HOUSE RESEARCH ORGANIZATION	bill digest	5/8/2017	HB 3152 S. Thompson, et al. (CSHB 3152 by Price)
SUBJECT:	Designating SAFE-ready facilities for treating sexual assault survivors		
COMMITTEE:	Public Health — committee substitute recommended		
VOTE:	10 ayes — Price, Sheffield, Arévalo, Burkett, Coleman, Cortez, Guerra, Klick, Oliverson, Zedler		
	0 nays		
	1 absent — Collier		
WITNESSES:	Michael Nachbar, Lef	licia Weigel; (<i>Registered, but</i> t Up to Us; Chris Kaiser, Texa er Banda, Texas Hospital Ass	as Association Against
	Against — None		
BACKGROUND:	Health and Safety Code, ch. 323 governs emergency services for survivors of sexual assault. Sec. 323.001 defines a community-wide plan as an agreement between one or more health care facilities and other entities that designates at least one health care facility in the community as a primary health care facility to furnish emergency medical services and evidence collection to sexual assault survivors.		
	Sec. 323.004 requires a health care facility to provide care to a sexual assault survivor, unless the survivor chooses to be transferred to the designated primary health care facility in the community-wide plan. A facility that is not designated as primary is required to inform the survivor of that status and provide the name and location of the primary facility. A survivor has the option to receive care at the original facility or be transferred to the designated primary facility.		
		cerns about how a sexual assa ith regard to receiving a foren	
DIGEST:	CSHB 3152 would rep	peal the community-wide plan	and instead require

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the Department of State Health Services (DSHS) to designate a health care facility as a sexual assault forensic exam (SAFE)-ready facility if the facility notified the department that it employed or contracted with a sexual assault forensic examiner or used a telemedicine system of sexual assault forensic examiners to provide consultation to a licensed nurse or physician when conducting a sexual assault forensic medical examination.

DSHS would be required to post on its website and update annually a list of all hospitals that were designated as SAFE-ready facilities and their addresses. This data would be collected by the department as part of a survey conducted under other law.

A non-SAFE-ready facility would be required to follow the steps established for non-designated health care facilities under Health and Safety Code, sec. 323.004, and a sexual assault survivor would have the same options as in current law with regard to place of care. If a sexual assault survivor chose to receive care at a SAFE-ready facility, the original facility would have to contact the SAFE-ready facility to confirm a sexual assault forensic examiner was available before the survivor could be transferred.

A non-SAFE-ready facility also would have to provide an information form to each sexual assault survivor that included:

- information on the benefits of a forensic medical examination conducted by a sexual assault forensic examiner;
- the website address to the DSHS list of SAFE-ready facilities; and
- information on the procedure for submitting a complaint against the health care facility.

The form also would have to include the following statements:

• "As a survivor of sexual assault, you have the right to receive a forensic medical examination at this hospital emergency room if you are requesting the examination not later than 96 hours after the assault.";

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	 "A report to law enforcement is not required, but if you make a report, law enforcement must first authorize the examination."; and "Call 1-800-656-HOPE to be connected to a rape crisis center for free and confidential assistance." 	
	DSHS would be required to develop the form by January 1, 2018.	
	The bill would make other changes to Health and Safety Code, ch. 323 conform with the SAFE-ready designation. The definition of "health can facility" would be expanded to include a licensed freestanding emergene medical care facility.	
	The bill would take effect September 1, 2017.	
NOTES:	A companion bill, SB 1570 by Huffman, was referred to the Senate Committee on Criminal Justice on March 21.	