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HOUSE BILL NO. 808

Offered January 8, 2020

Prefiled January 7, 2020

A BILL to amend and reenact §§ 19.2-11.5 and 19.2-368.11:1 of the Code of Virginia and to amend the Code of Virginia by adding in Chapter 5 of Title 32.1 an article numbered 8, consisting of sections numbered 32.1-162.15:2 through 32.1-162.15:14, and by adding in Article 1 of Chapter 29 of Title 54.1 a section numbered 54.1-2910.5, relating to treatment of sexual assault survivors; requirements.

Patrons—Delaney, Wilt and Adams, D.M.

Referred to Committee for Courts of Justice

Be it enacted by the General Assembly of Virginia:

1. That §§ 19.2-11.5 and 19.2-368.11:1 of the Code of Virginia are amended and reenacted and the Code of Virginia is amended by adding in Chapter 5 of Title 32.1 an article numbered 8, consisting of sections numbered 32.1-162.15:2 through 32.1-162.15:14, and by adding in Article 1 of Chapter 29 of Title 54.1 a section numbered 54.1-2910.5 as follows:

§ 19.2-11.5. Definitions.

As used in this chapter, unless the context requires a different meaning:

"Anonymous physical evidence recovery kit" means a physical evidence recovery kit that is collected from a victim of sexual assault through a forensic medical examination where the victim elects, at the time of the examination, not to report the sexual assault offense to a law-enforcement agency.

"Department" means the Virginia Department of Forensic Science.

"Division" means the Division of Consolidated Laboratory Services of the Virginia Department of General Services.

"Forensic medical examination" has the same meaning as in § 32.1-162.15:2.

"Health care provider" means any hospital, clinic, or other medical facility that provides forensic medical examinations to victims of sexual assault in accordance with Article 8 (§ 32.1-162.15:2 et seq.) of Chapter 5 of Title 32.1.

"Law-enforcement agency" means the state or local law-enforcement agency with the primary responsibility for investigating an alleged sexual assault offense case and includes the employees of that agency.

"Physical evidence recovery kit" means any evidence collection kit supplied by the Department to health care providers for use in collecting evidence from victims of sexual assault during forensic medical examinations or to the Office of the Chief Medical Examiner for use during death investigations to collect evidence from decedents who may be victims of sexual assault.

"Sexual assault offense" means a violation or attempted violation of any offense enumerated in Article 7 (§ 18.2-61 et seq.) of Chapter 4 of Title 18.2 or of any offense specified in § 18.2-361, 18.2-370, or 18.2-370.1.

"Victim of sexual assault" means any person who undergoes a forensic medical examination for the collection of a physical evidence recovery kit connected to a sexual assault offense.

§ 19.2-368.11:1. Amount of award.

A. Compensation for Total Loss of Earnings: An award made pursuant to this chapter for total loss of earnings that results directly from incapacity incurred by a crime victim shall be payable during total incapacity to the victim or to such other eligible person, at a weekly compensation rate equal to 66-2/3 percent of the victim's average weekly wages. The victim's average weekly wages shall be determined as provided in § 65.2-101.

B. Compensation for Partial Loss of Earnings: An award made pursuant to this chapter for partial loss of earnings which results directly from incapacity incurred by a crime victim shall be payable during incapacity at a weekly rate equal to 66-2/3 percent of the difference between the victim's average weekly wages before the injury and the weekly wages which the victim is able to earn thereafter. The combined total of actual weekly earnings and compensation for partial loss of earnings shall not exceed \$600 per week.

C. Compensation for Loss of Earnings of Parent of Minor Victim: The parent or guardian of a minor crime victim may receive compensation for loss of earnings, calculated as specified in subsections A and B, for time spent obtaining medical treatment for the child and for accompanying the child to, attending or participating in investigative, prosecutorial, judicial, adjudicatory and post-conviction proceedings.

D. Compensation for Dependents of a Victim Who Is Killed: If death results to a victim of crime entitled to benefits, dependents of the victim shall be entitled to compensation in accordance with the

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provisions of §§ 65.2-512 and 65.2-515 in an amount not to exceed the maximum aggregate payment or the maximum weekly compensation which would have been payable to the deceased victim under this section.

E. Compensation for Unreimbursed Medical Costs, Funeral Expenses, Services, etc.: Awards may also be made on claims or portions of claims based upon the claimant's actual expenses incurred as are determined by the Commission to be appropriate, for (i) unreimbursed medical expenses or indebtedness reasonably incurred for medical expenses; (ii) expenses reasonably incurred in obtaining ordinary and necessary services in lieu of those the victim would have performed, for the benefit of himself and his family, if he had not been a victim of crime; (iii) expenses directly related to funeral or burial, not to exceed \$10,000; (iv) ~~expenses attributable to pregnancy resulting from forcible rape;~~ (v) mental health counseling for survivors as defined under subdivisions A 2 and A 4 of § 19.2-368.4, not to exceed \$3,500 per claim; ~~(vi)~~ (v) reasonable and necessary moving expenses, not to exceed \$2,000, incurred by a victim or survivors as defined under subdivisions A 2 and A 4 of § 19.2-368.4; and ~~(vii)~~ (vi) any other reasonable and necessary expenses and indebtedness incurred as a direct result of the injury or death upon which such claim is based, not otherwise specifically provided for. Notwithstanding any other provision of law, a person who is not eligible for an award under subsection A of § 19.2-368.4 who pays expenses directly related to funeral or burial is eligible for reimbursement subject to the limitations of this section.

F. Notwithstanding the provisions of subdivision 3 of § 19.2-368.10, §§ 19.2-368.5, 19.2-368.5:1, 19.2-368.6, 19.2-368.7, and 19.2-368.8, subsection G of this section, and § 19.2-368.16, the Criminal Injuries Compensation Fund shall ~~pay for~~ *make awards on claims or portions of claims based upon the claimant's actual expenses incurred, as are determined by the Commission to be appropriate, for unreimbursed medical costs resulting from sexual abuse, including the cost of* (i) physical evidence recovery kit examinations conducted on victims of sexual assault. ~~Any individual that submits to and completes a physical evidence recovery kit examination shall be considered to have met the reporting and cooperation requirements of this chapter,~~ (ii) *unreimbursed medical expenses or indebtedness reasonably incurred for medical expenses, (iii) expenses attributable to pregnancy resulting from such sexual abuse, and (iv) any other reasonable and necessary expenses and indebtedness associated with or attributable to the sexual abuse upon which such claim is based not otherwise specifically provided for in this subsection.* Funds paid for physical evidence recovery kit collection shall not be offset against the Fund's maximum allowable award as provided in subsection H. ~~Payments may be subject to negotiated agreements with the provider. Health care providers that complete physical evidence recovery kit examinations may bill the Fund directly subject to the provisions of § 19.2-368.5:2.~~ The Commission shall develop policies for a distinct payment process for physical evidence recovery kit examination expenses as required under subdivision 1 of § 19.2-368.3.

In order for the Fund to consider additional crime-related expenses, victims shall file with the Fund following the provisions of this chapter and Criminal Injuries Compensation Fund policy.

Payments may be subject to negotiated agreements with the provider. Health care providers that provide services to victims of sexual abuse may bill the Fund directly subject to the provisions of § 19.2-368.5:2.

G. Any claim made pursuant to this chapter shall be reduced by the amount of any payments received or to be received as a result of the injury from or on behalf of the person who committed the crime or from any other public or private source, including an emergency award by the Commission pursuant to § 19.2-368.9.

H. To qualify for an award under this chapter, a claim must have a minimum value of \$100, and payments for injury or death to a victim of crime, to the victim's dependents or to others entitled to payment for covered expenses, after being reduced as provided in subsection G, shall not exceed \$35,000 in the aggregate.

Article 8.

Services for Survivors of Sexual Assault.

§ 32.1-162.15:2. Definitions.

"Approved pediatric health care facility" means a pediatric health care facility for which a plan for the delivery of services to pediatric survivors of sexual assault has been approved pursuant to § 32.1-162.15:6.

"Board" means the Board of Health.

"Department" means the Department of Health.

"Emergency contraception" means medication approved by the U.S. Food and Drug Administration that can significantly reduce the risk of pregnancy if taken within 72 hours after sexual assault.

"Follow-up health care" means any physical examination, laboratory tests to determine the presence of sexually transmitted infection, or appropriate medications, including HIV-prophylaxis, provided to a survivor of sexual assault by a health care provider within 90 days of the date on which treatment or transfer services pursuant to this article were first provided.

"Forensic medical examination" means health care services provided to a survivor of sexual assault that include medical history, physical examination, laboratory testing, assessment for drug-facilitated or alcohol-facilitated sexual assault, collection of evidence in accordance with the requirements of Chapter 1.2 (§ 19.2-11.5 et seq.) of Title 19.2, and discharge and follow-up health care planning necessary to ensure the health, safety, and welfare of the survivor of sexual assault and the collection and preservation of evidence that may be used in a criminal proceeding.

"Hospital" means any hospital licensed by the Department pursuant to this chapter.

"Pediatric health care facility" means a hospital, clinic, or physician's office that provides health care services to pediatric patients.

"Pediatric survivor of sexual assault" means a survivor of sexual assault who is under 13 years of age.

"Physical evidence recovery kit" has the same meaning as in § 19.2-11.5.

"Qualified medical provider" means a board-certified child abuse pediatrician, board-eligible child abuse pediatrician, sexual assault forensic medical examiner, or sexual assault nurse examiner who has access to photo documentation tools and who participates in peer review.

"Sexual assault forensic medical examiner" means a physician or physician assistant who has completed training that meets or is substantially similar to the Sexual Assault Nurse Examiner Education Guidelines established by the International Association of Forensic Nurses.

"Sexual assault survivor transfer services" means an appropriate medical examination and such stabilizing treatment as may be necessary prior to the transfer of a sexual assault survivor from a transfer hospital to a treatment hospital in accordance with the provisions of a transfer plan approved by the Department.

"Sexual assault survivor treatment services" means a forensic medical examination and other health care services provided to a sexual assault survivor by a hospital in accordance with § 32.1-162.15:4 or pediatric health care facility in accordance with § 32.1-162.15:6.

"Transfer hospital" means a hospital with a sexual assault survivor transfer plan approved by the Department.

"Transportation service" means transportation provided to a survivor of sexual assault who is transferred from a transfer hospital, treatment hospital, or approved pediatric health care facility to a treatment hospital or approved pediatric care facility pursuant to a transfer plan approved in accordance with this article.

"Treatment hospital" means a hospital with a sexual assault survivor treatment plan approved by the Department to provide sexual assault survivor treatment services to all survivors of sexual assault who present with a complaint of sexual assault within the previous seven days or who have disclosed past sexual assault by a specific individual and were in the care of that individual within the previous seven days.

§ 32.1-162.15:3. Services for survivors of sexual assault; plan required.

A. Every hospital licensed by the Department shall provide either sexual assault survivor treatment services or sexual assault survivor transfer services for survivors of sexual assault, in accordance with a plan approved by the Department.

B. Sexual assault survivor treatment plans shall include provisions for (i) the delivery of services described in § 32.1-162.15:4 and (ii) the storage, retention, and dissemination of photographic evidence in accordance with § 32.1-162.15:8.

C. Sexual assault survivor transfer service plans shall include (i) provisions for the delivery of services described in § 32.1-162.15:5, (ii) the written agreement of a treatment hospital to accept transfer of survivors of sexual assault, and (iii) provisions necessary to ensure that transfer of a survivor of sexual assault to the treatment hospital would not unduly burden the survivor of sexual assault.

D. A treatment hospital for which a plan has been approved pursuant to subsection B or a transfer hospital for which a plan has been approved pursuant to subsection C may enter into an agreement for the transfer of pediatric survivors of sexual assault from the treatment hospital or transfer hospital to an approved pediatric health care facility pursuant to a pediatric sexual assault survivor transfer plan. Such plan shall include (i) provisions for the delivery of services described in § 32.1-162.15:6, (ii) the written agreement of an approved pediatric health care facility to accept transfer of survivors of sexual assault, and (iii) provisions necessary to ensure that transfer of a pediatric survivor of sexual assault to an approved pediatric health care facility would not unduly burden the pediatric survivor of sexual assault.

E. Sexual assault survivor treatment plans, sexual assault survivor transfer plans, and pediatric sexual assault survivor transfer plans shall be submitted in a form and in accordance with procedures specified by Board. The Department shall approve or deny such plans, in writing, within 30 days of receipt of such plans. If the Department denies a plan submitted pursuant to this section, the

182 Department shall provide the hospital with a written statement setting forth the reasons for such denial.

183 **§ 32.1-162.15:4. Treatment services.**

184 A. Every hospital for which a sexual assault survivor treatment plan has been approved by the
185 Department shall provide the following services to survivors of sexual assault when ordered by a health
186 care provider and with the consent of the survivor of sexual assault:

187 1. Appropriate forensic medical examination;

188 2. Appropriate oral and written information concerning the possibility of infection or sexually
189 transmitted disease, including human immunodeficiency virus (HIV) resulting from the sexual assault,
190 accepted medical procedures and medications for the prevention or treatment of such infection or
191 sexually transmitted disease, and the indications, contraindications, and potential risks of such medical
192 procedures or medications;

193 3. Appropriate evaluations to determine the survivor of sexual assault's risk of infection or sexually
194 transmitted disease, including HIV, resulting from the sexual assault;

195 4. Appropriate oral and written information regarding the possibility of pregnancy resulting from the
196 sexual assault and medically and factually accurate oral and written information about emergency
197 contraception, the indications, contraindications, and potential risks associated with the use of
198 emergency contraception, and a description of how and when survivors of sexual assault may obtain
199 emergency contraception at no cost;

200 5. Such medications as may be appropriate for treatment of the survivor of sexual assault both
201 during treatment at the hospital and upon discharge including, in cases in which prophylactic treatment
202 for infection with HIV is deemed appropriate, an initial dose or doses of HIV prophylaxis;

203 6. Oral and written information regarding the need for follow-up care, including examinations and
204 laboratory tests to determine the presence or absence of sexually transmitted infection or disease and
205 follow-up care related to HIV prophylaxis;

206 7. Medical advocacy services provided by a rape crisis center with which the hospital has entered
207 into a memorandum of understanding pursuant to subsection D; and

208 8. Referral for appropriate counseling and other support services.

209 B. Sexual assault survivor treatment services shall be provided without delay in a private location
210 and in an age-appropriate or developmentally appropriate manner.

211 C. Forensic medical examinations required pursuant to subdivision A 1 shall include an offer to
212 complete a physical evidence recovery kit. Every treatment hospital for which a sexual assault survivor
213 treatment plan has been approved by the Department shall report to the Department by December 1 of
214 each year:

215 1. The total number of patients to whom a forensic medical examination was provided; and

216 2. The total number of physical evidence recovery kits offered and completed.

217 D. Every treatment hospital shall (i) enter into a memorandum of understanding with a rape crisis
218 center for medical advocacy services for survivors of sexual assault and (ii) adopt procedures to ensure
219 compliance with mandatory reporting requirements pursuant to §§ 63.2-1509 and 63.2-1606.

220 E. Records of services provided to survivors of sexual assault, including the results of any
221 examination or laboratory test conducted pursuant to subsection A, shall be maintained by the treatment
222 hospital and made available to law enforcement upon request of the survivor of sexual assault. Records
223 of services provided to survivors of sexual assault aged 18 years and older shall be maintained by the
224 hospital for a period of 20 years from the date the record was created. Records of services provided to
225 survivors of sexual assault under 18 years of age shall be maintained for a period of 20 years after the
226 date on which the survivor of sexual assault reaches 18 years of age.

227 **§ 32.1-162.15:5. Transfer services.**

228 Every hospital for which a sexual assault survivor transfer plan or pediatric sexual assault survivor
229 transfer plan has been approved by the Department shall, when ordered by a health care provider and
230 with the consent of the survivor of sexual assault, provide the following services to survivors of sexual
231 assault:

232 1. Appropriate medical examination and such stabilizing treatment as may be necessary prior to the
233 transfer of a survivor of sexual assault from the transfer hospital to a treatment hospital;

234 2. Medically and factually accurate written and oral information about emergency contraception, the
235 indications and contraindications and risks associated with the use of emergency contraception, and a
236 description of how and when victims may be provided emergency contraception at no cost for each
237 sexual assault survivor for whom treatment services are provided; and

238 3. Prompt transfer of the survivor of sexual assault to a treatment hospital or approved pediatric
239 health care facility, as may be appropriate.

240 **§ 32.1-162.15:6. Services for pediatric survivors of sexual assault; plan required.**

241 A. A pediatric health care facility may provide treatment services or transfer services to pediatric
242 survivors of sexual assault in accordance with a pediatric sexual assault survivor treatment plan or
243 pediatric sexual assault survivor transfer plan approved by the Department. No pediatric health care

facility shall provide pediatric sexual assault treatment or transfer services to a pediatric survivor of sexual assault unless a pediatric sexual assault survivor treatment plan for the pediatric health care facility has been approved by the Department.

B. A pediatric health care facility wishing to provide pediatric sexual assault survivor treatment services shall submit a pediatric sexual assault survivor treatment plan to the Department. Such plan shall include provisions for the delivery of treatment services in accordance with the requirements of § 32.1-162.15:4.

In cases in which the pediatric health care facility is not able to provide the full range of treatment services required by § 32.1-162.15:4, the plan shall include (i) the specific treatment services that the pediatric health care facility will provide for pediatric survivors of sexual assault; (ii) provisions for transfer services required by § 32.1-162.15:5 for pediatric survivors of sexual assault for whom treatment services are not provided by the pediatric health care facility; (iii) the written agreement of a treatment hospital to accept transfer of pediatric survivors of sexual assault for whom treatment services are not provided by the pediatric health care facility; and (iv) provisions necessary to ensure that transfer of pediatric survivors of sexual assault to the treatment hospital would not unduly burden the pediatric survivor of sexual assault.

C. A pediatric health care facility wishing to provide pediatric sexual assault survivor transfer services shall submit a pediatric sexual assault survivor transfer plan to the Department. Such plan shall include provisions for (i) the delivery of sexual assault survivor transfer services in accordance with the requirements of § 32.1-162.15:5, (ii) the written agreement of a treatment hospital to accept transfer of pediatric survivors of sexual assault, and (iii) provisions necessary to ensure that transfer of pediatric survivors of sexual assault to the treatment hospital would not unduly burden the pediatric survivor of sexual assault.

D. Pediatric sexual assault survivor treatment plans and pediatric sexual assault survivor transfer plans shall be submitted in a form and in accordance with procedures specified by the Board. The Department shall approve or deny such plans, in writing, within 30 days of receipt of such plans. If the Department denies a plan submitted pursuant to this section, the Department shall provide the hospital with a written statement setting forth the reasons for such denial.

E. A pediatric health care facility for which a pediatric sexual assault survivor plan has been approved by the Department that does not provide services 24 hours per day, seven days per week, shall post signage in a conspicuous place that is on or adjacent to the door at each public entrance to the facility that:

1. Is weather-resistant and theft-resistant and permanently affixed to the building;
2. Is at least 14 inches by 14 inches in size, with a black background and white, bold, and capital lettering in a clear and easy-to-read font that is at least 72-point type;
3. Lists the pediatric health care facility's hours of operation;
4. Lists the pediatric health care facility's street address; and
5. Directs those seeking services for pediatric survivors of sexual assault at a time outside of the pediatric health care facility's hours of operation to go to a hospital or contact 911 for assistance.

§ 32.1-162.15:7. Inspections; report required.

A. The Department shall periodically conduct such inspections of hospitals licensed by the Department as may be necessary to ensure that sexual assault survivor treatment plans, sexual assault survivor transfer plans, and pediatric sexual assault survivor transfer plans are implemented in accordance with the requirements of this article. If the Department determines that a hospital has failed to comply with the requirements of a sexual assault survivor treatment plan, sexual assault survivor transfer plan, or pediatric sexual assault survivor transfer plan, the Department shall provide the hospital with a written report setting forth the specifics of the hospital's noncompliance within 10 business days of the inspection. Within 10 business days of receipt of the report, the hospital shall submit a plan of correction that includes specific actions that the hospital will take to ensure compliance with the approved sexual assault survivor treatment plan, sexual assault survivor transfer plan, or pediatric sexual assault survivor plan to the Department and the Department shall approve or deny such plan within 10 business days.

B. The Department shall report to the Governor and the General Assembly by December 1 of each year on:

1. The name of each hospital that has submitted a sexual assault survivor treatment plan, sexual assault survivor transfer plan, or pediatric sexual assault survivor transfer plan in accordance with the requirements of this section and, for each hospital, the specific type of plan, the date on which the plan was submitted, and the date on which the plan was approved;

2. The name of each hospital that has failed to submit a sexual assault survivor treatment plan, sexual assault survivor transfer plan, or pediatric sexual assault survivor transfer plan in accordance with the requirements of this section;

305 3. The name of each hospital for which an inspection was performed pursuant to subsection A and
306 for each such hospital, the date of such inspection, and whether the hospital was found to be in
307 compliance with the provisions of the sexual assault survivor treatment plan, sexual assault survivor
308 transfer plan, or pediatric sexual assault survivor transfer plan for such hospital approved by the
309 Department; and

310 4. For each hospital determined to be out of compliance with the requirements of the sexual assault
311 survivor treatment plan, sexual assault survivor transfer plan, or pediatric sexual assault survivor
312 transfer plan for such hospital approved by the Department, whether a plan of correction was submitted
313 in accordance with the provisions of subsection A.

314 **§ 32.1-162.15:8. Storage, retention, and dissemination of photographic documentation.**

315 Photographic documentation collected by a treatment hospital or approved pediatric health care
316 facility shall be maintained by the treatment hospital or approved pediatric health care facility as part
317 of the patient's medical record. Such photographic documentation shall be maintained in a secure
318 location and access to such photographic documentation shall be limited to individuals identified by the
319 treatment hospital in the plan approved pursuant to § 32.1-162.15:3 or approved pediatric health care
320 facility in the plan approved pursuant to § 32.1-162.15:6.

321 **§ 32.1-162.15:9. Submission of evidence.**

322 Every treatment hospital and approved pediatric health care facility that provides a forensic medical
323 examination to a survivor of sexual assault that includes completion of a physical evidence recovery kit
324 shall notify the state or local law-enforcement agency with the primary responsibility for investigating
325 an alleged sexual assault and arrange for collection of the physical evidence recovery kit within four
326 hours of the forensic medical examination.

327 **§ 32.1-162.15:10. Training requirements.**

328 Every treatment hospital, including every treatment hospital with an approved pediatric sexual
329 assault survivor transfer plan, shall require that every physician, physician assistant, advanced practice
330 registered nurse, and registered nurse providing services in the hospital's emergency department
331 complete at least two hours of training on the topic of sexual assault, provision of services for survivors
332 of sexual assault, and collection of evidence in cases involving alleged sexual assault developed and
333 made available to such hospital by the Department of Health through the Sexual Assault Forensic
334 Examiner Program each year.

335 **§ 32.1-162.15:11. Reimbursement for services; prohibited actions related to payment for covered
336 services.**

337 A. A hospital pediatric health care facility, health care provider, or other entity that provides
338 services pursuant to this article may bill the Criminal Injuries Compensation Fund directly for the cost
339 of such services in accordance with subsection F of § 19.2-368.11:1.

340 B. No hospital, pediatric health care facility, health care provider, or other entity that provides a
341 service pursuant to this article shall:

342 1. Bill the survivor of sexual assault for any portion of the cost of such service;

343 2. Communicate with, harass, or attempt to intimidate a survivor of sexual assault to whom a service
344 was provided regarding payment for such services;

345 3. Refer an unpaid bill for such services to a collection agency or attorney for collection action
346 against the survivor of sexual assault;

347 4. Take any action intended to affect the credit rating of the survivor of sexual assault with regard to
348 an unpaid bill for such services; or

349 5. Take any other action averse to the survivor of sexual assault with regard to an unpaid bill for
350 such services.

351 **§ 32.1-162.15:12. Complaints.**

352 The Department shall establish a process for receiving complaints regarding alleged violations of
353 this article.

354 **§ 32.1-162.15:13. Task Force on Services for Survivors of Sexual Assault.**

355 A. There is hereby created the Task Force on Services for Survivors of Sexual Assault (the Task
356 Force), which shall consist of (i) two members of the House of Delegates appointed by the Speaker of
357 the House of Delegates; (ii) one member of the Senate appointed by the Senate Committee on Rules;
358 (iii) the Attorney General or his designee; (iv) the Commissioners of Health and Social Services, or
359 their designees; (v) the Director of the Department of State Police; (vi) two representatives of hospitals
360 licensed by the Department of Health appointed by the Governor; (vii) four physicians licensed by the
361 Board of Medicine to practice medicine or osteopathy appointed by the Governor, at least one of whom
362 shall be a practitioner of emergency medicine and at least one of whom shall be a pediatrician; (ix)
363 three nurses licensed to practice in the Commonwealth appointed by the Governor, at least one of whom
364 shall be a sexual assault nurse examiner; (x) one representative of an organization providing advocacy
365 on behalf of survivors of sexual assault appointed by the Governor; and (xi) one representative of an
366 organization providing advocacy on behalf of children appointed by the Governor. The Commissioner of

Health or his designee shall serve as chairman of the Task Force. Staff support for the Task Force shall be provided by the Department of Health.

B. The Task Force shall:

1. Develop model treatment and transfer plans for use by transfer hospitals, treatment hospitals, and pediatric health care facilities and work with hospitals and pediatric health care facilities to facilitate the development of treatment and transfer plans in accordance with the requirements of this article;

2. Develop model written transfer agreements for use by treatment hospitals, transfer hospitals, and pediatric health care facilities and work with treatment hospitals, transfer hospitals, and pediatric health care facilities to facilitate the development of transfer agreements in accordance with the requirements of this article;

3. Develop model written agreements for use by treatment hospitals and approved pediatric health care facilities required to enter into agreements with rape crisis centers pursuant to subsection D of § 32.1-162.15:4;

4. Work with treatment hospitals and approved pediatric health care facilities to develop plans to employ or contract with qualified medical providers to ensure the provision of treatment services to survivors of sexual assault by qualified medical providers, including plans for implementation of on-call systems to ensure availability of qualified medical providers;

5. Work with treatment hospitals and approved pediatric health care facilities to identify and recommend processes to ensure compliance with the provisions of this article related to creation, storage, and retention of photographic and other documentation and evidence;

6. Develop and distribute educational materials regarding implementation of the provisions of this article to hospitals, health care providers, rape crisis centers, children's advocacy centers, and others;

7. Study and provide recommendations to the Department for the use of telemedicine in meeting the requirements of this article; and

8. Report to the Governor and the General Assembly by December 1 of each year regarding its activities and the statutes of implementation of the provisions of this article.

§ 32.1-162.15:14. Sexual Assault Forensic Examiner Program.

The Department shall establish a Sexual Assault Forensic Examiner Program to facilitate access to qualified sexual assault forensic examiners in the Commonwealth. Such program shall include:

1. Development, publication, and regular updating of a list of certified sexual assault nurse examiners in the Commonwealth; and

2. A program for the certification of qualified sexual assault forensic examiners, which shall include (i) a training program for staff of treatment hospitals, transfer hospitals, and approved pediatric health care facilities, which shall include two hours of education on sexual assault and the delivery of services to survivors of sexual assault, consistent with the Sexual Assault Nurse Examiner Education Guidelines, and (ii) certification of health care providers who have successfully completed the qualified sexual assault forensic examiner program.

§ 54.1-2910.5. Pediatric sexual assault survivor services; requirements.

Any health care practitioner licensed by the Board to practice medicine or osteopathy or as a physician assistant, or jointly licensed by the Board and the Board of Nursing as a nurse practitioner, who wishes to provide sexual assault survivor treatment services or sexual assault survivor transfer services, as defined in § 32.1-162.15:2, to pediatric survivors of sexual assault, as defined in § 32.1-162.15:2, shall comply with the provisions of Article 8 (§ 32.1-162.15:2 et seq.) of Chapter 5 of Title 32.1 applicable to pediatric medical care facilities.