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November 20, 2006
BUREAU OF FACILITY
LICENSURE & CERT.

Mr. Gerald F. Radke, Director
Bureau of Facility Licensure and Certification
Department of Health
Room 932, Health & Welfare Building
7th and Forester Streets
Harrisburg, PA 17120

Dear Mr. Radke,

Thank you for asking the PA State Nurses Association to provide comments on the proposed Sexual Assault Victim Emergency Services regulations. The PA Nurses Association referred this document to two experienced registered nurses who coordinate Sexual Assault Programs within the state. I have enclosed the comments from Edie Baldwin, Clinical Coordinator of the SAFE Program at Harrisburg Hospital for your perusal.

PA Nurses also received the following comments from Nancy Steil, SAFNET Coordinator at Susquehanna Health Systems. These are the concerns:

- Follow up care relating to STD/HIV test results is very impractical for most Emergency Departments and SANE Programs.
- There appears to be no mention of care that may be needed for male victims.
- The cost of HIV medications is prohibitive for most uninsured victims.
- Consensus on a recent conference call with the Hospital Association of Pennsylvania is that the Department of Health should be responsible for the development and printing of the informational brochures about ECP, PEP, and STD/HIV. This would allow for consistent and appropriate information.

PA Nurses Association trusts this information will add value to the proposed regulations. We look forward to continued input into legislation and/or regulations that affect the health and welfare of the people of the Commonwealth of Pennsylvania.

Respectfully,

Betsy M. Snook, M.Ed, BSN, RN
Executive Director, PA State Nurses Association

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INDEPENDENT REGULATORY
REVIEW COMMISSION



The Constant In Your Nursing Career
Constituent, American Nurses Association

Page 1

Rape Crisis Center – change definition to *“an office, institution or center that offers assistance and **support** to a sexual assault victim or the victim’s family through crisis intervention, medical and legal accompaniment and follow-up counseling. “*

Sexual Assault –The general section for this area is then split into subsections and they need to remember that all the subgroups are included, i.e., involuntary deviate sexual intercourse, etc.

Page 2

Sexual Assault Counselor – recommend changing the last word of the paragraph to ‘crimes’ as opposed to assault. I understand that assault is defined into crimes then but I think it flows better, less confusing and more direct.

Sexual assault victim – change to *‘a person who has been the victim of a sex crime’*. If we just write sexually assaulted then anyone who is digitally penetrated or fondled may be inappropriately denied services. Inexperienced practitioners may in error not perform appropriate or comprehensive exams or perform too in depth of an exam in relation to the history of the assault. This could cause further pain and distress to the victim.

Page 3

101.202

- (a) (1) add to the end of the paragraph *“as indicated by the history of the incident”*
- (a) (3) Change to *“Oral and written information concerning accepted medical procedures, medication, and possible contraindications of such medication available for the prevention or treatment of infection or disease **which may** result from the sexual assault.”*
- (a) (4) *‘Such medication as is deemed appropriate by the attending examiner including HIV and sexually transmitted disease prophylaxis. This will be determined through history. The hospital will provide the initial 72° dosage of HIV prophylaxis will be provided with direction on where to get future meds.’*

Page 3 (Continued)

*They need to consider some mechanism to get initial 24 ° of HIV meds to victims and some way for them to get future meds. HIV meds are not cheap and there is a high rate of noncompliance with exposure PEP kits when they are administered. Perhaps the DOH could develop a pharmacy voucher system for the state.

Need to add – ***'Blood or urine testing will be performed as indicated by history for the detection of any facilitation agents.'***

Page 4

(a) (7) ***'Information on the availability of a rape crisis center or sexual assault counselor and the telephone number of a local rape crisis center or sexual assault counselor. The hospital shall contact the local rape crisis center or sexual assault counselor. The hospital shall contact the local rape crisis center or sexual assault counselor to initiate contact with the victim. The sexual assault center or counselor will inform the victim of their available services and accompany them if the victim is agreeable.'***

(a) (9) ***'The opportunity for the victim to consult with rape crisis center or sexual assault counselor in person and in private while at the hospital will be provided.'***

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(b)
There needs to be a provision added for the patient who refuses a pregnancy test, that a medical facility is not mandated to provide ECP to those individuals. Although there is no evidence of problems to an early pregnancy the providers need the opportunity to decline providing it if they do not have a baseline negative pregnancy test. If the patient insists on ECP then the provider should inform them of risks and have them sign a release prior to administration of the ECP.

Page 8

101.206

(a) Keep statement as is and add the following –

'HIV prophylactic medication will only be provided for the first 72° with instruction where to follow up for the additional medication doses.'

- (b) Keep statement as is and add the following –

'The hospital shall inform the victim of the option to not inform or bill their private insurance if requested as so by the victim'

101.206

- (a) Keep statement as is and add the following –

'HIV prophylaxis medication will only be provided for the first 72° by the hospital with direction to the patient of to follow up for additional medications.'

- (b) Keep statement as is and add the following –

'The hospital shall inform the victim of the option to not inform or bill their private insurance if requested as so by the victim.'

101.207

- (2) Upon request of the victim, arrange for the immediate transfer of the victim, at no cost to the victim and at the expense of the transferring hospital, to an appropriate hospital in close proximity that does provide those services. This will be in accordance with EMTALA including but not limited to stabilization after MSE and any stabilization needed.

101.208

- (a)(2) Upon request of the victim, arrange for the immediate transfer of the victim, at no cost, *and at the expense of the transferring hospital, to an appropriate hospital in close proximity that does provide those services. This will be in accordance with EMTALA guidelines, including but not limited to stabilization after an appropriate MSE.*

101.208

- (a) (2) The hospital shall notify all law enforcement agencies which may transport or refer a sexual assault victim to the hospital that the hospital has elected not to provide sexual assault emergency services. *The transferring hospital will concurrently notify law enforcement of a transfer of a victim to another facility for examination.*
- (a) (3) The hospital shall notify all ambulance and emergency medical care and transport services which may transport or refer a sexual assault victim to the hospital that the hospital has elected not to provide sexual assault emergency services. The written notice to ambulance and emergency medical transport and care services shall be sent no later than 30 days after the hospital's decision not to provide those services. *The hospital will copy their regional EHSF with this notification.*
- (b) (2) Upon request of the victim, arrange for the immediate transfer of the victim, at no cost with the transferring hospital covering the cost, to a hospital in close proximity that does provide those services. *This will occur after meeting screening guidelines for EMTALA, including but not limited to stabilization after an MSE.*

Other Comments/Issues

Currently most SAFE nurses are only activated when a victim is reporting and pressing charges. The state only pays for the reported exams. The law states that there is no charge for the exam and meds as long as the patient is reporting the assault. However if they decline and refuse to report they could still be billed. They may want to consider how to deal with this or make some provision that the meds, etc are covered.

I also put that a victim would be transported to an 'appropriate hospital' and not just a Pennsylvania hospital. In some corners or more rural areas of the state a facility that does SAFE exams may be closer across the border in New York, Ohio, etc. Facilities should be encouraged to develop letters of agreement with these facilities so that the victim gets a comprehensive exam. Geography and expenses may be prohibitive of a victim going to another facility within Pennsylvania because the expense would be too great for them. The referring facility would be responsible for the expense of the initial transfer but they would be on their own for the return trip. Law enforcement will often assist with transport but that often depends on their available manpower.

Page 9 (Continued)

HIV prophylaxis is a big area they need to consider. Those meds are expensive, often times victims will not continue to take them after the first couple of doses because of the side affects and compliance is difficult due to the frequency of the doses needed.

The state should also consider a standardized kit that will make the exams more consistent and decrease the chance of errors.

There has been money available in the past for training additional SAFE nurses and in getting programs started but they need to look at making more funds available. Also if the state develops a coordinator position, then they need to empower that person to develop a mechanism for buying equipment at a bulk or discount rate to assist programs to get equipment that is needed. For example, if each program had a digital camera that would enhance victim treatment, facilitate prosecution and promote more consistent exams.

As you can see I have numerous ideas for how they can make this better in our state. I would be happy to discuss and assist anyone in the future development of these regulations.