

SENATE  
STATE OF MINNESOTA  
NINETY-THIRD SESSION

S.F. No. 4855

(SENATE AUTHORS: GUSTAFSON)

DATE	D-PG	OFFICIAL STATUS
03/11/2024	12141	Introduction and first reading Referred to Health and Human Services

1.1 A bill for an act

1.2 relating to public safety; requiring hospitals to provide sexual assault forensic

1.3 examinations; requiring a report; appropriating money for medical forensic

1.4 coordinator positions within the Department of Public Safety; amending Minnesota

1.5 Statutes 2023 Supplement, section 144.99, subdivision 1; proposing coding for

1.6 new law in Minnesota Statutes, chapter 144.

1.7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.8 Section 1. **[144.5855] REQUIREMENT TO CONDUCT SEXUAL ASSAULT**

1.9 **FORENSIC EXAMINATIONS.**

1.10 Subdivision 1. **Definitions.** (a) The terms defined in this subdivision apply to this section.

1.11 (b) "Qualified medical provider" means a licensed registered nurse or a physician.

1.12 (c) "Sexual assault" means criminal sexual conduct in the first degree under section

1.13 609.342, criminal sexual conduct in the second degree under section 609.343, criminal

1.14 sexual conduct in the third degree under section 609.344, criminal sexual conduct in the

1.15 fourth degree under section 609.345, sexual extortion under section 609.3458, or incest

1.16 under section 609.365.

1.17 (d) "Sexual assault examination kit" has the meaning given in section 299C.106,

1.18 subdivision 1.

1.19 (e) "Sexual assault survivor" means a person who presents at a hospital as a patient and

1.20 alleges, or is alleged, to have been sexually assaulted or describes an experience consistent

1.21 with a potential sexual assault even if the person does not allege a crime has occurred.

1.22 Subd. 2. **Qualified medical provider required.** All hospitals must have a qualified

1.23 medical provider available to conduct a sexual assault forensic examination.

2.1 Subd. 3. **Survivor advocates required.** All hospitals must maintain a memorandum of  
2.2 understanding with a community-based sexual assault advocacy program to ensure the  
2.3 availability of sexual assault survivor advocates to provide medical advocacy services to a  
2.4 sexual assault survivor prior to and during a sexual assault forensic examination.

2.5 Subd. 4. **Sexual assault forensic examinations.** All hospitals must:

2.6 (1) orally inform each sexual assault survivor of the option of having the hospital conduct  
2.7 a sexual assault forensic examination;

2.8 (2) orally inform each sexual assault survivor that a sexual assault forensic examination  
2.9 is available at no cost to the survivor and does not obligate the survivor to participate in the  
2.10 criminal justice system or cooperate with law enforcement; and

2.11 (3) within a reasonable time frame, conduct according to the requirements of section  
2.12 299C.106 a sexual assault forensic examination of each sexual assault survivor who requests  
2.13 the examination provided the examination is not medically contraindicated and is performed  
2.14 by a qualified medical provider.

2.15 Subd. 5. **Cost of sexual assault forensic examinations.** Hospitals must comply with  
2.16 section 609.35.

2.17 Subd. 6. **Sexual assault-related policies and procedures required.** Each hospital must  
2.18 develop, maintain, and implement sexual assault-related policies and procedures.

2.19 Subd. 7. **Required training.** (a) Each hospital must ensure that personnel working in  
2.20 emergency departments receive every two years a minimum of two hours of training on  
2.21 responding to sexual assault survivors.

2.22 (b) Training provided under this subdivision may be provided in person or online and  
2.23 must include information on:

2.24 (1) the provision of sexual assault forensic examinations;

2.25 (2) the use of sexual assault examination kits;

2.26 (3) sexual assault epidemiology, neurobiology of trauma, drug-facilitated sexual assault,  
2.27 child sexual abuse, and Minnesota sexual assault-related laws; and

2.28 (4) the hospital's sexual assault-related policies and procedures.

2.29 Subd. 8. **Sexual assault treatment plan required.** Beginning August 1, 2025, each  
2.30 hospital must submit to the statewide medical forensic coordinator an annual report that  
2.31 includes the hospital's current memorandum of understanding with a community-based  
2.32 sexual assault advocacy program for the provision of medical advocacy services to sexual

3.1 assault survivors, the hospital's current plan to ensure the availability of qualified medical  
 3.2 providers, the hospital's plan to ensure the training required under subdivision 7 is provided,  
 3.3 and a statement that the hospital has complied with the requirements of subdivision 6.

3.4 Subd. 9. **Commissioner's duty to investigate.** Beginning August 1, 2025, the  
 3.5 commissioner of health shall accept and investigate complaints regarding hospital compliance  
 3.6 with this section.

3.7 Subd. 10. **Hospital compliance.** Beginning August 1, 2025, the commissioner of health,  
 3.8 with the assistance of the statewide medical forensic coordinator, shall periodically determine  
 3.9 whether hospitals are in compliance with this section. Notwithstanding section 144.653,  
 3.10 subdivision 6, the commissioner may impose a fine of up to \$20,000 for failure to comply  
 3.11 with the requirements of this section. The commissioner must allow the hospital at least 30  
 3.12 calendar days to correct a violation of this section before assessing a fine. Failure of a  
 3.13 hospital to comply with this section may also be grounds for the suspension or revocation  
 3.14 of a hospital's license under section 144.55, subdivision 6.

3.15 **EFFECTIVE DATE.** Subdivisions 1 to 7 are effective August 1, 2024.

3.16 Sec. 2. Minnesota Statutes 2023 Supplement, section 144.99, subdivision 1, is amended  
 3.17 to read:

3.18 Subdivision 1. **Remedies available.** The provisions of chapters 103I and 157 and sections  
 3.19 115.71 to 115.77; 144.12, subdivision 1, paragraphs (1), (2), (5), (6), (10), (12), (13), (14),  
 3.20 and (15); 144.1201 to 144.1204; 144.121; 144.1215; 144.1222; 144.35; 144.381 to 144.385;  
 3.21 144.411 to 144.417; 144.495; 144.5855; 144.71 to 144.74; 144.9501 to 144.9512; 144.97  
 3.22 to 144.98; 144.992; 326.70 to 326.785; 327.10 to 327.131; and 327.14 to 327.28 and all  
 3.23 rules, orders, stipulation agreements, settlements, compliance agreements, licenses,  
 3.24 registrations, certificates, and permits adopted or issued by the department or under any  
 3.25 other law now in force or later enacted for the preservation of public health may, in addition  
 3.26 to provisions in other statutes, be enforced under this section.

3.27 **EFFECTIVE DATE.** This section is effective August 1, 2025.

3.28 Sec. 3. **APPROPRIATION; MEDICAL FORENSIC COORDINATORS.**

3.29 \$..... is appropriated in fiscal year 2025 from the general fund to the commissioner of  
 3.30 public safety for two adult/adolescent sexual assault nurse examiner (SANE)/forensic nurse  
 3.31 examiner (FNE) positions within the Office of Justice Programs. Each position must be  
 3.32 filled by an adult/adolescent SANE/FNE-certified registered nurse whose duties include:

- 4.1 (1) coordinating, supporting, and enhancing existing adult/adolescent SANE/FNE  
4.2 programs in Minnesota and developing new ones;
- 4.3 (2) working across state agencies and partnering with the Board of Nursing, Board of  
4.4 Medical Practice, and nonprofit organizations to promote consistent, professional, and  
4.5 victim-oriented medical and forensic responses to and treatments for victims of sexual  
4.6 violence;
- 4.7 (3) supporting and coordinating community education and public outreach regarding  
4.8 relevant SANE/FNE issues; and
- 4.9 (4) providing legislative support and making recommendations regarding:
- 4.10 (i) centralizing sexual assault data collection and reporting requirements;
- 4.11 (ii) designating health care facilities, including ambulatory and outpatient settings, as  
4.12 facilities ready for sexual assault forensic examination;
- 4.13 (iii) expanding trauma-informed training for all personnel that interact with sexual assault  
4.14 survivors;
- 4.15 (iv) workforce development and funding for training of trauma-informed health care  
4.16 providers, including sexual assault forensic examiners and sexual assault forensic nurse  
4.17 examiners; and
- 4.18 (v) other recommendations to improve sexual assault survivor care and services in the  
4.19 state.