during the examination. Please write legibly. Mailing information and instructions for completion are on the reverse side of this form.

DO NOT write any patient identifying information, such as name, account number, mailing address, DOB or SSN, on this form.

Part 1: Patient and Examination Information: To be completed by Forensic Medical Examiner

Alleged Crime Location (city/county)	Alleged Crime Date	Alleged Crime Time	Examination Date	Examination Time
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Sexual Assault Kit Collected

Yes No

Patient (check all that apply)

- Adult (age 18 or older) Minor (under age 18)
 Female Male
 Referral from Child Advocacy Center Referral to Child Advocacy Center

Presentation (check all that apply)

- Emergency Room Tribal Jurisdiction
 Outpatient Clinic Ongoing Sexual Abuse
 Child Advocacy Center

Victim Waiver and Acknowledgment (must be read to Parent/Guardian before discharge)

1. You ARE NOT responsible for the cost of a sexual assault examination for the purpose of gathering evidence for a possible prosecution, including any health screening under EMTALA, the cost of antibiotics, and any other medication administered as part of the examination.
2. Your ARE responsible for the costs of additional care you may receive that is not for the collection of evidence, such as x-rays, stitches, hospitalization, pain medication and counseling. You may be asked to provide insurance information and/or eligibility for Medicaid or Indian Health Services. If you do not have coverage, or there are costs not covered by insurance, you may be eligible to have these costs paid by the North Dakota Crime Victims Compensation Fund. For more information, contact the Crime Victims Compensation Fund at 1-800-445-2322.

I acknowledge that I have read and explained the "victim waiver and acknowledgment" to the patient or the patient's guardian.

Licensed Healthcare Provider's Name	Licensed Healthcare Provider's Title
Signature	Date

Part 2: Reimbursement Request: To be completed by Medical Provider billing department

Reimbursement Request For (check one)	<input type="checkbox"/> Forensic Medical Exam with Colposcope only (\$700)
<input type="checkbox"/> EMTALA screening only (\$100)	<input type="checkbox"/> EMTALA screening AND Forensic Medical Exam with DSLR Camera (\$700)
<input type="checkbox"/> Forensic Medical Exam only (\$400)	<input type="checkbox"/> EMTALA screening AND Forensic Medical Exam with Colposcope (\$800)

Send Reimbursement To: (please print)

Billing Provider Name	Contact Person's Name		
Telephone Number	Federal ID Number (FIN)		
Address	City	State	ZIP Code

Office of Attorney General Use Only

North Dakota Crime Laboratory	FIN
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NOTE: A form W-9 must be on file with the Office of Attorney General before reimbursement can be made.

The medical examiner is prohibited by law from billing the patient, directly or through a third-party payer, for the costs of the forensic medical examination including any related health screening. Reimbursement made by the Attorney General's Office is deemed full payment. **The patient may not be billed for these costs.**

White: Crime Laboratory

Yellow: Provider

FORENSIC MEDICAL EXAMINATION

An acute forensic medical examination is an examination performed on an alleged victim of criminal sexual conduct for the purpose of gathering evidence of an alleged crime and is performed within ninety-six hours after the alleged crime unless good cause is shown and relates to all cases in which a sexual assault kit has been used, regardless of the age of the victim. Attach a signed copy of form "**APPENDIX [STEP ONE] AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION**" contained in the North Dakota Sexual Assault Evidence Collection Kit. If a sexual assault evidence collection kit from a state other than North Dakota is used, attach a copy of the form signed by the victim which consents to the examination. The consent form is retained by the ND Crime Laboratory for record keeping purposes only. **A completed consent form must be attached to the Forensic Medical Examination Reimbursement Claim Form.**

CHILD FORENSIC MEDICAL EXAMINATION

Cases involving a minor where a sexual assault kit has not been used and therefore there is no Appendix C form available. **Attach a copy of the signed and dated HIPAA release form.** Check the "Ongoing Sexual Abuse" box in Section 1: Presentation.

Do not include or write patient name, account number, date of birth, social security number, or mailing address on this form.

Part 1: Patient and Examination Information

- Provide city or county location of alleged crime. Fill in the date **and** time of the crime, including the day, month and year and whether the time is AM or PM. Do not leave any information blank. For child forensic medical examinations, if the exact date and time of the alleged crime is not known, please provide an approximate date of the alleged crime or the most recent alleged act.
- Print the date the forensic medical examination was performed, including the day, month and year of the examination. Complete the time of the forensic medical examination and indicate AM or PM. do not leave any information blank.
- The patient and presentation information is collected for statistical and audit purposes. It does **not** affect reimbursement. Check **all** applicable boxes in both the Patient and Presentation sections.
- The licensed healthcare provider who performed the sexual assault forensic medical examination shall read the **VICTIM WAIVER** information to the patient (or the patient's parent/guardian) and shall make sure the patient/patient's guardian understands it. Once the waiver information has been read, the licensed healthcare provider shall print his or her name and **sign and date the form.** Unsigned reimbursement claim forms will be rejected.

Part 2: Reimbursement Request

- Check the appropriate box indicating for which type of exam reimbursement is requested. The flat fee reimbursement will be paid to the provider and shall be payment in full for the cost of a sexual assault examination for the purpose of gathering evidence for possible prosecution, including the cost of antibiotics and other medications administered as part of the examination. Reimbursement will be made even if no prosecution results. "Third party payer" means a public or private entity that pays at least part of the cost of medical treatment for the patient, including Medicaid, Indian Health Services, and Crime Victims Compensation Fund. **BY LAW, YOU MAY NOT BILL THE PATIENT OR THE PATIENT'S INSURANCE PROVIDER FOR THESE COSTS.**
- Provide the name **and** telephone number of the billing department's representative. Print the full mailing address of the billing provider, including city, state, and zip code. **This is the address to which payment will be mailed.** The Crime Laboratory is a division of the Office of Attorney General. Payment will be made by Office of Attorney General. Provide the federal tax identification number. **A Form W-9 must be on file with the Office of Attorney General before payment can be made.** The form is available at <https://www.irs.gov>.
- Review the checklist before mailing. Mail the **white** copy to the North Dakota Crime Laboratory at the address shown below. **Retain the yellow copy for your billing records.** Each form has a unique number printed on the top right-hand side. This number is used for tracking the reimbursement request and to make payment. For your convenience, we suggest you use this tracking number in place of a patient account number. **Do not use a patient account number for billing or payment purposes.**
- If you have questions, contact ND Council on Abused Women's Services at (701) 255-6240, or see <https://attorneygeneral.nd.gov>.

Checklist (please review BEFORE MAILING)

- All sections are completed. Examiner signed and dated form.
- Completed Appendix C - Authorization form OR signed HIPAA Release form attached.
- Form W-9 attached (or already on file).
- NO patient identifying information appears on this form. (Please redact anything that was added.)

Submit the white copy of signed form and attachment(s) by mail to:
North Dakota Crime Laboratory
Attention: FME Reimbursement
2641 East Main Ave
Bismarck ND 58501

White: Crime Laboratory

Yellow: Provider