



COMMONWEALTH of VIRGINIA

Department of Criminal Justice Services

The Honorable Jackson H. Miller
Director

Tracy Louise Winn Banks, Esq.
Chief Deputy Director

January 3, 2026

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The Honorable Mark D. Sickles
Chair, Committee on Health and Human Services
General Assembly Building
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Richmond, Virginia 23219

The Honorable Barbara A. Favola
Chair, Senate Committee on Education and Health
General Assembly Building
201 North 9th Street
Richmond, Virginia 23219

The Honorable Luke E. Torian
Chair, House Appropriations Committee
General Assembly Building
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The Honorable L. Louise Lucas
Chair, Senate Finance and Appropriations Committee
General Assembly Building
201 North 9th Street
Richmond, Virginia 23219

Report on Sustainable Funding for Sexual Assault Medical Forensic Examinations and Services

Attached please find the “**Report on Sustainable Funding for Sexual Assault Medical Forensic Examinations and Services**” in accordance with Chapter 480 of the 2025 Virginia Acts of Assembly enactment clause 3 (HB1731).

If you have any questions, please contact Tracey Jenkins, our Division Director of Programs and Services at tracey.jenkins@dcjs.virginia.gov, or (804) 225-0005.

Sincerely,

A handwritten signature in black ink, appearing to read "Jackson H. Miller".

Jackson H. Miller
Director

Attachment

Report of the Work Group to Address Sustainable Funding for Sexual Assault Medical Forensic Examinations and Services

November 1, 2025



Virginia Department of Criminal Justice Services
www.dcjs.virginia.gov

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Preface

Chapter 480 of the 2025 Virginia Acts of Assembly enactment clause 3 (HB1731) directed:

That the Director of the Department of Criminal Justice Services (the Director) shall convene a work group to address sustainable funding for sexual assault medical forensic examinations and services to include the Commissioner of Health or his designee, the Executive Director of the Virginia Workers' Compensation Commission or his designee, the Executive Secretary of the Supreme Court of Virginia or his designee, two representatives from the Virginia Hospital & Healthcare Association, two representatives from the Virginia Chapter of the International Association of Forensic Nurses, one representative from the Medical Society of Virginia, one representative from the Virginia Nurses Association, two representatives from the Virginia Sexual and Domestic Violence Action Alliance, and other stakeholders designated by the Director or his designee. The work group shall submit a report with recommendations to the Chairs of the House Committee on Health and Human Services, the House Committee on Appropriations, the Senate Committee on Education and Health, and the Senate Committee on Finance and Appropriations by November 1, 2025.

Additional stakeholders included a representative from the Virginia Department of Forensic Science and members of the forensic nursing community.

Appreciation is extended to the following people who brought their knowledge and expertise to the Work Group discussions. Their commitment to ensuring a thoughtful, efficient, and practical process made the completion of this report possible.

- Brian Barrett, Law Student Intern, Virginia Department of Criminal Justice Services
- April Bennett, Executive Director, SAFE Center of Southwest Virginia
- Marissa Boyce, Staff Attorney, Office of the Executive Secretary, Supreme Court of Virginia
- Scott Castro, Senior Director of Health Policy, Medical Society of Virginia
- Shannon Dion, Director, Virginia Victims Fund
- Catherine Ford, Program Director, Medical Society of Virginia
- Erin Frazier, Executive Director, Collins Center
- Davis Gammon, Director of Policy and Legislative Affairs, Virginia Hospital & Healthcare Association
- Gleibys Gonzalez, Sexual Assault Forensic Services Coordinator, Virginia Department of Criminal Justice Services
- Tracey Jenkins, Director, Division of Programs and Services, Virginia Department of Criminal Justice Services
- Kathryn Laughon, Director, University of Virginia Health Forensic Center
- Andi Martin, Sexual and Domestic Violence Initiatives Supervisor, Virginia Department of Criminal Justice Services
- Mikayla Martinez, Law Student Intern, Virginia Department of Criminal Justice Services
- Jackson Miller, Director, Virginia Department of Criminal Justice Services
- Bonnie Price, Administrative Director, Bon Secours Violence Response Team
- Farryl Sorokin, PERK Tracking System Coordinator, Virginia Department of Forensic Science
- Kristina Vadas, Victims Services Manager, Virginia Department of Criminal Justice Services
- Ashley Xavier, Director of Violence Intervention Initiatives, Virginia Hospital & Healthcare Association Foundation
- Caitlin Yerkes, Member Representative, Virginia Nurses Association
- Jonathan Yglesias, Director of Mission Advancement, Virginia Sexual & Domestic Violence Action Alliance

Executive Summary

The Virginia Department of Criminal Justice Services (DCJS) convened the Work Group to Address Sustainable Funding for Sexual Assault Medical Forensic Examinations and Services in accordance with Chapter 480 of the 2025 Virginia Acts of Assembly enactment clause 3 (HB1731).

The first meeting was convened on June 9, 2025, and one subsequent meeting was held on August 13, 2025. This legislative document reports on the Work Group's discussions and recommendations.

Discussion topics included a wide breadth of forensic services issues in three primary categories:

1. Reimbursements for examinations and services
2. Enhancing services for patients
3. Forensic nurse examiner recruitment, training, and retention

Conclusions of the Work Group include:

- Current state-sponsored reimbursements do not cover 100% of the costs associated with providing exams and services rendered by forensic nurse examiners for criminal justice system related services.
- Forensic nurse examiners are providing services to victims of crime and the criminal justice system that are not reimbursed by the state.
- A bifurcated forensic exam reimbursement system between the Supreme Court of Virginia and the Virginia Victims Fund is complex and may result in delays, complications, extra work, and unequal reimbursements.
- Reimbursements for forensic services through the Supreme Court of Virginia require third party submission and verification, by way of prosecutors' offices, which can result in delays and rejected requests.
- Access to forensic nurses is limited in certain parts of Virginia. Distance and transportation are barriers to patients accessing forensic nursing services.
- Forensic nurse examiner turnover and burnout are high, with many nurses reporting that they feel isolated and overwhelmed with the workload. This is due to many complex factors including lack of program support, insufficient compensation, and difficult work conditions.
- Training and onboarding for a new forensic nurse examiner are time consuming, expensive, and non-reimbursable costs that programs must incur.

Background

The term “forensics” refers to scientific tests or techniques used in connection with the detection of a crime.¹ Although the study of forensics dates back in history for centuries, forensic nursing did not become part of the United States criminal justice system until the 1990s. Born out of her interest in nursing and forensic science, University of Texas student Virginia Lynch designed and proposed a graduate education program for herself.² Thus, forensic nursing was first recognized as a professional specialty after Lynch published her thesis project in 1990, which established *the integrated practice model for forensic nursing science*.³ In 1991, the American Academy of Forensic Sciences acknowledged forensic nursing as both a forensic and nursing specialty, and in 1992, the International Association of Forensic Nurses (IAFN) was established.⁴

A forensic nurse, as defined by the IAFN, is a nurse “who has received specific education and training. Forensic nurses provide specialized care for patients who are experiencing acute and long-term health consequences associated with victimization or violence, and/or have unmet evidentiary needs relative to having been victimized or accused of victimization. In addition, forensic nurses provide consultation and testimony for civil and criminal proceedings relative to nursing practice, care given, and opinions rendered regarding findings. Forensic nursing care is not separate and distinct from other forms of medical care, but rather integrated into the overall care needs of individual patients.”⁵

Forensic nurses may also be referred to as sexual assault nurse examiners or sexual assault forensic examiners. Within the *Code of Virginia*, a “sexual assault forensic examiner” is defined as:

*a sexual assault nurse examiner, a physician, a physician assistant, an advanced practice registered nurse, or a 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.*⁶

Forensic nurses or forensic nurse examiners (used interchangeably throughout this report) offer wide-ranging medical services for victims of child abuse, domestic violence, elder abuse, human trafficking, sexual assault, strangulation, and other victimizations. They frequently work in hospitals, clinics, family justice centers, corrections institutions, and child advocacy centers, serving at what the American Nurses Association describes as “the intersection of nursing and the criminal justice system.”⁷

Becoming a forensic nurse examiner is a time-intensive, multi-step process. To become certified, the IFAN has the following prerequisites and requirements:⁸

- Current, unrestricted licensure as a registered nurse (RN) or advanced practice nurse (APRN)
- Completion of a minimum 40-hour SANE didactic course by an accredited provider

¹ Oxford Languages, 2025 Oxford University Press.

² Janysek, B. L. (2023). Our Multidisciplinary Roots – Member Perspective from Virginia Lynch, Forensic Nurse. *American Academy of Forensic Sciences*.

³ Valentine, J. L., Sekula, L. K., & Lynch V. (2020). Evolution of Forensic Nursing Theory – Introduction of the Constructed Theory of Forensic Nursing Care: A Middle-Range Theory. *Journal of Forensic Nursing*, 16(4), 188–198. <https://pmc.ncbi.nlm.nih.gov/articles/PMC7678647>

⁴ Ibid.

⁵ Retrieved from www.forensicnurses.org/page/WhatisFN, September 17, 2025.

⁶ Retrieved from <https://law.lis.virginia.gov/vacode/32.1-162.15:2>, September 25, 2025.

⁷ American Nurses Association. (2023, May 17). *How to Become a Forensic Nurse*. www.nursingworld.org/content-hub/resources/nursing-resources/how-to-become-a-forensic-nurse

⁸ Retrieved from www.forensicnurses.org/page/ExamDetails, September 17, 2025.

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- Minimum practice as a RN (to take exams):
 - Sexual Assault Nurse Examiner (SANE)-Adult/Adolescent exam = two years
 - SANE-Pediatric exam = three years
- Completion of a SANE clinical preceptorship
- Accrual of 300 hours of SANE-related practice within the past three years (at least 200 hours with the intended exam population)

A primary responsibility of forensic nurses is to conduct the sexual assault medical forensic examination. *Code of Virginia* § 32.1-162.15:2 defines a “medical forensic examination” as:

*an examination of a sexual assault patient by a health care provider. A “medical forensic examination” may include gathering information from the patient for such patient’s medical forensic history; conducting an examination; coordinating treatment of injuries, documenting biological and physical findings, and collecting evidence from the patient in accordance with the requirements of Chapter 1.2 (§ [19.2-11.5](#) et seq.) of Title 19.2; and providing information, treatment, and referrals to community-based services.*⁹

Forensic Nursing Services in Virginia

Virginia has 22 forensic nurse examiner programs serving 79 locations. Many of the programs serve multiple sites, including other hospitals, clinics, child advocacy centers, and free-standing emergency rooms. Virginia’s programs vary widely in size, from programs with 20 forensic examiners to programs that have just one examiner. There are approximately 184 forensic nurse examiners in Virginia.

Included in the 22 programs are two programs within Virginia Commonwealth University Health (VCU Health). VCU Health has a program for adult patients and a separate program serving pediatric patients. Also included in that number is Ballad Health, which is a health system based in Tennessee. Ballad Health has two hospitals in Southwest Virginia with forensic nurses. The remaining hospitals under Ballad Health contract nurses from Tennessee to attend to patients needing a forensic examiner in Virginia.

Four out of the 22 programs are “stand-alone programs,” which means they are not part of a health system. Two of these “stand-alone programs” are located within urgent care clinics. One of these programs within an urgent care clinic only sees pediatric patients. The third “stand-alone program” is Chesapeake Forensic Specialists, a privately owned practice that shares space with the Norfolk Family Justice Center, a model in which community partners that work together in Sexual Assault Response Teams (SARTs) or Multidisciplinary Teams (MDT) are located under one roof. The fourth “stand-alone program” is the SAFE Center of Southwest Virginia, located in a clinic in downtown Pulaski.

There are 26 health systems with hospitals in Virginia, all of which are members of the Virginia Hospital and Healthcare Association (VHHA). Of these 26 VHHA member health systems, 13 health systems have forensic nursing programs. Health systems typically have one or more hospitals under their umbrella.

⁹ Retrieved from <https://law.lis.virginia.gov/vacode/32.1-162.15:2>, September 25, 2025.

Table 1 provides a snapshot of Virginia’s forensic nursing programs.

Table 1: Snapshot of Virginia’s Forensic Nursing Programs

Number of Forensic Nursing Programs	Number of Virginia Locations Served	Number of Virginia Forensic Examiners (approximate)	Number of “Stand-Alone Programs” – not part of a health system or hospital	Number of Hospital-Affiliated Programs
22 <i>(includes Ballad Health, based in TN, and two programs located at VCU)</i>	79	184	4	18

Funding and Reimbursements for Forensic Nurse Examiners

Virginia’s forensic nursing programs are funded through various sources, including health insurance programs, grants, private donations, and if they are part of a health system, through their own health systems. Additionally, some services provided by Virginia forensic nurse examiners are reimbursed through the Virginia Victims Fund and Supreme Court of Virginia.

If a patient is covered by Medicaid, Medicare, TRICARE, or other federal insurance, forensic nursing programs may be required to bill them first. While these insurances provide reimbursements for the forensic medical exam, the reimbursement rate is low. In some cases, reimbursements from federal insurance are as low as \$300 per exam, resulting in a significant gap between actual costs and what is reimbursed. An example of a program that is substantially impacted by this is the Inova Ewing Forensic Assessment and Consultation Team, located in Northern Virginia, which reports that 20%–30% of their patient population is covered by Medicaid, resulting in low reimbursements for a large percentage of their patient caseload. This issue also substantially impacts rural parts of the state where many patients are covered by federal health insurance programs.

Virginia Victims Fund Sexual Assault Forensic Exam Payment Program

The Virginia Victims Fund’s Sexual Assault Forensic Exam (SAFE) Payment Program provides reimbursements for sexual assault forensic exams, regardless of whether the crime is reported to law enforcement or not. The SAFE Payment Program also reimburses medications administered as part of the forensic exam, diagnostic x-rays, some transportation for patients, and mileage incurred by forensic examiners to conduct exams. A medical exam for a patient presenting with a sexual assault is not reimbursable through the SAFE Payment Program unless the patient opts to collect evidence through a Physical Evidence Recovery Kit (PERK). See Table 2 for SAFE Payment Program payment rates and amounts.

Specific SAFE Payment Program-eligible reimbursement expenses include: ¹⁰

- Forensic examiner’s fee
- Clinic/emergency room fee
- Lab tests for sexually transmitted diseases (STD)
- Pregnancy testing
- Medication

¹⁰ Virginia Victims Fund. “Sexual Assault Forensic Exam (SAFE) Payment Program.” Presentation, Richmond, Virginia, June 9, 2025.

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- Prophylactic medication for the prevention of STD and pregnancy
- One dose sedative/antidepressant/tranquilizer
- Antiemetic (anti-nausea) medication (up to a 30-day supply)
- Physician fee for a medical screening exam
- Follow-up lab testing during and upon completion of HIV non-occupational post-exposure prophylaxis (nPEP) prescription
- X-rays and CT scans conducted during patient's initial assessment (to determine the extent of injury as a result of the sexual assault)
- Transportation fees to transport patient to a facility that has the ability to conduct the forensic exam
- Follow-up forensic exams
- Follow-up exams related to HIV nPEP treatment

Table 2: SAFE Payment Program Payment Rates and Amounts ¹¹

Expense	Payment Rate/Amount
Acute Exams	60%
Non-Acute Exams	Up to \$1,500
Follow-up Exams	Up to \$1,000
Medication (part of exam)	100%
Physician Fees	Varies
Prescription	Varies
Transportation	Varies

SAFE Payment Program expenses have varied in recent years, averaging approximately \$3 million annually. In state fiscal year (SFY) 2024, expenses totaled \$3.4 million, which comprised all program expenses including reimbursements, personnel costs, and administrative expenses. Table 3 details the numbers of forensic exams that were reimbursed by the SAFE Payment Program each year.

Table 3: SAFE Payment Program Exams Reimbursed ¹²

	FY2022	FY2023	FY2024
Acute Exams	837	1,445	1,289
Non-Acute Exams	438	604	506
Follow-up Exams	202	110	254

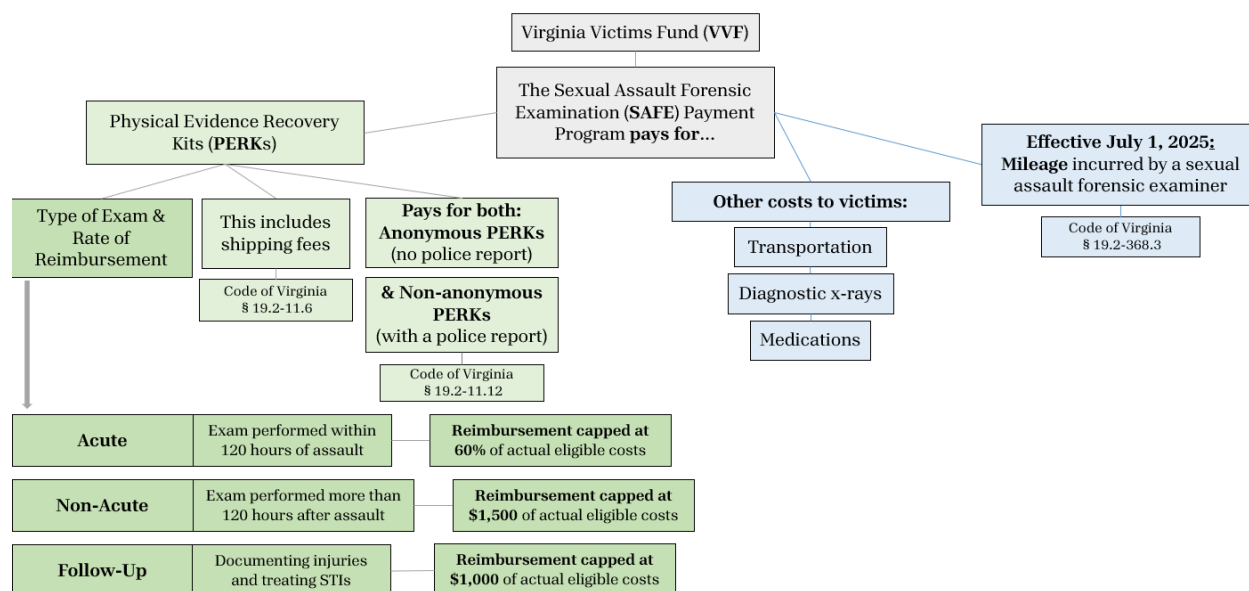
¹¹ Virginia Victims Fund, "SAFE Payment Program."

¹² Virginia Victims Fund, "SAFE Payment Program."

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Diagram 1 illustrates the SAFE Payment Program reimbursement process.

Diagram 1: SAFE Payment Program Reimbursements



Supreme Court of Virginia

The Supreme Court of Virginia reimburses evidence collection from strangulations and assaults reported to law enforcement, as well as for evidence collection for child abuse. Costs of medical fees for strangulations or assaults are not reimbursed without a report to law enforcement. The Supreme Court of Virginia requires forensic nursing programs to submit eligible medical bills to the Commonwealth's Attorney in the jurisdiction where the assault was reported. The Commonwealth's Attorney in that jurisdiction, or their designee, then forwards eligible medical bills to the Supreme Court of Virginia for reimbursement to be made to the medical provider.

The Supreme Court of Virginia's 2025 Chart of Allowances states that, in accordance with *Code of Virginia* § 19.2-165.1: 13

Request for reimbursement for sexual assault-related PERK or forensic examinations should be submitted to the Criminal Injuries Compensation Fund Payment Coordinator (P.O. Box 26927, Richmond, VA 23261)

Request for reimbursement for forensic examinations for any other authorized purpose should be submitted by the Commonwealth's Attorney or designated victim/witness coordinator to the Supreme Court of Virginia

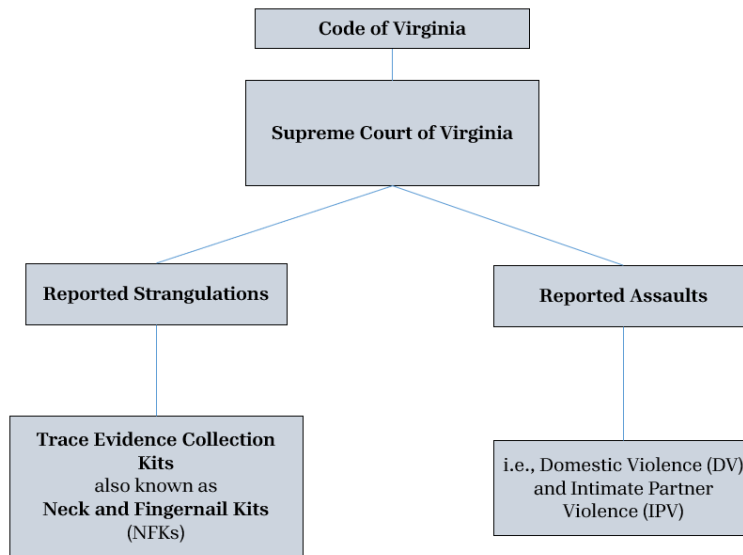
According to Supreme Court of Virginia data, the total amounts reimbursed for clinic services each year were \$3,053,411 in SFY 2022, \$4,924,797 in SFY 2023, and \$5,842,997 in SFY 2024. The numbers of invoices paid under *Code of Virginia* § 19.2-165.1 were 1,309 in SFY 2022, 1,646 in SFY 2023, and 1,649 in SFY 2024.¹⁴

¹³ Office of the Executive Secretary Department of Fiscal Services. (July 1, 2025). *Chart of Allowances*. Supreme Court of Virginia. www.vacourts.gov/static/courtadmin/aoc/fiscal/chart2025_0701.pdf

¹⁴ When providing this data, the Supreme Court of Virginia noted that the paid invoices may not all be from forensic nursing programs. Additionally, the number of invoices paid is not necessarily the same as the number of cases or patients, as some facilities may send more than one invoice for the same case/patient.

Diagram 2 illustrates the Supreme Court of Virginia reimbursement process. The term “reported” means that a report about the incident was made to law enforcement.

Diagram 2: Supreme Court of Virginia Reimbursements



Other Costs to Virginia’s Forensic Nursing Programs

In addition to gaps in reimbursements for forensic evidence collection, there are other expenses that programs and/or their health systems pay for that are in direct service to the criminal justice system and not reimbursed by the Commonwealth. These costs include forensic nurse training expenses, time spent by forensic nurses preparing for and in court, time spent by forensic nurses participating in Sexual Assault Response Teams (SARTs) or Multidisciplinary Teams (MDT) meetings, translation and interpretation costs needed to effectively communicate with patients, and physical security for forensic nursing programs.

Effective July 1, 2025, in accordance with *Code of Virginia* § 19.2-11.5, trace evidence collection kits are supplied to forensic examiners and other health care providers by the Virginia Department of Forensic Science (DFS).¹⁵ These kits are used to collect evidence from victims of strangulation, as defined in the *Code of Virginia*. DFS refers to these as “neck and fingernail kits” (NFKs). Patients have the option of obtaining a NFK whether they report the incident to law enforcement or not; however, there is currently no state entity assigned to reimburse forensic nursing programs for evidence collection costs associated with these anonymous NFKs.

Training is a significant expense incurred by Virginia forensic nursing programs. According to one program, their costs range from \$32,000 to \$75,000 to train and onboard one forensic nurse examiner. For initial training, the IAFN offers online classroom adult/adolescent sexual assault nurse examiner (SANE) training, which is forty-one contact hours and costs up to \$600. Additionally, the IAFN offers online pediatric SANE training which also costs up to \$600.¹⁶ Forensic nursing certifications have additional costs ranging from \$275 to \$605 through the IAFN.¹⁷

¹⁵ <https://law.lis.virginia.gov/vacode/19.2-11.5>

¹⁶ Retrieved from <https://www.forensicnurses.org/page/OLCAccess/#sanetraining>, September 23, 2025.

¹⁷ Retrieved from <https://www.forensicnurses.org/page/ExamDetails>, September 23, 2025.

Methodology

DCJS convened the Work Group to Address Sustainable Funding for Sexual Assault Medical Forensic Examinations and Services in accordance with Chapter 480 of the 2025 Virginia Acts of Assembly enactment clause 3 (HB1731). The Work Group met twice: June 9, 2025, at the Patrick Henry Building in Richmond, Virginia, and August 13, 2025, virtually.

At the June 9th meeting, the Work Group received the following presentations:

- The Virginia Department of Criminal Justice Services (DCJS) presented on the status of forensic nurse examiner programs in the Commonwealth, billing concerns shared by the forensic nursing field, forensic nursing training/certification requirements, and the availability of funding through DCJS and other grant sources for these services.
- Virginia Victims Fund (VVF) presented information on the Sexual Assault Forensic Exam (SAFE) Payment Program.
- The Supreme Court of Virginia presented information on the forensic evidence collection reimbursement process.
- The SAFE Center of Southwest Virginia, Bon Secours Violence Response Team, and University of Virginia Forensic Team presented on their services, experiences with billing for reimbursements, costs of training nurses, costs to run their programs that are not reimbursed, nurse retention, and nurse salary and benefits (or lack thereof).

Both meetings were publicly announced in accordance with Virginia's Freedom of Information Act (FOIA) requirements, and both meetings allowed public comment. No public comment was made at the June 9th meeting. Public comment was made at the August 13th meeting, during which one forensic nurse commented about the difficulty they have experienced with billing the Supreme Court of Virginia for reimbursements. This person also commented that they support training and improved processes for prosecutors and their designees on completing necessary documentation for submitting reimbursements on behalf of forensic nursing programs.

Conclusions of the Work Group include:

- Current state-sponsored reimbursements do not cover 100% of the costs associated with providing exams and services rendered by forensic nurse examiners for criminal justice system related services.
- Forensic nurse examiners are providing services to victims of crime and the criminal justice system that are not reimbursed by the state.
- A bifurcated forensic exam reimbursement system between the Supreme Court of Virginia and the Virginia Victims Fund is complex and may result in delays, complications, extra work, and unequal reimbursements.
- Reimbursements for forensic services through the Supreme Court of Virginia require third party submission and verification, by way of prosecutors' offices, which can result in delays and rejected requests.
- Access to forensic nurses is limited in certain parts of Virginia. Distance and transportation are barriers to patients accessing forensic nursing services.

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- Forensic nurse examiner turnover and burnout are high, with many nurses reporting that they feel isolated and overwhelmed with the workload. This is due to many complex factors including lack of program support, insufficient compensation, and difficult work conditions.
- Training and onboarding for a new forensic nurse examiner are time consuming, expensive, and non-reimbursable costs that programs must incur.

Discussion

During both meetings, the Work Group discussed and considered sustainable funding for forensic examinations and services in three primary categories:

1. Reimbursements for examinations and services
2. Enhancing services for patients
3. Forensic nurse examiner recruitment, training, and retention

1. Reimbursements for Examinations and Services

Work Group discussion regarding reimbursements for forensic examinations and services primarily involved identifying gaps in reimbursements for these services. Specific issues raised during the discussion included:

- Current state-sponsored reimbursements do not cover 100% of the costs associated with providing exams and services rendered by forensic nurse examiners for criminal justice system related services. Forensic nurse examiners are providing services to victims of crime and the criminal justice system that are not reimbursed by the state.
- There are no reimbursement options for the following services:
 - Anonymous or non-reported (to law enforcement) strangulations
 - Anonymous or non-reported (to law enforcement) assaults
 - Medical treatment provided to patients after a sexual assault but who opt not to collect evidence
 - Telehealth services¹⁸
- A forensic nurse must be deemed an “expert witness” to be provided compensation for their time spent in court; “fact witnesses” are not reimbursed.
- Programs are not typically reimbursed or funded for nurse travel costs to and from court and follow-up patient exams.
- The current bifurcated system for reimbursement is complex and challenging to navigate. Virginia has two separate state agencies who reimburse forensic nursing programs for various aspects of forensic exams: the Supreme Court of Virginia and the VVF SAFE Payment Program. This can result in delays, complications, extra work, and unequal reimbursements for programs.
- Billing often requires someone with expertise in forensic nursing. One Work Group member commented that one of their forensic nurse examiners spends 40 hours per month on billing.

¹⁸ According to the U.S. Health Resources and Services Administration, telehealth is defined as the use of electronic information and telecommunication technologies to support long-distance clinical health care, patient and professional health-related education, health administration, and public health.

- Billing the Supreme Court of Virginia is especially challenging as all bills must be processed through the Commonwealth's Attorney, or their designee, who must certify the expenses submitted to them by a forensic nursing program.
- Commonwealth's Attorneys do not have standardized methods for filing reimbursements with the Supreme Court of Virginia. Forensic nursing programs frequently experience delays in receiving reimbursements, due to delays in submission by prosecutors' offices. Without standardized methods, a Commonwealth's Attorney can decide not to submit a claim, leaving no recourse for forensic nursing programs to reimburse their costs.
- Current VVF reimbursement requirements are "Physical Evidence Recovery Kit (PERK) specific," meaning that all requests must be linked to the collection of evidence, rather than reimbursements based on a holistic medical care approach.
- Grant funding could be a temporary option to financially support forensic nursing programs; however, grant funding is uncertain, volatile, time-limited, and may contain conditions that limit programming. This may not be a sustainable option.

2. Enhancing Services for Patients

Work Group discussion regarding enhancing services for patients identified:

- The lack of forensic nursing programs within health systems and throughout the Commonwealth.
- The need for additional access and transportation options for patients to reach certified forensic nurse examiners. In some areas of Virginia, both adult and pediatric patients must travel two or three hours to access services, sometimes having to cross state lines and without transportation to get back home.
- The need for telehealth forensic services to be available statewide, during which a forensic nurse examiner could assist another nurse on all aspects of the medical forensic exam. This raised additional discussion about the costs of equipment and access to high-speed internet and information technology services, as well as how these services would be reimbursed for both of the providers or "ends" of the telehealth service.

3. Forensic Nurse Examiner Recruitment, Training, and Retention

Work Group discussion regarding forensic nurse examiner recruitment, training, and retention revealed the following:

- Forensic nurse examiner turnover and burnout is real, with many nurses reporting that they feel isolated and overwhelmed with the workload. Many often perform duties outside of forensic nursing, such as billing and contacting patients to schedule follow-up exams or to provide appropriate community referrals. In cases when forensic nurses are needed in court, the courts sometimes set trial dates without consulting nurses' schedules. At times, these dates occur during nurses' time off or vacations, which contributes to burnout.
- Medical providers report that workplace violence is an increasingly significant concern. Some forensic nursing programs do not operate in secure facilities, resulting in safety concerns for nurses. Even within more secure facilities, such as hospitals, workplace violence remains an issue.

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- Forensic nurse examiner compensation (salary and fringe benefits) varies greatly across the Commonwealth. Nurses report that other types of nursing work may have higher pay and less demanding schedules, which contributes to turnover in the forensic nursing field.
- Significant differences in how forensic nursing programs are operated/managed. Some programs do not offer health insurance or other benefits to their forensic nurses, while others do offer such benefits. Some programs must manage all aspects of maintenance and operations themselves, without support from a health system or other entity. Some programs also do not have access to physical security measures, which can be a barrier to services.
- Limited investment and buy-in from many health systems. Health systems are often wary of establishing and supporting forensic nursing programs in their hospitals because these services are typically not profitable. The leadership of health systems may be unfamiliar with forensic nursing, which can be a barrier in supporting the establishment and sustainability of programs. Health systems may opt to transfer patients to an existing forensic nursing program rather than establish a program of their own.
- Forensic nursing programs are not funded or reimbursed for training or certification costs. These costs must be paid for by the programs.
- The need for DCJS to expand their training offerings for forensic programs to all areas of the Commonwealth of Virginia.

Recommendations

The following Work Group recommendations are offered for consideration:¹⁹

1. Consolidate and streamline forensic reimbursement processes, regardless of whether the injury or need is a result of child abuse, domestic violence, elder abuse, human trafficking, sexual assault, strangulation, or other interpersonal victimization.
2. The Joint Commission on Health Care (JCHC) or Joint Legislative Audit & Review Commission (JLARC) should conduct a study of the following:
 - a. Feasibility of consolidating forensic reimbursement processes to one entity (either the Virginia Victims Fund or Supreme Court of Virginia, but not both), thereby creating one process by which the Commonwealth will reimburse for all patient-related medical and forensic exam expenses.
 - b. Adjustments to medical and forensic exam reimbursement rates under a consolidated process, ensuring that there are no decreases in these rates.
 - c. Costs and resources needed to fully fund and support a consolidated process.
3. Amend the *Code of Virginia* so that Virginia Victims Fund will, in addition to the services they currently reimburse, also reimburse for:
 - a. Medical exams of patients presenting with victimization, but who opt not to collect evidence.
 - b. Reported and non-reported (to law enforcement) medical forensic exams for victims of child abuse, domestic violence, elder abuse, human trafficking, and strangulation.
 - c. Reported and anonymous trace evidence collection kits/NFKs.
 - d. Mileage of forensic nurse examiners traveling from one exam site to another to perform a medical forensic exam or follow-up patient exam.
 - e. Time forensic nurse examiners spend preparing for and in court.
 - f. Time forensic nurse examiners spend in SART and MDT meetings.
 - g. Time of both providers or “ends” of telehealth forensic services and consultations.
 - h. Transportation of patients to and from forensic and follow-up exams.
4. The Supreme Court of Virginia should update their policies and procedures to:
 - a. Provide clear guidelines to Commonwealth’s Attorneys on filing claims for reimbursement of medical evidence collection.
 - b. Provide clear guidelines for forensic nursing programs on what is needed for claims for reimbursement of medical evidence collection.
 - c. Extend the 12-month timeframe for submitting bills for reimbursement, with exceptions specifically outlined and enumerated in the Supreme Court of Virginia Chart of Allowances for bills submitted beyond the specified timeframe.

¹⁹ Work Group representatives from Virginia Victims Fund and the Supreme Court of Virginia abstained from recommendations regarding the expansion of any entity’s reimbursement authority.

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5. Amend Virginia's Medicaid State Plan to provide payment for evidence collection, or to increase reimbursements for evidence collection, with care taken to protect patient information.
6. Amend *Code of Virginia* § 9.1-116.1 to expand allowable uses for Virginia Sexual and Domestic Violence Victim Fund grant funding beyond only salaries and equipment for sexual assault service providers and hospitals.
7. Increase the state general fund allocation for the Virginia Sexual Assault Forensic Examiner Coordination Program (*Code of Virginia* § 9.1-191) in order to sustain and expand *Code*-mandated training and technical assistance responsibilities.

Appendix A: Chapter 480 of the 2025 Virginia Acts of Assembly (HB 1731)

CHAPTER 480²⁰

An Act to amend and reenact §§ 32.1-162.15:2 through 32.1-162.15:7, 32.1-162.15:9, 54.1-2910.5, and 54.1-3018.2 of the Code of Virginia and to repeal § 32.1-162.15:11 of the Code of Virginia, relating to services for sexual assault patients; provision of information for sexual assault patients; Task Force on Services for Survivors of Sexual Assault; work group; report.

[H 1731]

Approved March 24, 2025

Be it enacted by the General Assembly of Virginia:

1. That §§ 32.1-162.15:2 through 32.1-162.15:7, 32.1-162.15:9, 54.1-2910.5, and 54.1-3018.2 of the Code of Virginia are amended and reenacted as follows:

Article 8.

Services for ~~Survivors of~~ Sexual Assault ~~Patients~~

§ 32.1-162.15:2. Definitions.

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

“Anonymous physical evidence recovery kit” has the same meaning as in § 19.2-11.5.

“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 ~~patients~~ 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 ~~patient~~ by a health care provider within 90 days after the date on which treatment or transfer services pursuant to this article are 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.~~

“Health care facility” means an outpatient surgical hospital or other facility that is licensed by the Department pursuant to this chapter that provides health care services and does not meet the definition of hospital or pediatric health care facility in this section.

“Hospital” means any ~~inpatient~~ hospital licensed by the Department pursuant to this chapter ~~or an inpatient hospital owned or operated by an agency of the Commonwealth that is not a long term care hospital, rehabilitation hospital, or psychiatric hospital.~~

“Medical forensic examination” means an examination of a sexual assault patient by a health care provider. A “medical forensic examination” may include gathering information from the patient for such patient’s medical forensic history; conducting an examination; coordinating treatment of injuries, documenting biological and physical

²⁰ <https://lis.virginia.gov/bill-details/20251/HB1731/text/CHAP0480>

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findings, and collecting evidence from the patient in accordance with the requirements of Chapter 1.2 (§ 19.2-11.5 et seq.) of Title 19.2; and providing information, treatment, and referrals to community-based services.

“Pediatric health care facility” means a ~~an inpatient~~ hospital, ~~clinic, or physician’s office~~ licensed by the Department pursuant to this chapter that provides health care services to pediatric patients.

“Pediatric ~~survivor of~~ sexual assault ~~patient~~” means a ~~survivor of~~ sexual assault ~~patient~~ who is under 18 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, a physician, a physician assistant, an advanced practice registered nurse, or a 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~~ ~~patient~~ transfer ~~and stabilization~~ services” means an appropriate medical ~~examination~~ screening and such stabilizing treatment *in accordance with the Emergency Medical Treatment and Active Labor Act, 42 U.S.C. § 1395dd*, as may be necessary prior to the transfer of a sexual assault ~~survivor~~ ~~patient~~ from a transfer hospital to a treatment hospital *in accordance with the provisions of a transfer plan approved by the Department*.

“Sexual assault ~~survivor~~ ~~patient~~ treatment services” means a ~~forensic medical examination and other~~ health care services provided to a sexual assault ~~survivor~~ ~~patient~~ 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~~ ~~patient~~ transfer plan approved by the Department.

“Transportation service” means transportation provided to a ~~survivor of~~ sexual assault ~~patient~~ 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~~ ~~patient~~ treatment plan approved by the Department to provide sexual assault ~~survivor~~ ~~patient~~ treatment services to all ~~survivors of~~ sexual assault ~~patients~~ 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 sexual assault patients; plan required.

A. *Every health care facility shall provide written information about local or statewide sexual and domestic violence advocacy services. Such information shall be readily available to adult and pediatric patients.*

B. Every hospital ~~licensed by the Department~~ shall develop and, upon approval by the Department, implement a plan to provide either sexual assault ~~survivor~~ ~~patient~~ treatment services or sexual assault ~~survivor~~ ~~patient~~ transfer ~~and stabilization~~ services for ~~survivors of~~ sexual assault ~~patients~~.

~~B. C.~~ Sexual assault ~~survivor~~ ~~patient~~ 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. D.~~ Sexual assault ~~survivor~~ ~~patient~~ 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 ~~patients~~.

~~D. E.~~ A treatment hospital for which a plan has been approved pursuant to subsection ~~B. C.~~ or a transfer hospital for which a plan has been approved pursuant to subsection ~~C. D.~~ may enter into an agreement for the transfer of pediatric ~~survivors of~~ sexual assault ~~patients~~ from the treatment hospital or transfer hospital to an approved pediatric health care facility pursuant to a pediatric sexual assault ~~survivor~~ ~~patient~~ 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 ~~patients~~.

~~E. F.~~ Sexual assault ~~survivor~~ ~~patient~~ treatment plans, sexual assault ~~survivor~~ ~~patient~~ transfer plans, and pediatric sexual assault ~~survivor~~ ~~patient~~ 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

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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~~ **patient** 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 **patient**:

1. Appropriate ~~forensic~~ medical **forensic** examination;
2. Appropriate oral and written information concerning the possibility of infection or sexually transmitted disease, including human immunodeficiency virus (HIV) resulting from the sexual assault, accepted medical procedures and medications for the prevention or treatment of such infection or sexually transmitted disease, and the indications, contraindications, and potential risks of such medical procedures or medications;
3. Appropriate evaluations to determine the ~~survivor of~~ sexual ~~assault's~~ **assault patient's** risk of infection or sexually transmitted disease, including HIV, resulting from the sexual assault;
4. Appropriate oral and written information regarding the possibility of pregnancy resulting from the sexual assault and medically and factually accurate oral and written information about emergency contraception, the indications and contraindications and potential risks associated with the use of emergency contraception, and the availability of emergency contraception for ~~survivors of~~ sexual assault **patients**;
5. Prescriptions of such medications as may be appropriate for treatment of the ~~survivor of~~ sexual assault **patient** both during treatment at the hospital and upon discharge, including, in cases in which prophylactic treatment for infection with HIV is deemed appropriate, an initial dose or all required doses of HIV prophylaxis;
6. Oral and written information regarding the need for follow-up care, including examinations and laboratory tests to determine the presence or absence of sexually transmitted infection or disease and follow-up care related to HIV prophylaxis;
7. ~~Information about medical advocacy services provided by a rape crisis center with which the hospital has entered into a memorandum of understanding pursuant to subsection D. Policies and procedures for referral and connection to hospital-based, community-based, or statewide advocacy services for sexual assault patients and their families when available;~~ and
8. Referral for appropriate counseling and other support services **based on availability of services**.

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

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

1. The total number of patients to whom a ~~forensic~~ medical **forensic** examination was provided; and
2. The total number of physical evidence recovery kits offered and completed.

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

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

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~~F.~~ ~~E.~~ Every treatment hospital, including every treatment hospital with an approved pediatric sexual assault ~~survivor~~ ~~patient~~ plan, shall include in its sexual assault ~~survivor~~ ~~patient~~ treatment plan provisions requiring appropriate health care providers who provide services in the hospital's emergency department to annually complete training developed and made available by the Department on the topic of sexual assault, detection of sexual assault, provision of services for ~~survivors of~~ sexual assault ~~patients~~, and collection of evidence in cases involving alleged sexual assault. Such training shall be consistent with best practices outlined by the International Association of Forensic Nurses.

§ 32.1-162.15:5. Transfer services.

The Board shall adopt regulations to establish standards for review and approval of sexual assault ~~survivor~~ ~~patient~~ transfer plans and pediatric sexual assault ~~survivor~~ ~~patient~~ transfer 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 ~~patient~~:

1. Appropriate medical examination and such stabilizing treatment as may be necessary prior to the transfer of a ~~survivor of~~ sexual assault ~~patient~~ from the transfer hospital to a treatment hospital ~~or clinic that provides treatment services for survivors of sexual assault that are comparable to those described in § 32.1-162.15:4;~~

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

3. Prompt transfer of the ~~survivor of~~ sexual assault ~~patient~~ to a treatment hospital; ~~or~~ approved pediatric health care facility, ~~or clinic that provides treatment services for survivors of sexual assault that are comparable to those described in § 32.1-162.15:4;~~ as may be appropriate, including provisions necessary to ensure that transfer of the ~~survivor of~~ sexual assault ~~patient~~ or pediatric ~~survivor of~~ sexual assault ~~patient~~ would not unduly burden the ~~survivor of~~ sexual assault ~~patient~~ or pediatric ~~survivor of~~ sexual assault ~~patient~~.

§ 32.1-162.15:6. Services for pediatric sexual assault patients; plan required.

A. A pediatric health care facility may provide treatment services or transfer ~~and stabilization~~ services to pediatric ~~survivors of~~ sexual assault ~~patients~~ in accordance with a pediatric sexual assault ~~survivor~~ ~~patient~~ treatment plan or pediatric sexual assault ~~survivor~~ ~~patient~~ transfer ~~and stabilization~~ plan approved by the Department. No pediatric health care facility shall provide pediatric sexual assault treatment or transfer ~~and stabilization~~ services to a pediatric ~~survivor of~~ sexual assault ~~patient~~ unless a pediatric sexual assault ~~survivor~~ ~~patient~~ 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~~ ~~patient~~ treatment services shall submit a pediatric sexual assault ~~survivor~~ ~~patient~~ treatment plan to the Department. The Board shall adopt regulations to establish standards for the review and approval of pediatric sexual assault ~~survivor~~ ~~patient~~ 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 ~~patients~~; (ii) provisions for transfer services required by § 32.1-162.15:5 for pediatric ~~survivors of~~ sexual assault ~~patients~~ 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 ~~patients~~ 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~~ ~~patient~~ transfer ~~and stabilization~~ services shall submit a pediatric sexual assault ~~survivor~~ ~~patient~~ transfer plan to the Department. The Board shall adopt regulations to establish standards for review and approval of pediatric sexual assault ~~survivor~~ ~~patient~~ transfer plans, which shall include provisions for (i) the delivery of sexual assault ~~survivor~~ ~~patient~~ transfer ~~and stabilization~~ 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 ~~patients~~.

D. Pediatric sexual assault ~~survivor~~ ~~patient~~ treatment plans and pediatric sexual assault ~~survivor~~ ~~patient~~ transfer plans shall be submitted in a form and in accordance with procedures specified by the Board. The Department shall

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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~~ **patient** treatment plans, sexual assault ~~survivor~~ **patient** transfer plans, and pediatric sexual assault ~~survivor~~ **patient** 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~~ **patient** treatment plan, sexual assault ~~survivor~~ **patient** transfer plan, or pediatric sexual assault ~~survivor~~ **patient** 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~~ **patient** treatment plan, sexual assault ~~survivor~~ **patient** transfer plan, or pediatric sexual assault ~~survivor~~ **patient** 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~~ **patient** treatment plan, sexual assault ~~survivor~~ **patient** transfer plan, or pediatric sexual assault ~~survivor~~ **patient** 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~~ **patient** treatment plan, sexual assault ~~survivor~~ **patient** transfer plan, or pediatric sexual assault ~~survivor~~ **patient** transfer plan for such hospital approved by the Department, whether a plan of correction was submitted in accordance with the provisions of subsection A.

§ 32.1-162.15:9. Submission of evidence.

Every treatment hospital and approved pediatric health care facility that provides a ~~forensic~~-medical **forensic** examination that includes completion of a physical evidence recovery kit to a ~~survivor of~~ sexual assault **patient** who has elected to report the assault to law enforcement shall notify the law-enforcement agency with the primary responsibility for investigating an alleged sexual assault within four hours of the ~~forensic~~ medical **forensic** examination and arrange for collection of the physical evidence recovery kit within a reasonable timeframe. A treatment hospital or approved pediatric health care facility that provides a ~~forensic~~ medical **forensic** examination that includes completion of a physical evidence recovery kit to a ~~survivor of~~ sexual assault **patient** who elects not to report the sexual assault to law enforcement shall comply with the provisions of § 19.2-11.6 relating to anonymous physical evidence recovery kits.

§ 54.1-2910.5. Pediatric sexual assault patient 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 an advanced practice registered nurse, who wishes to provide sexual assault ~~survivor~~ **patient** treatment services or sexual assault ~~survivor~~ **patient** transfer **and stabilization** services, as defined in § 32.1-162.15:2, to pediatric ~~survivors of~~ sexual assault **patients**, 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.

§ 54.1-3018.2. Pediatric sexual assault patient services; requirements.

Any person licensed by the Board as a registered nurse who wishes to provide sexual assault ~~survivor~~ **patient** treatment services or sexual assault ~~survivor~~ **patient** transfer **and stabilization** services, as defined in § 32.1-162.15:2, to pediatric ~~survivors of~~ sexual assault **patients**, 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.

2. That § 32.1-162.15:11 of the Code of Virginia is repealed.

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3. That the Director of the Department of Criminal Justice Services (the Director) shall convene a work group to address sustainable funding for sexual assault medical forensic examinations and services to include the Commissioner of Health or his designee, the Executive Director of the Virginia Workers' Compensation Commission or his designee, the Executive Secretary of the Supreme Court of Virginia or his designee, two representatives from the Virginia Hospital & Healthcare Association, two representatives from the Virginia Chapter of the International Association of Forensic Nurses, one representative from the Medical Society of Virginia, one representative from the Virginia Nurses Association, two representatives from the Virginia Sexual and Domestic Violence Action Alliance, and other stakeholders designated by the Director or his designee. The work group shall submit a report with recommendations to the Chairs of the House Committee on Health and Human Services, the House Committee on Appropriations, the Senate Committee on Education and Health, and the Senate Committee on Finance and Appropriations by November 1, 2025.

Appendix B: Work Group Meeting Presentations

During the meetings of the Work Group to Address Sustainable Funding for Sexual Assault Medical Forensic Examinations and Services, the group received presentations from the following programs and agencies:

- Bon Secours Violence Response Team
- SAFE Center of Southwest Virginia
- Supreme Court of Virginia
- University of Virginia Forensic Team
- Virginia Department of Criminal Justice Services
- Virginia Victims Fund

To obtain copies of the presentation slides, contact Kristina Vadas, Manager of the DCJS Victims Services Section. She may be reached by phone at (804) 786-7802 or by email at Kristina.Vadas@dcjs.virginia.gov.

Appendix C: Commonwealth of Virginia Sexual Assault Forensic Examiner Programs Directory ²¹

Facility	Address	Phone	SAFE/SANE	Contact	Other Forensic Exams Offered
*Augusta Health Forensic Nurse Team	78 Medical Dr, Fishersville, VA 22939	540-332-4492	Adult and Pediatric	Tulsa O'Shea, Program Coordinator	Domestic/Intimate Partner Violence, Elder Abuse, Human Trafficking, Physical Abuse/Neglect – Children, Strangulation, Suspect Exams
<i>Additional locations served:</i>					
AH Forensic Nursing Services	Lexington Exam Site, 55 Comfort Way, Suite 1, Lexington, VA 24450	540-332-4492 (Open 7am–7pm; outside those hours, patients will go to Augusta Health, 78 Medical Dr., Fishersville)			
AH Forensic Nursing Services, Valley Children's Advocacy Center	1105 Greenville Ave, Staunton, VA 24401	540-332-4492 (scheduled appointments)	Pediatric/Adolescent non-acute exams		
*Ballad Health SANE/Forensic Department (based in Tenn.)	400 N. State of Franklin Road, Johnson City, TN 37604	423-431-1934	Adult and Pediatric	Ashleigh McMahan, SANE Clinical Director	Human Trafficking, Strangulation
<i>Additional locations served:</i>					
Dickenson Community Hospital	312 Hospital D., Clintwood, VA 24228	276-926-0300			
Johnston Memorial Hospital	16000 Johnston Memorial Dr, Abingdon, VA 24211	276-258-1000			
Lee County Community Hospital	127 Health Care Drive, Pennington Gap, VA 24277	276-299-5000			
Lonesome Pine Hospital	1990 Holton Ave East, Big Stone Gap, VA 24219	276-523-3111			
Norton Community Hospital	100 15th St NW, Norton, VA 24273	276-439-1000			
Smyth Co. Community Hospital	245 Medical Park Dr, Marion, VA 24354	276-378-1000			

²¹ Updated semi-annually by the Virginia Sexual Assault Forensic Examiner Coordination Program coordinator at DCJS.

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Facility	Address	Phone	SAFE/SANE	Contact	Other Forensic Exams Offered
*†Bon Secours Violence Response Team	5801 Bremono Rd, Richmond, VA 23226	804-281-8574 (†On-site staff 24/7, 365 days a year)	Adult and Pediatric	Angela Modlin, Manager Forensic Nursing Program Beth Gilmore, Manager Victim Services Program	Domestic/Intimate Partner Violence, Elder Abuse, Human Trafficking, Strangulation, Suspect Exams, Community Violence
<i>Additional locations served:</i>					
Bon Secours – Chester Emergency Center	12021 US-1, Suite 100, Chester, VA 23831				
Bon Secours - Colonial Heights Emergency Center	60 East Roslyn Cir, Colonial Heights, VA 23834				
Bon Secours – Southern Virginia Medical Center	727 N Main St, Emporia, VA 23847				
Bon Secours – Southside Medical Center	200 Medical Park Blvd, Petersburg, VA 23805				
Bon Secours Short Pump Emergency Center	12320 West Broad St, Henrico, VA 23233				
Bon Secours Westchester Emergency Center	601 Watkins Centre Pkwy, Midlothian, VA 23114				
Memorial Regional Medical Center	8260 Atlee Rd, Mechanicsville, VA 23116				
Rappahannock General Hospital	101 Harris Rd, Kilmarnock, VA 22482				
Richmond Community Hospital	1500 N. 28 th St, Richmond, VA 23223				
St. Francis Medical Center	13710 St. Francis Blvd, Midlothian, VA 23114				
*Carilion Clinic Forensic Nurse Examiner Program	1906 Belleview Ave, Roanoke, VA 24014	540-266-6025 (voicemail) 540-853-0278 (ED MedCom for immediate assistance)	Adult and Pediatric	Heather Smith, System Director Forensic Nurse Examiner Program	Domestic/Intimate Partner Violence, Elder Abuse, Human Trafficking, Strangulation, Suspect Exams, Meth Lab Exposure, Complicated Straddle Injuries

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Facility	Address	Phone	SAFE/SANE	Contact	Other Forensic Exams Offered
<i>Additional locations served:</i>					
Carilion Franklin Memorial Hospital	390 South Main St, Rocky Mount, VA 24151	540-489-6367 (voicemail) 540-489-6439 (for immediate assistance)			
Carilion Giles Community Hospital	159 Hartley Way, Pearisburg, VA 24134	540-731-7287 (for immediate assistance call) (Available M-F 8am–4pm)			
*Carilion New River Valley Medical Center (CNRVMC)	2900 Lamb Cir, Christiansburg, VA 24073	540-731-7287 540-731-2860 (for immediate assistance)			
Carilion Rockbridge Community Hospital	1 Health Cir, Lexington, VA 24450	540-458-3300 (Available M-F 8am–4pm)			
Carilion Tazewell Community Hospital	388 Ben Bolt Ave, Tazewell, VA 24651	276-988-8777 (Available M-F 8am–4pm)			
*Centra Forensic Nurse Examiners	Lynchburg General Hospital, 1901 Tate Springs, Lynchburg, VA 24501	434-200-3642	Adult and Pediatric	April Rasmussen, Program Coordinator	Domestic/Intimate Partner Violence, Elder Abuse, Human Trafficking, Strangulation, Suspect Exams, Malicious Wounding, Car vs Pedestrian, Infant Deaths, Foster Care Placement Screenings
<i>Additional locations served:</i>					
Bedford Child Advocacy Center	1085 Vista Park Dr, Forest, VA 24551	434-616-2718			
Centra Southside Community Hospital	800 Oak Street, Farmville, VA 23901	434-315-2435			
Gretna Emergency Department	291 McBride Lane, Gretna, VA 24557	434-200-2989			
*Chesapeake Forensic Specialists (stand-alone program)	1101 Madison Plaza #103, Chesapeake, VA 23320	757-398-5105 (9 am–9 pm, 7 days a week)	Adult	Jennifer Knowlton, Program Coordinator	Domestic/Intimate Partner Violence, Human Trafficking, Strangulation, Suspect Exams
<i>Additional locations served:</i>					
Bon Secours – Southampton Medical Center	100 Fairview Dr, Franklin, VA 23851	757-569-6150			

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Facility	Address	Phone	SAFE/SANE	Contact	Other Forensic Exams Offered
Bon Secours Health Center at Harbour View	5818 Harbour View Blvd, Suffolk, VA 23435	757-673-5800			
Bon Secours Maryview Medical Center	3636 High St, Portsmouth, VA 23707	757-398-2200			
Chesapeake Regional Medical Center	736 N Battlefield Blvd, Chesapeake, VA 23320	757-330-0376			
Norfolk Family Justice Center	835 Glenrock Road, Norfolk, VA 23502	757-330-0376	Adult		
Sentara BelleHarbour	3920A Bridge Rd, Suffolk, VA 23435	757-983-0000			
Sentara Independence	800 Independence Blvd, Virginia Beach, VA 23455	757-363-6100			
Sentara Leigh Hospital	830 Kempsville Rd, Norfolk, VA 23502	757-261-6000			
Sentara Norfolk General Hospital	600 Gresham Dr, Norfolk, VA 23507	757-388-3000			
Sentara Obici Hospital	2800 Godwin Blvd, Suffolk, VA 23434	757-934-4000			
Sentara Princess Anne Hospital	Glenn Mitchell Dr, Virginia Beach, VA 23456	757-507-1000			
Sentara Virginia Beach General Hospital	1060 First Colonial Rd, Virginia Beach, VA 23454	757-395-8000			
<i>Mobile Exams Offered at Local Jails and Prisons Upon Request</i>					
*Child Protection Center, Children's Hospital of Richmond at Virginia Commonwealth University Health System	1000/1001 E. Broad St, Richmond, VA 23219	804-828-7400	Pediatric	Shamika Byars, <i>Program Coordinator</i>	Domestic/Intimate Partner Violence, Human Trafficking, Foster Care Evaluation, Pediatric Burns, Substance Exposed Infants, Neglect

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Facility	Address	Phone	SAFE/SANE	Contact	Other Forensic Exams Offered
<i>Additional locations served:</i>					
Riverside Tappahannock VCUHS	618 Hospital Rd, Tappahannock, VA 22560	804-443-6297			
*Children's Hospital of the King's Daughters Child Advocacy Center	601 Children's Lane, Norfolk, VA 23507	757-668-6100	Pediatric (up to 17 years old)	<i>In transition</i>	Human Trafficking
<i>Additional locations served:</i>					
	935 Redgate Ave, Norfolk, VA 23507				
*Clinch Valley Medical Center	6801 Gov George C. Peery Hwy, Richlands, VA 24641	276-596-6153	Adult and Pediatric	Marcy Childress, Program Coordinator	
*Inova Ewing Forensic Assessment and Consultation Team	3300 Gallows Rd, Falls Church, VA 22042	703-776-3821	Adult and Pediatric	Ariel Ward, Program Coordinator Chelle Demarais, Clinical Manager	Domestic/Intimate Partner Violence, Elder Abuse, Human Trafficking, Strangulation, Suspect Exams
<i>Additional locations served:</i>					
Inova Alexandria (entrance is inside the building all the way back to the right)	4700 King St, NW, Suite 125, Alexandria, VA 22302	571-665-6650 (NOT 24/7)			
Inova Cornwall Campus (3 rd Floor near LAMPS)	224A Cornwall St, NW, Suite 3.024, Leesburg, VA 20176	703-771-2837 (NOT 24/7)			
Inova Dunn Loring	2671 Avenir Place, Suite A, Vienna, VA 22180	571-623-3773			
MWHC Forensic Services – Mary Washington Hospital	1001 Sam Perry Blvd, Fredericksburg, VA 22401	540-741-1285	Adult and Pediatric	Louise (Wheezie) Rollins, Program Coordinator	Domestic Violence/Intimate Partner Violence, Elder Abuse, Human Trafficking
<i>Additional locations served:</i>					
CAC	305 Hanson Ave, Fredericksburg, VA 22401	540-891-6280			

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Facility	Address	Phone	SAFE/SANE	Contact	Other Forensic Exams Offered
FSED	10401 Spotsylvania Ave, Fredericksburg, VA 22408	540-741-0555			
Stafford Hospital	101 Hospital Center Blvd, Stafford, VA 22554	540-741-9111			
*†Riverside Health System	500 J. Clyde Morris Blvd, Newport News, VA 23601	757-594-3983	Adult and Pediatric	Elizabeth Young, <i>Program Coordinator</i>	Domestic Violence/Intimate Partner Violence, Elder Abuse, Human Trafficking, Strangulation, Simple Assaults, GSWs, Stabbings, Drugging, Elder Abuse/Neglect, Child Abuse/Neglect, Human Trafficking, BAC/DUI, First Responder Post-exposure, Suspect Exams
<i>Additional locations served:</i>					
Riverside Behavioral Health Center	2244 Executive Dr, Hampton, VA 23666	757-594-3983			
Riverside Doctors' Hospital	1500 Commonwealth Ave, Williamsburg, VA 23185	757-594-3983			
Riverside Walter Reed	7547 Medical Dr, Gloucester, VA 23061	757-594-3983			
*Russell County Hospital (part of Ballard Health)	58 Carroll St, Lebanon, VA 24266	276-883-8101	Adult and Pediatric	Greta Morrison, <i>Program Coordinator</i>	Domestic Violence/Intimate Partner Violence, Elder Abuse, Human Trafficking, Strangulation
*SAFE Center of SWVA (stand-alone program)	76 E. Main St, Pulaski, VA 24301	540-577-3467	Adult and Pediatric	April Bennett, <i>Program Coordinator</i>	Domestic Violence/Intimate Partner Violence, Elder Abuse/Neglect, Human Trafficking, Suspect Exams, Dating Violence,

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Facility	Address	Phone	SAFE/SANE	Contact	Other Forensic Exams Offered
					Physical Assault/Malicious Wounding, Strangulation, Child Physical Abuse/Neglect
<i>Additional locations served:</i>					
LewisGale Hospital Pulaski	2400 Lee Hwy, Pulaski, VA 24301	540-994-8100			
Twin County Regional Hospital	200 Hospital Dr., Galax, VA 24333	276-236-8181			
Wythe County Community Hospital	600 West Ridge Rd, Wytheville, VA 24382	276-228-0200			
*Sentara Northern Virginia Medical Center	2300 Opitz Blvd, Woodbridge, VA 22191	703-523-2873	Adult	Andrea Jones, Program Coordinator	Domestic/Intimate Partner Violence, Elder Abuse, Human Trafficking
<i>Additional locations served:</i>					
Sentara Lake Ridge Emergency Department	12825 Minnieville Road, Woodbridge, VA 22192	703-523-9800			
Sentara Peninsula Forensic Nurse Examiner Program	Forensic Office at Sentara CarePlex Hospital 3000 Coliseum Dr, Hampton, VA 23666	757-736-1025	Adult	Sarah Brogan, Program Coordinator	Elder Abuse, Strangulation, Domestic Violence, IPV, Human Trafficking, Child Physical Abuse and Neglect
<i>Additional locations served:</i>					
Forensic Office at Sentara Williamsburg Regional Medical Center	100 Sentara Circle, Williamsburg, VA 23188	757-984-7148			
Sentara Port Warwick	11803 Jefferson Ave., Newport News, VA 23606				
Sentara RMH SANE Program	2010 Health Campus Dr, Harrisonburg, VA 22801	540-423-2316 (backup number: 540-689-1414)	Adult and Pediatric	Tammy Johnson, Program Coordinator	Domestic/Intimate Partner Violence, Strangulation, Elder Abuse, Human Trafficking

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Facility	Address	Phone	SAFE/SANE	Contact	Other Forensic Exams Offered
Ultra Health Pediatric Forensic Nursing Department, Tazewell County Site (<i>stand-alone program</i>)	13401 Gov George C. Peery Hwy, Pounding Mill, VA 24637	276-385-1183 (<i>office</i>) Call CARE Center to Schedule Appts: 276-979-5010 (<i>Appts. Scheduled on Mon., Tues., and Wed. as needed</i>)	Pediatric	Melissa Harper, <i>Program Coordinator</i>	Domestic/Intimate Partner Violence (Peds Only), Human Trafficking (Peds Only), Physical Abuse and Neglect (Peds Only), Strangulation (Peds Only)
<i>Additional Locations Served:</i>					
Ultra Health Pediatric Forensic Nursing Department, Buchanan County Site	1107 Riverview Street, Grundy, VA 24614	Call CARE Center to Schedule Appts: 276-979-5010 (<i>Appts. Scheduled on Mon., Tues., and Wed. as needed</i>)			Domestic/Intimate Partner Violence (Peds Only), Human Trafficking (Peds Only), Physical Abuse and Neglect (Peds Only), Strangulation (Peds Only)
*†UVA Forensic Team University of Virginia Medical Center	1215 Lee St, Charlottesville, VA 22903	434-297-5022	Adult and Pediatric	Kathryn Laughon, <i>Director, UVA Health Forensic Center</i>	Domestic/Intimate Partner Violence, Elder Abuse, Human Trafficking, Strangulation
<i>Additional locations served:</i>					
University of Virginia Student Health and Wellness (available only to current UVA students)	550 Brandon Avenue, Charlottesville, VA 22908	434-924-5362 (<i>business hours</i>); 434-297-4291 (<i>after-hours</i>) • 7:45am–5pm on weekdays (<i>building is unlocked</i>) • 5pm–2am on weekdays during the academic year (<i>student swipe card access, front entrance</i>) • 7:45am–2am on weekends during the academic year (<i>student swipe card access, front entrance</i>)			

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Facility	Address	Phone	SAFE/SANE	Contact	Other Forensic Exams Offered
Valley Urgent Care & Occupational Medicine (<i>stand-alone program</i>)	1921 Medical Ave, Harrisonburg, VA 22801	540-434-5709 (<i>Mon–Fri, 7 am–8pm; Sat. & Sun., 8am–4pm; Closed New Year’s Day, Easter, Fourth of July, Thanksgiving, Christmas eve and Christmas day</i>)	Adult and Pediatric	Michelle Seekford, <i>Program Coordinator</i>	Domestic/Intimate Partner Violence, Elder Abuse, Human Trafficking, Strangulation
*†Virginia Commonwealth University Health System Adult Forensic Examiner Team	57 N. 11th St, Richmond, VA 23298	804-628-0623	Adult	Jean Cheek, <i>Program Coordinator</i>	Domestic/Intimate Partner Violence, Elder Abuse, Human Trafficking, Strangulation <i>Provide care for any victim or suspect of non-intentional or intentional violence</i>
*Winchester Medical Center Forensic Nurse Examiner Program (Valley Health)	1840 Amherst St, Winchester, VA 22601	540-536-4147 (<i>non-urgent calls</i>) or 540-536-8000 (<i>ask to be connected to the on-call FNE</i>)	Adult and Pediatric	Cynthia Leahy, <i>Program Coordinator</i>	Domestic/Intimate Partner Violence, Elder Abuse, Human Trafficking, Strangulation, Child Abuse/ Neglect, Human Trafficking, Gunshot Wounds, Stabbings, Other Felonious Assaults, Investigations Due to Dog Bites, Hit and Run, Child Drug Exposure/ Overdose, Infant/ Child Death, New-Drowning Investigations, Burns (arson)