Oregon Department of Justice

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HB 2456 will ensure the SAVE Fund works better for victims and survivors

Sexual Assault Victims' Emergency Medical Response (SAVE) Fund

The SAVE Fund was created in March 2004 to provide access to medical assessments for victims of sexual assault. Prior to the creation of the SAVE fund, law-enforcement agencies were required to pay for forensic medical exams and evidence collection in sexual assault cases. This funding process created many issues, including limited victim access to medical services and hospital confusion regarding billing processes, all of which were exacerbated by constant law enforcement budget constraints. The SAVE fund provides access to necessary services for victims and consistent forensic evidence collection for law enforcement. In 2011, the SAVE Fund received 767 applications. By 2023 the number of applications rose to 1099; a 40% increase from 2011.

Changes to the SAVE Fund in HB 2456

The proposed statutory changes are intended to make SAVE fund statutes more flexible so CVSSD can address timeframes, payment amounts, etc., in rule. These changes will help victims and also allow CVSSD to maintain the viability of the SAVE fund. Below are a few examples of what we hope to accomplish.

1) Billing Insurance for covered services, with the victim's approval:

Current statute doesn't allow for CVSSD to bill insurance if a victim agrees and/or the victim seeks additional medical care. As CVSSD continues to receive more SAVE fund applications, having the option to bill insurance will help maintain the fund in order to serve more people.

2) Moving timeframes to rule

SAVE Funding for emergency medical response follows national standards for timeliness and support services. Timeframes need to be in administrative rule so they can be updated as necessary to ensure that sexual assault victims in Oregon are receiving the same care as every other state.

3) Clarify that applications to the SAVE fund for payments for medical assessments related to strangulation will be paid for under ORS 147.035.