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Letter to the Editors - Stacey L. Worthy, Shruti R. Kulkarni, Taylor J. Kelly, & Jessica Johnson
#MeToo Meets the Emergency Room: Providing and Paying for Care After a Sexual Assault
Saint Louis University Journal of Health Law & Policy
100 N Tucker Blvd
St. Louis, MO 63101

Dear Editors:

Thank you for shedding light regarding the complexity of the payment process for medical forensic examinations in your recent article #MeToo Meets the Emergency Room: Providing and Paying for Care After a Sexual Assault by Worthy, Kulkarni, Kelly and Johnson (Issue 2, Volume 13, Article 4). As one of the forensic nursing specialists with the [International Association of Forensic Nurses](https://www.iafn.org/) (IAFN), I would like to bring to your attention the technical assistance and resources that are available for healthcare providers and community stakeholders who respond to sexual assault. Some of these resources include information on the medical forensic response to sexual assault and payment for the examination. I would like to clear up the misconception that the requirement of payment for the examination expired with the authorization for the Violence Against Women Act, and any misunderstanding about nurses who have been trained as sexual assault nurse examiners (SANE) versus nurses who are board-certified as sexual assault nurse examiners by the Commission for Forensic Nursing Certification (CFNC).

The [SAFETA.org](https://www.safeta.org/) website contains a wide range of resources and education on the National Protocols for Sexual Assault Medical Forensic Examinations Adult/Adolescent and Pediatric, and on the payment for the examination. The payment webpages include a summary of every state, territory, the District of Columbia, the Military, and Canada's billing and payment process for the medical forensic examination. These pages also include crime victim compensation applications and brochures which further identify eligibility requirements which are set forth by each state and territory, with a range of requirements. Funding for both crime victims' compensation (CVC) and crime victims' assistance (CVA) is supplied through formula grants provided through [OVW](https://www.ovw.dhs.gov/), which falls under the Office of Justice Programs. CVC provides financial assistance and reimbursement to victims and survivors for crime related out-of-pocket expenses (e.g. medical and dental care, counseling, funeral costs, lost wages, income, etc.). Most states use CVC as the funding source to pay for forensic exams. CVA provides victim services, and can be used for forensic exams under certain, limited circumstances. It is a mandated base amount for each state and territory and then additional funds based on the population of the given state or territory. Victim services includes crisis counseling, therapy, shelter, advocacy, additional assistance, etc.

The Office on Violence Against Women ([OVW](https://www.ovw.dhs.gov/)) also provides formula grants to states, territories, and the District of Columbia under the STOP Violence Against Women Formula Grant Program. The [Violence](https://www.ovw.dhs.gov/)

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[Against Women Act of 1994](#) included a requirement that grantees must certify that the state, territory, district or another governmental entity incurs the full out-of-pocket cost of the medical forensic examination. The [Violence Against Women and Department of Justice Reauthorization Act of 2005](#) continued to improve provisions, in that under the STOP VAWA Formula Grant Program a patient's insurance cannot be billed and states may not require a patient to cooperate with the criminal justice system to receive a medical forensic exam. STOP stands for Services, Training, Officers, Programs and is one of four formula grant programs administered by OVW. The [Code of Federal Regulations, Part 90 - Violence of Against Women](#), defines the term "forensic medical examination" as an examination provided to a victim of sexual assault by medical personnel to gather evidence of a sexual assault in a manner suitable for use in a court of law. The examination should include *at a minimum*: gathering information from the patient for the forensic medical history; head-to-toe examination of the patient; documentation of biological and physical findings; and collection of evidence from the patient.

In nursing, training and practice come before certification, and certification is not mandatory to practice as a SANE. A registered nurse with two or more years of experience may become trained as a SANE. A trained SANE will then practice in that role until such time as they determine they wish to become certified. To date, the [IAFN](#) has 1,767 board-certified SANEs, designated with credentials as SANE-A (adolescent/adult), SANE-P (pediatric), or both. However, there are hundreds more nurses who have completed the baseline 40-hours of classroom education, with subsequent clinical experience, and are practicing as Sexual Assault Nurse Examiners. These nurses are not *certified* until they meet those experiential and other requirements which allows them to sit for and pass the board-certified examination.

Violence is a healthcare issue. The health sequelae from violence is widespread and far reaching. Victims of sexual assault should never be turned away from an emergency department due to the determination that sexual assault is not an emergency, or that they lack proof of health insurance. Patients should *never* be billed for the medical forensic examination; this includes *never* being sent a bill from hospitals and/or physician groups for their medical forensic exam. It is ultimately a matter of providing the patients the best resources to optimize their care and assist in the healing process.

I appreciate your time.

Best,

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