

VIRGINIA ACTS OF ASSEMBLY — CHAPTER

An Act to amend and reenact § 15.2-1627.4 of the Code of Virginia, relating to Criminal Injuries Compensation Fund; unreimbursed medical costs; victims of sexual assault.

[S 949]

Approved

Be it enacted by the General Assembly of Virginia:

1. That § 15.2-1627.4 of the Code of Virginia is amended and reenacted as follows:

§ 15.2-1627.4. Coordination of multidisciplinary response to sexual assault.

A. The attorney for the Commonwealth in each political subdivision in the Commonwealth shall coordinate the establishment of a multidisciplinary response to criminal sexual assault as set forth in Article 7 (§ 18.2-61 et seq.) of Chapter 4 of Title 18.2, and hold a meeting, at least annually, to: (i) discuss implementation of protocols and policies for sexual assault response teams consistent with those established by the Department of Criminal Justice Services pursuant to subdivision 37 d of § 9.1-102; and (ii) establish and review guidelines for the community's response, including the collection, preservation, and secure storage of evidence from Physical Evidence Recovery Kit examinations consistent with § 19.2-165.1.

B. The following persons or their designees shall be invited to participate in the annual meeting: the attorney for the Commonwealth; the sheriff; the director of the local sexual assault crisis center providing services in the jurisdiction, if any; the chief of each police department and the chief of each campus police department of any institution of higher education in the jurisdiction, if any; a forensic nurse examiner or other health care provider who performs Physical Evidence Recovery Kit examinations in the jurisdiction, if any; the Title IX coordinator of any institution of higher education in the jurisdiction, if any; representatives from the offices of student affairs, human resources, and counseling services of any institution of higher education in the jurisdiction, if any; a representative of campus security of any institution of higher education in the jurisdiction that has not established a campus police department, if any; and the director of the victim/witness program in the jurisdiction, if any. *In addition, the attorney for the Commonwealth shall invite other individuals, or their designees, to participate in the annual meeting, including (i) local health department district directors; (ii) the administrator of each licensed hospital within the jurisdiction; (iii) the director of each health safety net clinic within the jurisdiction, including those clinics created by 42 C.F.R. § 491.1 and the free and charitable clinics; and (iv) as determined by the attorney for the Commonwealth, any other local health care providers.*

C. Attorneys for the Commonwealth are authorized to conduct the sexual assault response team annual meetings using other methods to encourage attendance, including electronic communication means as provided in § 2.2-3708.2.

2. That the Secretary of Health and Human Resources shall establish a work group composed of the Secretary of Public Safety and Homeland Security or his designee; the Attorney General or his designee; the Directors of the Department of Medical Assistance Services, the Department of Criminal Justice Services, and the Department of Planning and Budget or their designees; the Executive Secretary of the Supreme Court or his designee; the Executive Director of the Virginia Workers' Compensation Commission or his designee; and such other stakeholders as the Secretary of Health and Human Resources shall deem appropriate to evaluate (i) the feasibility and cost of expanding the type of services for which the Criminal Injuries Compensation Fund created pursuant to § 19.2-368.18 of the Code of Virginia will make awards to include claims or portions of claims based on the claimant's actual expenses incurred for unreimbursed medical costs resulting from sexual abuse, including the cost of physical evidence recovery kit examinations conducted on victims of sexual assault, unreimbursed medical expenses or indebtedness reasonably incurred for medical expenses, expenses attributable to pregnancy resulting from such sexual abuse, and any other reasonable and necessary expenses and indebtedness associated with or attributable to the sexual abuse upon which such claim is based and (ii) the feasibility of transferring responsibility from the Virginia Workers' Compensation Commission to the Department of Medical Assistance Services for the Sexual Assault Forensic Examination program (the SAFE program) and all related claims for medical expenses related to sexual assault, strangulation, domestic and intimate partner violence, human trafficking, and adult and child abuse. If the work group finds that it is not feasible to move responsibility for the SAFE program and related claims from the Virginia Workers' Compensation Commission to the Department of

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57 Medical Assistance Services, the work group shall develop recommendations for creation of an
58 efficient, seamless electronic medical claim processing system for hospitals and health care
59 providers that coordinates payments from all available sources, suppresses explanations of benefits,
60 and removes the patient from the medical billing and reimbursement process. The work group
61 shall also provide recommendations related to (a) increasing the reimbursement rates for sexual
62 assault forensic examinations to cover the actual cost of such examinations and (b) including
63 reimbursement of costs associated with preparing for and participating in a criminal trial related
64 to the sexual assault when a sexual assault forensic nurse is subpoenaed to participate in such trial
65 as a cost that is reimbursable through the SAFE program. The work group's report shall include
66 specific legislative, regulatory, and budgetary changes necessary to implement the work group's
67 recommendations. The work group shall report its findings and recommendations to the Governor
68 and the Chairmen of the House Committee on Appropriations, the Senate Committee on Finance
69 and Appropriations, and the Joint Commission on Health Care by September 1, 2020.