

20106004D

HOUSE BILL NO. 808

AMENDMENT IN THE NATURE OF A SUBSTITUTE

(Proposed by the House Committee on Health, Welfare and Institutions
on January 30, 2020)

(Patron Prior to Substitute—Delegate Delaney)

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 32.1-162.15:12, by adding in Article 1 of Chapter 29 of Title 54.1 a section numbered 54.1-2910.5, and by adding in Article 2 of Chapter 30 of Title 54.1 a section numbered 54.1-3018.2, relating to treatment of sexual assault survivors; requirements.

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 that 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 32.1-162.15:12, by adding in Article 1 of Chapter 29 of Title 54.1 a section numbered 54.1-2910.5, and by adding in Article 2 of Chapter 30 of Title 54.1 a section numbered 54.1-3018.2 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 provisions of §§ 65.2-512 and 65.2-515 in an amount not to exceed the maximum aggregate payment or

60 the maximum weekly compensation which would have been payable to the deceased victim under this
61 section.

62 E. Compensation for Unreimbursed Medical Costs, Funeral Expenses, Services, etc.: Awards may
63 also be made on claims or portions of claims based upon the claimant's actual expenses incurred as are
64 determined by the Commission to be appropriate, for (i) unreimbursed medical expenses or indebtedness
65 reasonably incurred for medical expenses; (ii) expenses reasonably incurred in obtaining ordinary and
66 necessary services in lieu of those the victim would have performed, for the benefit of himself and his
67 family, if he had not been a victim of crime; (iii) expenses directly related to funeral or burial, not to
68 exceed \$10,000; (iv) ~~expenses attributable to pregnancy resulting from forcible rape;~~ (v) mental health
69 counseling for survivors as defined under subdivisions A 2 and A 4 of § 19.2-368.4, not to exceed
70 \$3,500 per claim; ~~(vi)~~ (v) reasonable and necessary moving expenses, not to exceed \$2,000, incurred by
71 a victim or survivors as defined under subdivisions A 2 and A 4 of § 19.2-368.4; and ~~(vii)~~ (vi) any other
72 reasonable and necessary expenses and indebtedness incurred as a direct result of the injury or death
73 upon which such claim is based, not otherwise specifically provided for. Notwithstanding any other
74 provision of law, a person who is not eligible for an award under subsection A of § 19.2-368.4 who
75 pays expenses directly related to funeral or burial is eligible for reimbursement subject to the limitations
76 of this section.

77 F. Notwithstanding the provisions of subdivision 3 of § 19.2-368.10, §§ 19.2-368.5, 19.2-368.5:1,
78 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
79 Injuries Compensation Fund shall ~~pay for~~ *make awards on claims or portions of claims based upon the*
80 *claimant's actual expenses incurred, as are determined by the Commission to be appropriate, for*
81 *unreimbursed medical costs resulting from sexual abuse, including the cost of* (i) physical evidence
82 recovery kit examinations conducted on victims of sexual assault. ~~Any individual that submits to and~~
83 ~~completes a physical evidence recovery kit examination shall be considered to have met the reporting~~
84 ~~and cooperation requirements of this chapter,~~ (ii) *unreimbursed medical expenses or indebtedness*
85 *reasonably incurred for medical expenses,* (iii) *expenses attributable to pregnancy resulting from such*
86 *sexual abuse, and* (iv) *any other reasonable and necessary expenses and indebtedness associated with or*
87 *attributable to the sexual abuse upon which such claim is based not otherwise specifically provided for*
88 *in this subsection.* Funds paid for physical evidence recovery kit collection shall not be offset against the
89 Fund's maximum allowable award as provided in subsection H. ~~Payments may be subject to negotiated~~
90 ~~agreements with the provider. Health care providers that complete physical evidence recovery kit~~
91 ~~examinations may bill the Fund directly subject to the provisions of § 19.2-368.5:2.~~ The Commission
92 shall develop policies for a distinct payment process for physical evidence recovery kit examination
93 expenses as required under subdivision 1 of § 19.2-368.3.

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

96 *Payments may be subject to negotiated agreements with the provider. Health care providers that*
97 *provide services to victims of sexual abuse may bill the Fund directly subject to the provisions of*
98 *§ 19.2-368.5:2.*

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

103 H. To qualify for an award under this chapter, a claim must have a minimum value of \$100, and
104 payments for injury or death to a victim of crime, to the victim's dependents or to others entitled to
105 payment for covered expenses, after being reduced as provided in subsection G, shall not exceed
106 \$35,000 in the aggregate.

107 Article 8.

108 Services for Survivors of Sexual Assault.

109 § 32.1-162.15:2. Definitions.

110 *"Approved pediatric health care facility" means a pediatric health care facility for which a plan for*
111 *the delivery of services to pediatric survivors of sexual assault has been approved pursuant to*
112 *§ 32.1-162.15:6.*

113 *"Board" means the Board of Health.*

114 *"Department" means the Department of Health.*

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

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

121 *"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.

"Sexual assault forensic examiner" means a sexual assault nurse examiner, physician, physician assistant, nurse practitioner, or registered nurse 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 develop and, upon approval by the Department, implement a plan to provide either sexual assault survivor treatment services or sexual assault survivor transfer services for survivors of sexual assault.

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 and (ii) the written agreement of a treatment hospital to accept transfer of survivors 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 and (ii) the written agreement of an approved pediatric health care facility to accept transfer of survivors 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 Department shall provide the hospital with a written statement setting forth the reasons for such denial.

§ 32.1-162.15:4. Treatment services.

A. The Board shall adopt regulations to establish standards for review and approval of sexual assault survivor treatment plans, which shall include provisions for the following services, when ordered by a health care provider and with the consent of the survivor of sexual assault:

1. Appropriate forensic medical examination;
2. Appropriate oral and written information concerning the possibility of infection or sexually

183 transmitted disease, including human immunodeficiency virus (HIV) resulting from the sexual assault,
184 accepted medical procedures and medications for the prevention or treatment of such infection or
185 sexually transmitted disease, and the indications, contraindications, and potential risks of such medical
186 procedures or medications;

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

189 4. Appropriate oral and written information regarding the possibility of pregnancy resulting from the
190 sexual assault and medically and factually accurate oral and written information about emergency
191 contraception, the indications and contraindications and potential risks associated with the use of
192 emergency contraception, and the availability of emergency contraception for survivors of sexual
193 assault;

194 5. Prescription of such medications as may be appropriate for treatment of the survivor of sexual
195 assault both during treatment at the hospital and upon discharge, including, in cases in which
196 prophylactic treatment for infection with HIV is deemed appropriate, an initial dose or all required
197 doses of HIV prophylaxis;

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

201 7. Information about medical advocacy services provided by a rape crisis center with which the
202 hospital has entered into a memorandum of understanding pursuant to subsection D; and

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

204 B. All appropriate sexual assault survivor treatment services shall be provided without delay in a
205 private location and in an age-appropriate or developmentally appropriate manner.

206 C. Forensic medical examinations provided pursuant to a sexual assault survivor treatment plan
207 approved by the Board shall include an offer to complete a physical evidence recovery kit. Every
208 treatment hospital for which a sexual assault survivor treatment plan has been approved by the
209 Department shall report to the Department by December 1 of each year:

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

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

212 D. Every treatment hospital shall (i) enter into a memorandum of understanding with at least one
213 rape crisis center for medical advocacy services for survivors of sexual assault and (ii) adopt
214 procedures to ensure compliance with mandatory reporting requirements pursuant to §§ 63.2-1509 and
215 63.2-1606.

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

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

230 **§ 32.1-162.15:5. Transfer services.**

231 The Board shall adopt regulations to establish standards for review and approval of sexual assault
232 survivor transfer plans and pediatric sexual assault survivor transfer plans, which shall include
233 provisions for the following services, when ordered by a health care provider and with the consent of
234 the survivor of sexual assault:

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

237 2. Medically and factually accurate written and oral information about emergency contraception, the
238 indications and contraindications and potential risks associated with the use of emergency
239 contraception, and the availability of emergency contraception for survivors of sexual assault; and

240 3. Prompt transfer of the survivor of sexual assault to a treatment hospital or approved pediatric
241 health care facility, as may be appropriate, including provisions necessary to ensure that transfer of the
242 survivor of sexual assault or pediatric survivor of sexual assault would not unduly burden the survivor
243 of sexual assault or pediatric survivor of sexual assault.

244 **§ 32.1-162.15:6. Services for pediatric survivors of sexual assault; plan required.**

A. A pediatric health care facility may provide treatment services or transfer services to pediatric survivors of sexual assault in accordance with a pediatric sexual assault survivor treatment plan or 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. The Board shall adopt regulations to establish standards for the review and approval of pediatric sexual assault survivor treatment plans, which shall include provisions for the delivery of treatment services described in § 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) if the pediatric health care facility does not provide services 24 hours per day, seven days per week, provisions to inform the public regarding the need to seek an alternative source of treatment, including emergency medical services, which may include requirements for appropriate signage.

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. The Board shall adopt regulations to establish standards for review and approval of pediatric sexual assault survivor transfer plans, which shall include provisions for (i) the delivery of sexual assault survivor transfer services in accordance with the requirements of § 32.1-162.15:5 and (ii) the written agreement of a treatment hospital to accept transfer of pediatric survivors 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.

§ 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.

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;

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

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

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

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

306 facility in the plan approved pursuant to § 32.1-162.15:6.

307 **§ 32.1-162.15:9. Submission of evidence.**

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

313 **§ 32.1-162.15:10. Reimbursement for services; prohibited actions related to payment for covered**
314 **services.**

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

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

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

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

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

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

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

329 Nothing in this subsection shall prohibit any treatment hospital or transfer hospital from submitting
330 bills or claims for reimbursement for sexual assault survivor treatment services or sexual assault
331 survivor transfer services to any third-party health or dental insurance provider, homeowners insurance
332 provider, workers' compensation, or other third party or collateral source obligated to provide benefits
333 to a survivor of sexual assault to whom the treatment hospital or transfer hospital has provided sexual
334 assault survivor treatment services or sexual assault survivor transfer services or from applying for
335 reimbursement from the Criminal Injuries Compensation Fund or any other source providing
336 compensation for survivors of sexual assault.

337 **§ 32.1-162.15:11. Complaints.**

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

340 **§ 32.1-162.15:12. Task Force on Services for Survivors of Sexual Assault.**

341 A. There is hereby created the Task Force on Services for Survivors of Sexual Assault (the Task
342 Force), which shall consist of (i) two members of the House of Delegates appointed by the Speaker of
343 the House of Delegates; (ii) one member of the Senate appointed by the Senate Committee on Rules;
344 (iii) the Attorney General or his designee; (iv) the Commissioners of Health and Social Services, or
345 their designees; (v) the Director of the Department of State Police; (vi) two representatives of hospitals
346 licensed by the Department of Health appointed by the Governor; (vii) three physicians licensed by the
347 Board of Medicine to practice medicine or osteopathy appointed by the Governor, at least one of whom
348 shall be a practitioner of emergency medicine and at least one of whom shall be a pediatrician; (viii)
349 three nurses licensed to practice in the Commonwealth appointed by the Governor, at least one of whom
350 shall be a sexual assault nurse examiner; (ix) two representatives of organizations providing advocacy
351 on behalf of survivors of sexual assault appointed by the Governor; and (x) one representative of an
352 organization providing advocacy on behalf of children appointed by the Governor. The Commissioner of
353 Health or his designee shall serve as chairman of the Task Force. Staff support for the Task Force shall
354 be provided by the Department of Health.

355 B. The Task Force shall:

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

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

363 3. Develop model written agreements for use by treatment hospitals and approved pediatric health
364 care facilities required to enter into agreements with rape crisis centers pursuant to subsection D of
365 § 32.1-162.15:4;

366 4. Work with treatment hospitals and approved pediatric health care facilities to develop plans to
367 employ or contract with sexual assault forensic examiners to ensure the provision of treatment services

368 to survivors of sexual assault by sexual assault forensic examiners, including plans for implementation
369 of on-call systems to ensure availability of sexual assault forensic examiners;

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

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

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

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

379 **§ 54.1-2910.5. Pediatric sexual assault survivor services; requirements.**

380 Any health care practitioner licensed by the Board to practice medicine or osteopathy or as a
381 physician assistant, or jointly licensed by the Board and the Board of Nursing as a nurse practitioner,
382 who wishes to provide sexual assault survivor treatment services or sexual assault survivor transfer
383 services, as defined in § 32.1-162.15:2, to pediatric survivors of sexual assault, as defined in
384 § 32.1-162.15:2, shall comply with the provisions of Article 8 (§ 32.1-162.15:2 et seq.) of Chapter 5 of
385 Title 32.1 applicable to pediatric medical care facilities.

386 **§ 54.1-3018.2. Pediatric sexual assault survivor services; requirements.**

387 Any person licensed by the Board as a registered nurse who wishes to provide sexual assault
388 survivor treatment services or sexual assault survivor transfer services, as defined in § 32.1-162.15:2, to
389 pediatric survivors of sexual assault, as defined in § 32.1-162.15:2, shall comply with the provisions of
390 Article 8 (§ 32.1-162.15:2 et seq.) of Chapter 5 of Title 32.1 applicable to pediatric medical care
391 facilities.

392 **2. That the provisions of this act shall become effective on July 1, 2023.**