

2015 Regular Session

HOUSE BILL NO. 835 (Substitute for House Bill No. 194 by Representative Moreno)

BY REPRESENTATIVES MORENO, ADAMS, ARNOLD, CONNICK, GAINES, GAROFALO, HARRISON, JAMES, JEFFERSON, MIKE JOHNSON, NANCY LANDRY, LEOPOLD, MACK, JAY MORRIS, AND THIERRY

Prefiled pursuant to Article III, Section 2(A)(4)(b)(i) of the Constitution of Louisiana.

HEALTH/MEDICAL TREATMENT: Provides relative to the examination, treatment, and billing of victims of sexually-oriented criminal offenses

1 AN ACT

2 To amend and reenact R.S. 13:5713(F) and R.S. 15:622(A)(2) and (4) and R.S. 46:1802(4),

3 (7) through (10), 1806(B), (C), and (D), 1809(B)(3) and (4)(a), and 1817(A) and to

4 enact Part XLIV of Chapter 5 of Title 40 of the Louisiana Revised Statutes of 1950,

5 to be comprised of R.S. 40:1300.41, and R.S. 46:1802(10.1), (11), (12), and (13),

6 1806(E), and 1807(B)(7) and to repeal R.S. 40:2109.1, relative to the treatment and

7 billing of victims of a sexually-oriented criminal offense; to require the coroner to

8 examine victims; to require the use of a barcode to maintain confidentiality; to

9 provide for the transfer of evidence; to provide for the forensic medical examination;

10 to provide for ancillary healthcare services; to require a regional sexual assault

11 response plan; to provide for input by stakeholders; to provide procedures for the

12 billing of services provided to a victim; to authorize certain licensure disciplinary

13 actions for violations; to provide relative to forensic medical examinations; to

14 provide for certain application requirements for reparations relative to victims of

15 sexually-oriented criminal offenses; to require the Crime Victims Reparations Board

16 to promulgate rules and regulations; to provide for certain eligibility provisions; to

17 provide for notification requirements; to provide for definitions; and to provide for

18 related matters.

1 Be it enacted by the Legislature of Louisiana:

2 Section 1. R.S. 13:5713(F) is hereby amended and reenacted to read as follows:

3 §5713. Duty to hold autopsies, investigations, etc.

4 \* \* \*

5 F. The coroner or his designee shall examine all alleged victims of ~~rape,~~  
6 ~~carnal knowledge, sexual battery, and crime against nature when such cases are~~  
7 ~~under police investigation~~ a sexually-oriented criminal offense. The coroner may  
8 select the hospital or healthcare provider named as the lead entity for sexual assault  
9 examinations in the regional plan required by R.S. 40:1300.41 as his designee to  
10 perform the forensic medical examination.

11 \* \* \*

12 Section 2. R.S. 15:622(A)(2) and (4) are hereby amended and reenacted to read as  
13 follows:

14 §622. Sexual assault collection kits

15 A. As used in this Section:

16 \* \* \*

17 (2) "Forensic medical examination" means an examination provided to the  
18 victim of a sexually-oriented criminal offense by a health care provider for the  
19 purpose of gathering and preserving evidence of a sexual assault for use in a court  
20 of law. A forensic medical examination shall only include the following:

21 (a) Examination of physical trauma.

22 (b) Determination of penetration or force.

23 (c) Patient interview, including medical history, triage, and consultation.

24 (d) Collection and evaluation of evidence, including but not limited to the  
25 following:

26 (i) Photographic documentation.

27 (ii) Preservation and maintenance of chain of custody.

28 (iii) Medical specimen collection.



1 evidence. The patient shall be informed of the length of time for which the  
2 specimens will be preserved. If the victim does not wish to report the incident to law  
3 enforcement authorities, the responsibilities of the hospital or healthcare provider,  
4 beyond medical treatment, shall be limited to the collection of tests, procedures, or  
5 samples that may serve as potential evidence.

6 (c) Any evidence collected shall be assigned a code number and the hospital  
7 or healthcare provider shall maintain code records for a period of at least one year  
8 from the date the victim is presented for treatment. The hospital or healthcare  
9 provider shall assign the code number by affixing to the evidence container a  
10 barcode to be used in lieu of the victim's identifying information to maintain  
11 confidentiality. The code number is to be used for identification should the victim  
12 later choose to report the incident.

13 (d) For unreported cases, once a code number has been assigned, custody of  
14 the evidence shall be transferred to an appropriate criminal justice agency or the  
15 local law enforcement agency having jurisdiction in the parish in which the crime  
16 occurred or to the appropriate criminal justice agency or local law enforcement  
17 agency having jurisdiction in the parish in which the hospital or healthcare provider  
18 is located, if the jurisdiction of the crime is unknown, and responsibility for the  
19 custody of the evidence shall belong to that criminal justice agency or local law  
20 enforcement agency. The law enforcement agency shall retrieve the evidence no  
21 later than seven days after receiving notification that a code number has been  
22 assigned to the evidence. The hospital or healthcare provider shall coordinate the  
23 transfer of the evidence with the criminal justice agency or law enforcement agency  
24 in a manner designed to protect its evidentiary integrity. Evidence which is  
25 transferred to the custody of the appropriate criminal justice agency or local law  
26 enforcement agency shall bear only the code number assigned by the hospital or  
27 healthcare provider.

28 (3) If the victim wishes to report the incident to law enforcement officials,  
29 the hospital staff or healthcare provider shall contact the appropriate law

1 enforcement agency. After the incident has been reported, the victim shall be  
2 examined and treated as any other patient, any injuries requiring medical attention  
3 will be treated in the standard manner, and specimens shall be kept for evidence.  
4 The evidence shall be turned over to the law enforcement officers when they arrive  
5 to assume responsibility for investigation of the incident and in no event shall the  
6 evidence remain at the hospital more than seven days after the law enforcement  
7 agency receives the notification from the hospital.

8 (4)(a) Notwithstanding any other provisions of this Section, if any person  
9 sixteen years old or younger presents himself or herself or is presented for treatment  
10 as a victim of a sexually-oriented criminal offense, the hospital or healthcare  
11 provider shall immediately notify the appropriate law enforcement official. The  
12 appropriate law enforcement official shall have seven days from the receipt of the  
13 notification to retrieve any evidence collected by the hospital pursuant to this  
14 Subparagraph.

15 (b) The coroner of the parish, the district attorney, appropriate law  
16 enforcement officials, hospital personnel, and healthcare providers may develop  
17 procedures pursuant to R.S. 15:440.1 through 440.6 to make a videotape of the  
18 person provided for in Subparagraph (a) of this Paragraph when a person fourteen  
19 years old or under has been the victim of physical or sexual abuse. The costs of such  
20 videotaping may be allocated among the agencies and facilities involved.

21 (5) Notwithstanding any other provisions of this Section if the victim is  
22 physically or mentally incapable of making the decision, the hospital or healthcare  
23 provider shall immediately notify the appropriate law enforcement officials.

24 (6) No hospital or healthcare provider shall directly bill a victim of a  
25 sexually-oriented criminal offense for any healthcare services rendered in conducting  
26 a forensic medical examination as provided for in R.S. 15:622. Such expenses shall  
27 include the following:

28 (a) Forensic examiner and hospital or healthcare facility services directly  
29 related to the exam, including integral forensic supplies.

1           (b) Scope procedures directly related to the forensic exam including but not  
2           limited to anoscopy and colposcopy.

3           (c) Laboratory testing directly related to the forensic examination, including  
4           drug screening, urinalysis, pregnancy screening, syphilis screening, chlamydia  
5           culture, gonorrhea coverage culture, blood test for HIV screening, hepatitis B and C,  
6           herpes culture, and any other sexually transmitted disease testing directly related to  
7           the forensic examination.

8           (d) Any medication provided during the forensic medical examination.

9           (7) A healthcare provider may submit a claim for healthcare services  
10          rendered in conducting a forensic medical exam for a victim of a sexually-oriented  
11          offense to any of the following:

12           (a) With the consent of the victim, to the victim's health insurance issuer.  
13          Notwithstanding any provision to the contrary, a health insurance issuer receiving  
14          a claim for covered healthcare services rendered in conducting a forensic medical  
15          exam shall waive any applicable deductible, co-insurance, and co-pay and the  
16          healthcare provider shall submit a claim to the Crime Victim Reparation Fund for  
17          satisfaction of any non-covered services, not to exceed one thousand dollars. In  
18          addition, the health insurance issuer shall allow the victim to designate any address  
19          to be used for purposes of transmitting an explanation of benefits or allow the victim  
20          to designate that no explanation of benefits be generated or transmitted.

21           (b) The Louisiana Medicaid program, Medicare, or Tricare programs, if the  
22          victim is enrolled as beneficiary of any of these programs.

23           (c) If the victim does not consent to the healthcare provider submitting a  
24          claim to his or her health insurance issuer or the victim is not otherwise insured, the  
25          Crime Victims Reparations Board. The Crime Victim Reparations Board shall  
26          reimburse at the rate as promulgated by the board for healthcare services rendered  
27          but in no case shall reimburse in any amount greater than one thousand dollars.

28           (8) Except for those services specifically set forth in the provision of this  
29          Section, no other services shall be subject to the reimbursement or billing provisions

1 of this Section and shall continue to be reimbursable under the ordinary billing  
2 procedures of the hospital or healthcare provider. In addition, a victim of a sexually-  
3 oriented offense may seek reimbursement for these services through the Crime  
4 Victims Reparations Board.

5 (9) The department shall make available to every hospital and healthcare  
6 provider licensed under the laws of this state a pamphlet containing an explanation  
7 of the billing process for services rendered pursuant to this Section. Every hospital  
8 and healthcare provider shall provide a copy of the pamphlet to any person presented  
9 for treatment as a victim of a sexually-oriented criminal offense.

10 B.(1) These procedures shall constitute minimum standards for the operation  
11 and maintenance of hospitals under the provisions of this Part and failure to comply  
12 with the standards shall constitute grounds for denial, suspension, or revocation of  
13 license under provisions of this Part.

14 (2) Failure to comply with the provisions of this Section shall constitute  
15 grounds for denial, suspension, or revocation of the healthcare provider's license by  
16 the appropriate licensing board or commission.

17 C. When a licensed hospital or healthcare provider fails to examine and treat  
18 a person, male or female, who has presented himself or herself or who has been  
19 presented as a victim of a sexually-oriented criminal offense, the coroner of the  
20 parish or his designee shall examine the alleged victim and, if necessary, make  
21 arrangements for the treatment of the victim. The coroner may select the hospital or  
22 healthcare provider named as the lead entity for sexual assault examinations in the  
23 regional plan required by this Section as his designee to perform the forensic medical  
24 examination. No coroner shall refuse to examine and assist an alleged victim on the  
25 grounds the alleged offense occurred outside of or the victim is not a resident of the  
26 jurisdiction. Nothing in this Subsection shall relieve a licensed hospital or healthcare  
27 provider of its obligations under Subsections A and B of this Section.

28 D.(1) Any member of the hospital staff or a healthcare provider who in good  
29 faith notifies the appropriate law enforcement official pursuant to Paragraphs (4) and

1        (5) of Subsection A of this Section shall have immunity from any civil liability that  
2        otherwise might be incurred or imposed because of the notification. The immunity  
3        shall extend to participation in any judicial proceeding resulting from the report.

4                (2) The hospital or healthcare provider staff member who notifies the  
5        appropriate law enforcement official shall document the date, time, and method of  
6        notification and the name of the official who received the notification.

7                (3) On or before January first of each year, each law enforcement agency  
8        shall provide each hospital located in its respective jurisdiction with the name of the  
9        responsible contact person along with the responsible person's contact information  
10       in order to comply with the provisions of this Section.

11               E.(1) The department, through the medical directors of each of its nine  
12       regional health service districts, shall coordinate an annual sexual assault response  
13       plan for each district. Each district shall submit a proposed plan for review by the  
14       secretary no later than November first of each year. An approved plan shall become  
15       effective February first of the following year.

16               (2) When developing the annual response plan, each district shall incorporate  
17       a Sexual Assault Response Team protocol to the extent possible; however, at a  
18       minimum, each district shall develop the annual plan to do all of the following:

19               (a) Provide an inventory of all available resources and existing infrastructure  
20       in the region and clearly outline how the resources and infrastructure will be  
21       incorporated in the most effective manner.

22               (b) Clearly outline the entity responsible for the purchase of sexual assault  
23       collection kits and the standards and procedures for the storage of the kits prior to  
24       use in a forensic medical examination.

25               (c) Clearly outline the standards and procedures for a victim to receive a  
26       forensic medical examination, as defined in R.S. 15:622, to ensure access to such an  
27       examination in every parish. The plan shall designate a hospital or healthcare  
28       provider to be the lead entity for sexual assault examinations for adult victims and  
29       a hospital or healthcare provider to be the lead entity for sexual assault examinations



1        for pediatric victims. The plan shall also include specific details directing first  
2        responders in the transport of victims of a sexually-oriented crime, the appropriate  
3        party to perform the forensic medical examination, and any required training for a  
4        person performing a forensic medical examination.

5                (d) Clearly outline the standards and procedures for the handling and  
6        payment of medical bills related to the forensic medical examination to clarify and  
7        ensure that those standards and procedures are in compliance with this Section and  
8        any other applicable section of law.

9                (e) Clearly outline the standards and procedures for the transfer of sexual  
10       assault collection kits for both reported and unreported crimes to an appropriate  
11       criminal justice agency or the local law enforcement agency having jurisdiction in  
12       the parish in which the crime was committed, if known, or if unknown, to an  
13       appropriate criminal justice agency or the local law enforcement agency having  
14       jurisdiction in the parish in which the hospital or healthcare provider is located. The  
15       plan shall include a maximum time period for the transfer to occur not to exceed  
16       seven days after the criminal justice agency or local law enforcement agency  
17       receives a request for the transfer from the hospital or healthcare provider.

18                (3) When developing the annual response plan, the department shall solicit  
19       the input of interested stakeholders in the region including but not limited to all of  
20       the following:

21                (a) The sheriff for each parish within the region.

22                (b) The chief of police for any political subdivision located within the region.

23                (c) All hospitals located within the region.

24                (d) The coroner for each parish within the region.

25                (e) First responder organizations located within the region.

26                (f) Higher education institutions located within the region.

27                (g) The school board for each parish located within the region.

28                (h) Sexual assault advocacy organizations providing services within the  
29       region.





1 (i) Medical, hospital, nursing, or psychiatric care or counseling, and physical  
2 therapy.

3 (ii) Actual loss of past earnings and anticipated loss of future earnings  
4 because of a disability resulting from the personal injury or the receipt of medically  
5 indicated services by a ~~child~~ victim related to the personal injury.

6 (iii) Care of a child or dependent.

7 (iv) Counseling or therapy for the parents or siblings of a child who is the  
8 victim of a sexual crime.

9 (v) Loss of support for a child victim of a sexual crime not otherwise  
10 compensated for as a pecuniary loss for personal injury.

11 (b) As a consequence of death:

12 (i) Funeral, burial, or cremation expenses.

13 (ii) Loss of support to one or more dependents not otherwise compensated  
14 for as a pecuniary loss for personal injury.

15 (iii) Care of a child or children enabling the surviving spouse of a victim or  
16 the legal custodian or caretaker of the deceased victim's child or children to engage  
17 in lawful employment, where that expense is not otherwise compensated for as a  
18 pecuniary loss for personal injury.

19 (iv) Counseling or therapy for any surviving family member of the victim  
20 or any person in close relationship to such victim.

21 (v) Crime scene cleanup.

22 (c) As to catastrophic property loss, the loss must be so great as to cause  
23 overwhelming financial effect on the victim or other claimant and shall be restricted  
24 to loss of abode.

25 (d) Any other expense associated with the collection and securing of crime  
26 scene evidence.

27 ~~(8.1)~~(10.1) "Pecuniary loss" does not include loss attributable to pain and  
28 suffering.



1 which the personal injury, death, or catastrophic property loss occurred or within  
2 such longer period as the board determines is justified by the circumstances.

3 (2) A victim of a sexually-oriented criminal offense shall not be required to  
4 report a sexually-oriented criminal offense to any law enforcement officer for  
5 purposes of a claimant filing a valid application for reparations pursuant to this  
6 Subsection.

7 (3) A claimant that files an application for reparations for personal injury or  
8 death resulting from a sexually-oriented criminal offense shall submit certification  
9 from a healthcare provider or coroner that a forensic medical examination of the  
10 victim was conducted and an itemized billing statement for all related services  
11 provided by the healthcare provider or coroner.

12 (4) The coroner shall provide certification to the healthcare provider that a  
13 forensic medical examination was conducted.

14 (5) The healthcare provider shall submit certification to the board that a  
15 forensic medical examination was conducted when requested by a claimant.

16 C. Application shall be made on a form prescribed and provided by the  
17 board, which shall contain at least the following:

18 (1) A description of the date, nature, and circumstances of the act or acts  
19 resulting in the physical injury, death, or catastrophic property loss, and of the crime,  
20 if known.

21 (2) A complete financial statement, including the cost of medical care or  
22 funeral, burial, or cremation expenses, the loss of wages or support, and the extent  
23 of the property loss, if any, which the claimant has incurred or will incur and the  
24 extent to which the claimant has been indemnified for these expenses from any  
25 collateral source.

26 (3) Where appropriate, a statement indicating the extent of any disability  
27 resulting from the injury incurred.

28 (4) An authorization permitting the board or its representatives to verify the  
29 contents of the application.

1 (5) Such other information as the board may require.

2 ~~C.D.~~ The following information, when submitted to the board as part of an  
3 application, shall be confidential:

4 (1) Documents submitted by a claimant which relate to medical treatment  
5 including any itemized billing statements.

6 (2) Law enforcement investigative reports.

7 (3) Forensic medical examination.

8 ~~D.E.~~ Records, documents, and information in the possession of the board  
9 received pursuant to a law enforcement investigation or a verification of application  
10 by a law enforcement agency shall be considered investigative records of a law  
11 enforcement agency as described in R.S. 44:3 and shall not be disseminated under  
12 any condition without the permission of the agency providing the record or  
13 information to the board.

14 §1807. Powers and duties of board; staff

15 \* \* \*

16 B. In the performance of its powers and duties the board shall:

17 \* \* \*

18 (7) Develop, adopt, and promulgate rules in the manner provided in the  
19 Administrative Procedure Act and in accordance with the provisions of R.S.  
20 46:1806(B). Such rules shall contain specific guidelines which shall establish the  
21 reasonable costs to be charged for all healthcare services or expenses ancillary to a  
22 forensic medical examination which shall not exceed one thousand dollars for each  
23 case.

24 \* \* \*

25 §1809. Criteria for making awards; prohibitions; authority to deny or reduce awards

26 \* \* \*

27 B. In making its determination, the following provisions shall apply:

28 \* \* \*

29 (3)(a) No award of reparations shall be made if the board finds that:





1 the display and shall provide posters and general information regarding this Chapter  
2 to each hospital.

3 (2) Every hospital and healthcare provider licensed under the laws of this  
4 state shall make available to hospitals and healthcare providers a pamphlet  
5 containing an explanation of the billing process for services rendered pursuant to the  
6 provisions of R.S. 40:1300.41.

7 \* \* \*

8 Section 5. R.S. 40:2109.1 is hereby repealed in its entirety.

9 Section 6. This Act shall become effective upon signature by the governor or, if not  
10 signed by the governor, upon expiration of the time for bills to become law without signature  
11 by the governor, as provided by Article III, Section 18 of the Constitution of Louisiana. If  
12 vetoed by the governor and subsequently approved by the legislature, this Act shall become  
13 effective on the day following such approval.

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DIGEST

The digest printed below was prepared by House Legislative Services. It constitutes no part of the legislative instrument. The keyword, one-liner, abstract, and digest do not constitute part of the law or proof or indicia of legislative intent. [R.S. 1:13(B) and 24:177(E)]

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HB 835 Engrossed

2015 Regular Session

Moreno

**Abstract:** Creates standards and procedures for the examination and treatment of victims of a sexually-oriented criminal offense and the subsequent billing for the services rendered as a result of the offense.

Present law requires the coroner or his designee to examine all alleged victims of rape, carnal knowledge, sexual battery, and crime against nature when such cases are under police investigation.

Proposed law expands present law to victims of any sexually-oriented criminal offense and removes the requirement that the case be under police investigation.

Present law provides for the definition of a "forensic medical examination" to mean an examination of a victim of a sexually-oriented criminal offense by a health care provider for the purpose of gathering and preserving evidence of a sexual assault for use in court.

Proposed law retains present law and expands the definition to include the following:

- (1) Examination of physical trauma.
- (2) Determination of penetration or force.
- (3) Patient interview, including medical history, triage, and consultation.

- (4) Collection and evaluation of evidence, including but not limited to photographic documentation, preservation and maintenance of chain of custody, medical specimen collection, when determined necessary by the healthcare provider, an alcohol and drug facilitated sexual assault assessment and toxicology screening.

Proposed law requires all licensed hospitals and healthcare providers to adhere to the procedures set forth in proposed law in the event that a person presents or is presented for treatment as a victim of a sexually-oriented criminal offense.

Proposed law prohibits a hospital or healthcare provider from directly billing a victim for services rendered in conducting a forensic medical examination or for any healthcare services rendered to a victim as a result of the sexually-oriented criminal offense, which shall include the following:

- (1) Forensic examiner and hospital or healthcare facility services directly related to the exam, including integral forensic supplies.
- (2) Scope procedures directly related to the forensic exam including but not limited to anoscopy and colposcopy.
- (3) Laboratory testing directly related to the forensic examination, including drug screening, urinalysis, pregnancy screening, syphilis screening, chlamydia culture, gonorrhea coverage culture, blood test for HIV screening, hepatitis B and C, herpes culture, and any other sexually transmitted disease testing directly related to the forensic examination.
- (4) Any medication provided during the forensic medical examination.

Proposed law authorizes a healthcare provider to submit a claim for healthcare services rendered in conducting a forensic medical exam for a victim of a sexually-oriented offense to any of the following:

- (1) A victim's health insurance issuer, requiring the insurer to waive any applicable deductible, co-pay, and co-insurance with the remaining non-covered expenses submitted to the Crime Victims Reparations (CVR) Board for reimbursement not to exceed \$1000.
- (2) The Louisiana Medicaid, Medicare, or Tricare program for an enrolled victim.
- (3) The CVR Board at the rate as promulgated by the board for healthcare services rendered not to exceed \$1000.

Proposed law requires the Dept. of Health and Hospitals (DHH) to make available to hospitals and healthcare providers a pamphlet containing an explanation of the billing process for services rendered in conducting a forensic medical examination and for healthcare services rendered to a victim of a sexually-oriented criminal offense. Proposed law further requires hospitals and healthcare providers to provide a copy of the pamphlet to any person presented for treatment as a victim of a sexually-oriented crime.

Proposed law authorizes the hospital or healthcare provider to continue ordinary billing procedures of the hospital or healthcare provider for services not specifically provided for in proposed law, but authorizes the victim to seek reimbursement for those services through the CVR Board.

Provides that the failure to comply with the standards of proposed law shall constitute grounds for denial, suspension, or revocation of license by the appropriate licensing board or commission.

Present law requires any examination and treatment to include the preservation, in strict confidentiality, for a period of 30 days from the time the victim is presented for treatment, of tests or procedures, or both, and samples that may serve as potential evidence.

Proposed law expands the minimum period of preservation to a period of at least one year.

Present law requires that any evidence collected be assigned a code number and code records be maintained for a period of 30 days from the date the victim is presented for treatment.

Proposed law expands the minimum retention period to a period of at least one year and further requires the hospital or healthcare provider to assign the code number by affixing to the evidence container a barcode to be used in lieu of the victim's identifying information to maintain confidentiality.

Proposed law requires DHH, through the medical directors of each of its nine regional health service districts, to coordinate an annual sexual assault response plan for each district. Further requires each district to submit a proposed plan for review by the secretary of DHH no later than Nov. 1st of each year. An approved plan shall become effective Feb. 1st of the following year.

Proposed law requires each district, when developing the annual response plan, to incorporate a Sexual Assault Response Team protocol to the extent possible. At a minimum, proposed law requires each district to develop the annual plan to do all of the following:

- (1) Provide an inventory of all available resources and existing infrastructure in the region and clearly outline how the resources and infrastructure will be incorporated in the most effective manner.
- (2) Clearly outline the entity responsible for the purchase of sexual assault collection kits and the standards and procedures for the storage of the kits prior to use in a forensic medical examination.
- (3) Clearly outline the standards and procedures for a victim to receive a forensic medical examination to ensure access to such an examination in every parish, including the designation of a hospital or healthcare provider to be the lead entity for sexual assault examinations for adult victims and a hospital or healthcare provider to be the lead entity for sexual assault examinations for pediatric victims.
- (4) Clearly outline the standards and procedures for the handling and payment of medical bills related to the forensic medical examination.
- (5) Clearly outline the standards and procedures for the transfer of sexual assault collection kits for both reported and unreported crimes to the appropriate criminal justice agency or the local law enforcement agency having jurisdiction in the parish in which the hospital or healthcare provider is located, including the maximum time period for the transfer to occur not to exceed seven days after the criminal justice agency or local law enforcement agency receives a request for the transfer from the hospital or healthcare provider.

Proposed law requires DHH, when developing the annual response plan, to solicit input of interested stakeholders in the region including but not limited to all of the following:

- (1) The sheriff for each parish within the region.
- (2) The police chief for any political subdivision located within the region.
- (3) All hospitals located within the region.

- (4) The coroner for each parish within the region.
- (5) First responder organizations located within the region.
- (6) Higher education institutions located within the region.
- (7) The school board for each parish located within the region.
- (8) Sexual assault advocacy organizations providing services within the region.
- (9) The district attorney for each parish or his designee.
- (10) Each crime lab located within the region.

Proposed law requires all sexual assault collection kits used in a forensic medical examination to meet the standards developed by DHH and the Dept. of Public Safety and Corrections.

Present law provides relative to the CVR Board's application procedures and requirements for victims of a sexually-oriented criminal offense.

Present law provides for definitions relative to the CVR Board.

Present law defines "claimant" to mean a victim or dependent of a deceased victim, legal representative of either, an intervenor, or in the event of death, the person who legally or voluntarily assumes the deceased's medical and funeral obligations related to the crime.

Proposed law retains present law and expands the definition of "claimant" to include a healthcare provider who provides services associated with a forensic medical examination.

Proposed law provides for the definitions of "sexually-oriented criminal offense", "healthcare provider", and "healthcare services".

Proposed law requires that an application for reparations for a victim of a sexually-oriented criminal offense shall be filed in writing with the board within one year after the date of injury, death, or property loss or for a longer period as determined by the board.

Present law prohibits an award of reparations if the board finds that the crime was not timely reported in accordance with present law or that the claimant failed to cooperate with requests from law enforcement officials.

Proposed law excludes victims of a sexual offense from reporting such crimes to law enforcement for purposes of filing a valid application for reparations.

Proposed law requires a claimant to submit certification from a healthcare provider that a forensic medical examination was conducted on the victim and requires the healthcare provider to submit such certification when requested by a claimant.

Proposed law requires the board to promulgate rules and regulations relative to guidelines for the costs and expenses associated with forensic medical examinations and to provide a cap of \$1,000 for each examination.

Present law authorizes the reduction or denial of an award if it is determined by the board that the behavior of the victim at the time of the crime bears some responsibility to the injury, death, or property loss except for victims of human trafficking-related offenses.

Proposed law retains present law, and adds the exclusion for victims of a sexually-oriented criminal offense.

Proposed law requires hospitals and healthcare providers to provide victims of sexually-oriented offenses a pamphlet giving notification of the billing process and procedures available through the board.

Effective upon signature of governor or lapse of time for gubernatorial action.

(Amends R.S. 13:5713(F), R.S. 15:622(A)(2) and (4), and R.S. 46:1802(4), (7)-(10), 1806(B), (C), and (D), 1809(B)(3) and (4)(a), and 1817(A); Adds R.S. 40:1300.41 and R.S. 46:1802(10.1), (11), (12), and (13), 1806(E), and 1807(B)(7); Repeals R.S. 40:2109.1)