



COMMONWEALTH of VIRGINIA

Department of Criminal Justice Services

The Honorable Jackson H. Miller
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January 3, 2026

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The Honorable Mark D. Sickles
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The Honorable Barbara A. Favola
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The Honorable Luke E. Torian
Chair, House Appropriations Committee
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The Honorable L. Louise Lucas
Chair, Senate Finance and Appropriations Committee
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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
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- 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 contact 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

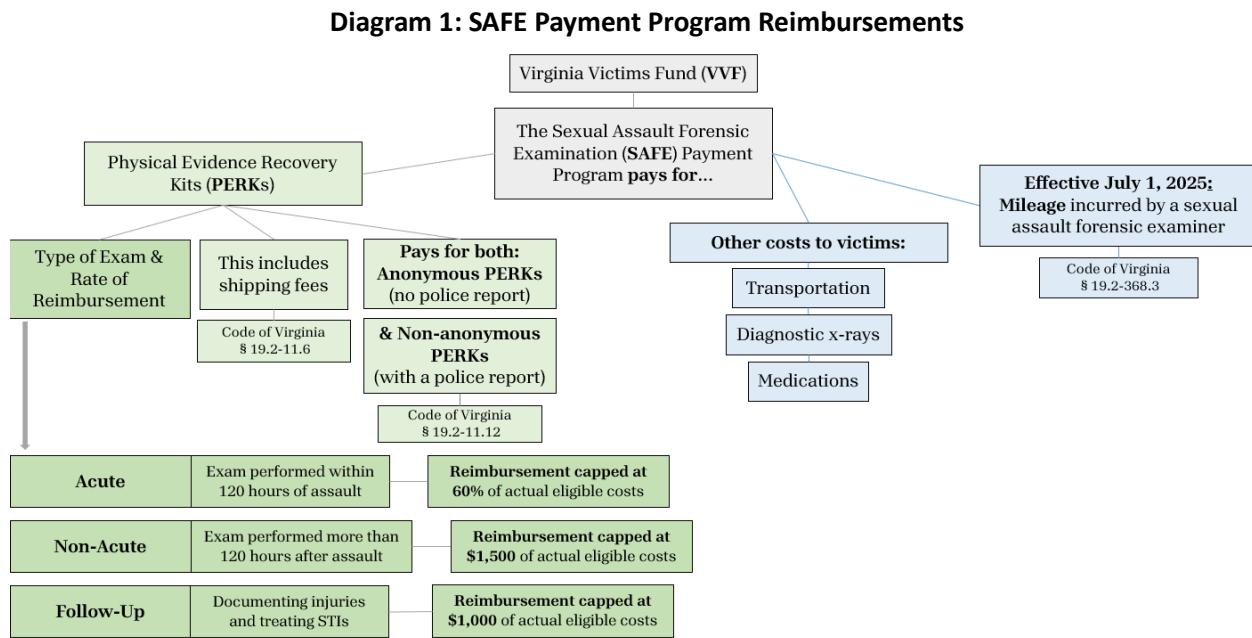
| | FY2022 | FY2023 | FY2024 |
|-----------------|--------|--------|--------|
| Acute Exams | 837 | 1,445 | 1,289 |
| Non-Acute Exams | 438 | 604 | 506 |
| Follow-up Exams | 202 | 110 | 254 |

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.



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

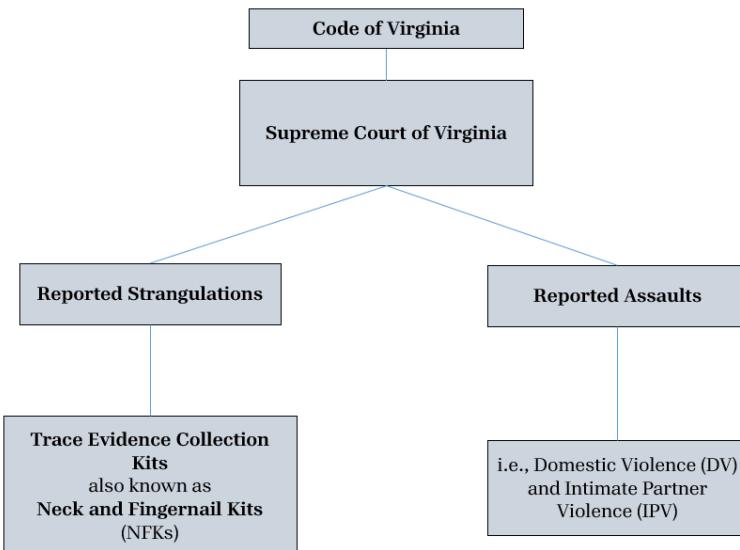
According to Supreme Court of Virginia data, the total amounts reimbursed for clinic services each year were \$3,053,411 in SFY 2022, \$4,924,797 in SFY 2023, and \$5,842,997 in SFY 2024. The numbers of invoices paid under *Code of Virginia § 19.2-165.1* were 1,309 in SFY 2022, 1,646 in SFY 2023, and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

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- 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>

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 *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, <i>Program Coordinator</i> | 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 <i>(Open 7am–7pm; outside those hours, patients will go to Augusta Health, 78 Medical Dr., Fishersville)</i> | | | |
| AH Forensic Nursing Services, Valley Children's Advocacy Center | 1105 Greenville Ave, Staunton, VA 24401 | 540-332-4492 <i>(scheduled appointments)</i> | 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, <i>SANE Clinical Director</i> | Human Trafficking, Strangulation |
| <i>Additional locations served:</i> | | | | | |
| Dickenson Community Hospital | 312 Hospital Dr., 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 Bremo Rd, Richmond, VA 23226 | 804-281-8574 († <i>On-site staff 24/7, 365 days a year</i>) | Adult and Pediatric | Angela Modlin, <i>Manager Forensic Nursing Program</i> Beth Gilmore, <i>Manager Victim Services Program</i> | 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 Bellevue Ave, Roanoke, VA 24014 | 540-266-6025 (voicemail) 540-853-0278 (ED MedCom for immediate assistance) | Adult and Pediatric | Heather Smith, <i>System Director Forensic Nurse Examiner Program</i> | 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 <i>(voicemail)</i> 540-489-6439 <i>(for immediate assistance)</i> | | | |
| Carilion Giles Community Hospital | 159 Hartley Way, Pearisburg, VA 24134 | 540-731-7287 <i>(for immediate assistance call)</i> <i>(Available M-F 8am-4pm)</i> | | | |
| *Carilion New River Valley Medical Center (CNRVMC) | 2900 Lamb Cir, Christiansburg, VA 24073 | 540-731-7287 540-731-2860 <i>(for immediate assistance)</i> | | | |
| Carilion Rockbridge Community Hospital | 1 Health Cir, Lexington, VA 24450 | 540-458-3300 <i>(Available M-F 8am-4pm)</i> | | | |
| Carilion Tazewell Community Hospital | 388 Ben Bolt Ave, Tazewell, VA 24651 | 276-988-8777 <i>(Available M-F 8am-4pm)</i> | | | |
| *Centra Forensic Nurse Examiners | Lynchburg General Hospital, 1901 Tate Springs, Lynchburg, VA 24501 | 434-200-3642 | Adult and Pediatric | April Rasmussen, <i>Program Coordinator</i> | 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 <i>(9 am-9 pm, 7 days a week)</i> | Adult | Jennifer Knowlton, <i>Program Coordinator</i> | 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, Program Coordinator | 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 <i>(up to 17 years old)</i> | <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, <i>Program Coordinator</i> | |
| *Inova Ewing Forensic Assessment and Consultation Team | 3300 Gallows Rd, Falls Church, VA 22042 | 703-776-3821 | Adult and Pediatric | Ariel Ward, <i>Program Coordinator</i> Chelle Demarais, <i>Clinical Manager</i> | Domestic/Intimate Partner Violence, Elder Abuse, Human Trafficking, Strangulation, Suspect Exams |
| <i>Additional locations served:</i> | | | | | |
| Inova Alexandria <i>(entrance is inside the building all the way back to the right)</i> | 4700 King St, NW, Suite 125, Alexandria, VA 22302 | 571-665-6650 <i>(NOT 24/7)</i> | | | |
| Inova Cornwall Campus (3 rd Floor near LAMPS) | 224A Cornwall St, NW, Suite 3.024, Leesburg, VA 20176 | 703-771-2837 <i>(NOT 24/7)</i> | | | |
| 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, <i>Program Coordinator</i> | Domestic Violence/Intimate Partner Violence, Elder Abuse, Human Trafficking |
| <i>Additional locations served:</i> | | | | | |
| CAC | 305 Hanson Ave, Fredericksburg, VA 22401 | 540-891-6280 | | | |

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

| 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 Ballad 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, |

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

| 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, <i>Program Coordinator</i> | 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, <i>Program Coordinator</i> | 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, <i>Program Coordinator</i> | Domestic/Intimate Partner Violence, Strangulation, Elder Abuse, Human Trafficking |

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

| Facility | Address | Phone | SAFE/SANE | Contact | Other Forensic Exams Offered |
|---|--|--|---------------------|---|--|
| Ultra Health Pediatric Forensic Nursing Department, Tazewell County Site (stand-alone program) | 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.</i> <i>Scheduled on</i> <i>Mon., Tues., and</i> <i>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.</i> <i>Scheduled on</i> <i>Mon., Tues., and</i> <i>Wed. as needed)</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> | | | | | |
| University of Virginia Student Health and Wellness <i>(available only to current UVA students)</i> | 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 (building is unlocked) • 5pm–2am on weekdays during the academic year (student swipe card access, front entrance) • 7:45am–2am on weekends during the academic year (student swipe card access, front entrance) | Adult and Pediatric | Kathryn Laughon, <i>Director, UVA Health Forensic Center</i> | Domestic/Intimate Partner Violence, Elder Abuse, Human Trafficking, Strangulation |

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

| Facility | Address | Phone | SAFE/SANE | Contact | Other Forensic Exams Offered |
|--|--|--|---------------------|---|--|
| Valley Urgent Care & Occupational Medicine (stand-alone program) | 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> <i>or 540-536-8000 (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) |