AMERICAN MEDICAL ASSOCIATION WOMEN PHYSICIANS SECTION

Resolution: (Assigned by HOD)
(I-24)

Introduced by: Laurie Lapp, Sham Manoranjithan, Ariella Wagner, Sarah Costello

Subject: Coverage for Care for Sexual Assault Survivors

Referred to: Reference Committee (Assigned by HOD)

Whereas, one in five women in the United States report having been raped at some time in their life, yet only 20% of these women will seek medical care, often in emergency departments[1,2]; and

Whereas, the Violence Against Women Act of 1994 prohibits charging patients for the cost of evidence collection as part of a medical forensic exam, yet patients are often charged for treatment of their physical injuries, post-exposure prophylaxis treatment and testing for sexually transmitted disease (STIs), counseling, and emergency contraception[3,4]; and

Whereas, in 2019, almost 18,000 sexual assault survivors who sought care in emergency departments were charged $3,673 on average, and survivors who were abused during pregnancy were charged $4,553 on average[5]; and

Whereas, privately-insured sexual assault survivors pay 14% of emergency department costs, averaging $497 out-of-pocket[5,6]; and

Whereas, medical costs particularly burden low-income women and girls, who are disproportionately sexual assault survivors, and fear of high costs deters survivors from seeking care in emergency departments[7-9]; and

Whereas, many survivors of sexual assault endure short and long term sequelae requiring care and therapeutic services, which are not currently covered by the Violence Against Women Act and may impose significant financial hardship on survivors[10,11]; and

Whereas, survivors of sexual assault and intimate partner violence who seek mental health counseling pay 32-36% of costs out of pocket on average[12]; and

Whereas, under the Illinois law, The Sexual Assault Survivors Emergency Treatment Act (SASETA), sexual assault survivors who are not covered by private insurance or Medicaid may not be billed directly for costs of services or any out-of-pocket expenses, and healthcare providers are reimbursed for services provided to uninsured and underinsured patients[13,14]; and

Whereas, all 50 states have Crime Victim Compensation (CVC) programs that directly reimburse certain eligible sexual assault survivors[15,16]; therefore be it

RESOLVED, that our American Medical Association amend policy H-80.999 “Sexual Assault Survivors” by addition as follows:

1. Our AMA supports the preparation and dissemination of information and best practices intended to maintain and improve the skills needed by all practicing physicians involved in providing care to sexual assault survivors.
2. Our AMA advocates for the legal protection of sexual assault survivors' rights and work with state medical societies to ensure that each state implements these rights, which include but are not limited to, the right to: (a) receive a medical forensic examination free of charge, which includes but is not limited to HIV/STD testing and treatment, pregnancy testing and prevention, drug testing, treatment of injuries, and collection of forensic evidence; (b) preservation of a sexual assault evidence collection kit for at least the maximum applicable statute of limitation; (c) notification of any intended disposal of a sexual assault evidence kit with the opportunity to be granted further preservation; (d) be informed of these rights and the policies governing the sexual assault evidence kit; and (e) access to emergency contraception information and treatment for pregnancy prevention.
3. Our AMA will collaborate with relevant stakeholders to develop recommendations for implementing best practices in the treatment of sexual assault survivors, including through engagement with the joint working group established for this purpose under the Survivor's Bill of Rights Act of 2016.
4. Our AMA will advocate for increased post-pubertal patient access to Sexual Assault Nurse Examiners, and other trained and qualified clinicians, in the emergency department for medical forensic examinations.
5. Our AMA will advocate at the state and federal level for (a) the timely processing of all sexual examination kits upon patient consent; (b) timely processing of "backlogged" sexual assault examination kits with patient consent; and (c) additional funding to facilitate the timely testing of sexual assault evidence kits.
6. Our AMA supports the implementation of a national database of Sexual Assault Nurse Examiner and Sexual Assault Forensic Examiner providers; and be it further

RESOLVED, our AMA advocates for federal and state efforts to reduce financial barriers that limit sexual assault survivors' ability to seek physical and mental health care and social services after sexual assault, including survivors' compensation funds and specialized programs. These programs should at a minimum cover emergency, acute inpatient, and follow up services including testing, medications, and counseling. This care should be provided with no out-of-pocket expenses for any patient, including patients who are uninsured, underinsured, or out-of-network.

REFERENCES

1. Smith SG, Zhang X, Basile KC, et al. The National Intimate Partner and Sexual Violence Survey : 2015 data brief – updated release. Accessed August 2, 2024. https://stacks.cdc.gov/view/cdc/60893
2. Tennessee AM, Bradham TS, White BM, Simpson KN. The Monetary Cost of Sexual Assault to Privately Insured US Women in 2013. *Am J Public Health*. 2017;107(6):983-988. doi:10.2105/AJPH.2017.303742
3. A.G. Underwood Announces Settlements With 7 New York Hospitals To Stop Illegal Billing Of Rape Survivors For Forensic Rape Examinations. Published November 29, 2018. Accessed August 2, 2024. https://ag.ny.gov/press-release/2018/ag-underwood-announces-settlements-7-new-york-hospitals-stop-illegal-billing-rape
4. Worthy S, Kulkarni S, Kelly T, Johnson J. #Metoo Meets the Emergency Room: Providing and Paying for Care After a Sexual Assault. *St Louis Univ J Health Law Policy*. 2020;13(2). https://scholarship.law.slu.edu/jhlp/vol13/iss2/4

5. Dickman SL, Himmelstein G, Himmelstein DU, et al. Uncovered Medical Bills after Sexual Assault. *N Engl J Med*. 2022;387(11):1043-1044. doi:10.1056/NEJMc2207644
6. Ramaswamy A, Frederiksen B, Rae M, Ranji U, Salganicoff A, Published DM. Out-of-Pocket Charges for Rape Kits and Services for Sexual Assault Survivors. KFF. Published March 18, 2022. Accessed August 2, 2024. https://www.kff.org/womens-health-policy/issue-brief/out-of-pocket-charges-for-rape-kits-and-services-for-sexual-assault-survivors/
7. Mosley EA, Prince JR, McKee GB, et al. Racial Disparities in Sexual Assault Characteristics and Mental Health Care After Sexual Assault Medical Forensic Exams. *J Womens Health*. 2021;30(10):1448-1456. doi:10.1089/jwh.2020.8935
8. Loder RT, Robinson TP. The demographics of patients presenting for sexual assault to US emergency departments. *J Forensic Leg Med*. 2020;69:101887. doi:10.1016/j.jflm.2019.101887
9. Bach MH, Beck Hansen N, Ahrens C, Nielsen CR, Walshe C, Hansen M. Underserved survivors of sexual assault: a systematic scoping review. *Eur J Psychotraumatology*. 12(1):1895516. doi:10.1080/20008198.2021.1895516
10. Linden JA. Care of the Adult Patient after Sexual Assault. *N Engl J Med*. 2011;365(9):834-841. doi:10.1056/NEJMcp1102869
11. National Protocol for Sexual Assault Medical Forensic Examinations: Adults/Adolescents, Second Edition | Office of Justice Programs. Accessed August 2, 2024. https://www.ojp.gov/ncjrs/virtual-library/abstracts/national-protocol-sexual-assault-medical-forensic-examinations-0
12. McLean G, Bocinski SG, Bocinski GM and SG. The Economic Cost of Intimate Partner Violence, Sexual Assault, and Stalking - IWPR. Published August 14, 2017. Accessed August 2, 2024. https://iwpr.org/the-economic-cost-of-intimate-partner-violence-sexual-assault-and-stalking/, https://iwpr.org/the-economic-cost-of-intimate-partner-violence-sexual-assault-and-stalking/
13. SASETA Information and Resources. ICASA. Accessed August 2, 2024. https://icasa.org/legal-issues/health-care/saseta-information-and-resources
14. 410 ILCS 70/ Sexual Assault Survivors Emergency Treatment Act. Accessed August 2, 2024. https://www.ilga.gov/legislation/ilcs/ilcs3.asp?actid=1531&chapact=410%C2%A0ilcs%C2%A070/&chapterid=35&chaptername=public+health&actname=sexual+assault+survivors+emergency+treatment+act
15. National Victim Assistance Academy | Office of Justice Programs. Accessed August 2, 2024. https://www.ojp.gov/ncjrs/virtual-library/abstracts/national-victim-assistance-academy
16. Crime Victim Compensation | RAINN. Accessed August 2, 2024. https://rainn.org/articles/crime-victim-compensation

RELEVANT AMA POLICY

Sexual Assault Survivors H-80.999

1. Our AMA supports the preparation and dissemination of information and best practices intended to maintain and improve the skills needed by all practicing physicians involved in providing care to sexual assault survivors.
2. Our AMA advocates for the legal protection of sexual assault survivors' rights and work with state medical societies to ensure that each state implements these rights, which include but are not limited to, the right to: (a) receive a medical forensic examination free of charge, which includes but is not limited to HIV/STD testing and treatment, pregnancy testing, treatment of injuries, and collection of forensic evidence; (b) preservation of a sexual assault evidence collection kit for at least the maximum applicable statute of limitation; (c) notification of any intended disposal of a sexual assault evidence kit with the opportunity to be granted further preservation; (d) be informed of these rights and the policies governing the sexual assault evidence kit; and (e) access to emergency contraception information and treatment for pregnancy prevention.
3. Our AMA will collaborate with relevant stakeholders to develop recommendations for implementing best practices in the treatment of sexual assault survivors, including through engagement with the joint working group established for this purpose under the Survivor's Bill of Rights Act of 2016.
4. Our AMA will advocate for increased post-pubertal patient access to Sexual Assault Nurse Examiners, and other trained and qualified clinicians, in the emergency department for medical forensic examinations.
5. Our AMA will advocate at the state and federal level for (a) the timely processing of all sexual examination kits upon patient consent; (b) timely processing of "backlogged" sexual assault examination kits with patient consent; and (c) additional funding to facilitate the timely testing of sexual assault evidence kits.
6. Our AMA supports the implementation of a national database of Sexual Assault Nurse Examiner and Sexual Assault Forensic Examiner providers.

[Sub. Res. 101, A-80; Reaffirmed: CLRPD Rep. B, I-90; Reaffirmed: Sunset Report, I-00; Reaffirmed: CSAPH Rep. 1, A-10; Modified: Res. 202, I-17; Appended: Res. 902, I-18; Appended: Res. 210, A-22; Modified: Res. 211, A-23]

HIV, Sexual Assault, and Violence H-20.900
Our AMA: (1) believes that HIV testing and Post-Exposure Prophylaxis (PEP) should be offered to all survivors of sexual assault who present within 72 hours of a substantial exposure risk, that these survivors should be encouraged to be retested in six months if the initial test is negative, and that strict confidentiality of test results be maintained; and (2) supports: (a) education of physicians about the effective use of HIV Post-Exposure Prophylaxis (PEP) and the U.S. PEP Clinical Practice Guidelines, and (b) increased access to, and coverage for, PEP for HIV, as well as enhanced public education on its effective use. [CSA Rep. 4, A-03; Modified: CSAPH Rep. 1, A-13; Modified: Res. 905, I-18]

Access to Emergency Contraception H-75.985
It is the policy of our AMA: (1) that physicians and other health care professionals should be encouraged to play a more active role in providing education about emergency contraception, including access and informed consent issues, by discussing it as part of routine family planning and contraceptive counseling; (2) to enhance efforts to expand access to emergency contraception, including making emergency contraception pills more readily available through pharmacies, hospitals, clinics, emergency rooms, acute care centers, and physicians' offices; (3) to recognize that information about emergency contraception is part of the comprehensive information to be provided as part of the emergency treatment of sexual assault victims; (4) to support educational programs for physicians and patients regarding treatment options for the emergency treatment of sexual assault victims, including information about emergency contraception; and (5) to encourage writing advance prescriptions for these pills as requested by their patients until the pills are available over-the-counter. [CMS Rep. 1, I-00; Appended: Res. 408, A-02; Modified: Res. 443, A-04; Reaffirmed: CSAPH Rep. 1, A-14; Modified: CSAPH Rep. 01, A-24]

Addressing Sexual Violence and Improving American Indian and Alaska Native Women's Health Outcomes D-350.985
Our AMA advocates for mitigation of the critical issues of American Indian/Alaska Native women's health that place Native women at increased risk for sexual violence, and encourages allocation of sufficient resources to the clinics serving this population to facilitate health care delivery commensurate with the current epidemic of violence against Native women.2. Our AMA will collaborate with the Indian Health Service, Centers for Disease Control and Prevention (CDC), Tribal authorities, community organizations, and other interested stakeholders to develop programs to educate physicians and other health care professionals about the legal and cultural contexts of their American Indian and Alaska Native female patients as well as the current epidemic of violence against Native women and the pursuant medical needs of this population.3. Our AMA will collaborate with the Indian Health Service, CDC, Tribal authorities, and community organizations to obtain or develop appropriate American Indian and Alaska Native women's health materials for distribution to patients in the spirit of self-determination to improve responses to sexual violence and overall health outcomes. [Res. 208, I-15]