

#### Model Documents Committee Task Force on Services for Survivors of Sexual Assault

#### Agenda

#### June 25, 2021 – 11:00 a.m. VIA WEBEX

The public may sign up to virtually attend through <a href="https://covaconf.webex.com/covaconf/j.php?RGID=r282be78382afb08b4cd26ab6f032f5f7">https://covaconf.webex.com/covaconf/j.php?RGID=r282be78382afb08b4cd26ab6f032f5f7</a>

**NOTE:** Task Force Members should join the meeting using the WebEx link they received by email.

- **1. Call to Order and Introductions** Alexandra Jansson, Senior Policy Analyst, Governmental and Regulatory Affairs, Virginia Department of Health
- 2. Election of Committee Chair and Vice Chair
- 3. Review of Agenda Ms. Jansson
- 4. Public Comment
- 5. Presentations and Discussion
  - **5.1. Review of Statutory Requirements for Model Documents** *Rebekah E. Allen, Senior Policy Analyst, Office of Licensure and Certification, Virginia Department of Health*
  - **5.2.** Discussion on Model Treatment Plan for Adult Survivors of Sexual Assault Task Force Members, Ms. Allen, and Ms. Jansson
- 6. Next Steps Ms. Allen and Ms. Jansson
- **7.** Other Business Ms. Allen and Ms. Jansson
- 8. Meeting Adjournment

### Model Documents Committee (Task Force on Services for Survivors of Sexual Assault)

June 25, 2021 at 11:00 AM Virtual Meeting WebEx



# CALL TO ORDER AND INTRODUCTIONS



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Named Members in the Code of Virginia			
Name	Constituency		
M. Norman Oliver	Commissioner, Department of Health		
Jennifer Boysko	Senate Rules Committee		
Kelly Convirs-Fowler	House of Delegates		
Karrie Delaney	House of Delegates		
Mark Herring	Attorney General		
Caren Sterling	Deputy Director, Bureau of Criminal Investigation, Department of State Police (designee of Gary Settle, Director of Department of State Police)		
Gena Boyle Berger	Chief Deputy Commissioner, Department of Social Services (designee of Duke Storen, Commissioner)		

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### Introductions

Appointed by Governor		
Name	Constituency	
Robin Foster	Representative of a licensed hospital	
Lindsey Caley	Licensed pediatrician who is a practitioner of emergency medicine	
Patricia Hall	Member of sexual assault survivor advocacy organization	
Melissa Harper	Licensed nurse who is a sexual assault nurse examiner	
Sara Jennings	Licensed nurse who is a sexual assault nurse examiner	
Jeanne Parrish	Member of children's advocacy organization	
Bonnie Price	Licensed nurse who is a sexual assault nurse examiner	
Dawn Scaff	Representative of a licensed hospital	
Scott Sparks	Licensed physician who is a practitioner of emergency medicine	
Brooke Thomas	Licensed physician who is a practitioner of emergency medicine	
Chatonia Zollicoffer	Member of sexual assault survivor advocacy organization	

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Item	Speaker
Introductions and Roll Call	Alexandra Jansson, MPP, Senior Policy Analyst Governmental and Regulatory Affairs
Election of Committee Chair and Vice Chair	
Review of Agenda	Ms. Jansson
Public Comment	
Review of Statutory Requirements for Model Documents	Rebekah E. Allen, JD, Senior Policy Analyst Office of Licensure and Certification
Discussion on Model Treatment Plan for Adult Survivors of Sexual Assault	Task Force Members, Ms. Allen, and Ms. Jansson
Next Steps	Ms. Allen and Ms. Jansson
Other Business	Ms. Allen and Ms. Jansson
Meeting Adjournment	

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5

# **ELECTION OF COMMITTEE CHAIR AND VICE CHAIR**

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#### **PUBLIC COMMENT**



#### **Public Comment Period**

There is a two minute time limit for each person to speak.

We will be calling from the list generated through attendee registration.

After the 2 minute public comment limit is reached, we will let you complete the sentence. We will then mute you and move on to the next attendee.

We will call the name of the person on list and also the name of the person is next on the list.



# REVIEW OF STATUTORY REQUIREMENTS FOR MODEL DOCUMENTS



9

### **Statutory Requirements**

The information on these slides come from the Code of Virginia (Article 8 of Chapter 5 of Title 32.1)

The model documents created by the Task Force have to fit with the statutorily defined terms and minimums

The model documents can potentially include more than the minimum requirements, but <u>cannot</u> omit any minimum requirements

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### **Key Concepts**

Pediatric - any patient age 12 or younger

Adult - any patient age 13 or older

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

Transfer hospital - a hospital with a sexual assault survivor transfer plan approved by VDH

Treatment hospital - a hospital with a sexual assault survivor treatment plan approved by VDH to provide sexual assault survivor treatment services to all survivors of sexual assault:

- who present with a complaint of sexual assault within the previous 7 days; or
- who have disclosed past sexual assault by a specific individual and were in the care of that individual within the previous 7 days

11

#### Key Concepts (cont.)

Sexual assault survivor transfer services - an appropriate medical examination and such stabilizing treatment as may be necessary prior to the transfer of a sexual assault survivor from a transfer hospital

Sexual assault survivor treatment services - a forensic medical examination and other health care services provided to a sexual assault survivor by a treatment hospital or pediatric health care facility



#### Minimum Requirements for Adult Treatment Plans

- Annual training on sexual assault, its detection, providing services for survivors, and collection of evidence in cases involving alleged sexual assault for ED health care practitioners
- Forensic medical examination, including an offer to complete a physical evidence recovery kit
- Evaluations to determine the survivor's risk of infection or sexually transmitted disease, including HIV, resulting from the sexual assault
- Prescriptions of such medications as may be appropriate for treatment of the survivor 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
- Information about medical advocacy services provided by a rape crisis center with which the hospital has entered into a memorandum of understanding
- Referral for appropriate counseling and other support services

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13

## Minimum Requirements for Adult Treatment Plans (cont.)

- · Oral and written information regarding:
  - possibility of infection or sexually transmitted disease, including HIV resulting from the sexual assault
  - accepted medical procedures and medications for the prevention or treatment of such infection or sexually transmitted disease
  - indications, contraindications, and potential risks of such medical procedures or medications
  - · the possibility of pregnancy resulting from the sexual assault
  - medically and factually accurate oral and written information about emergency contraception
  - indications and contraindications and potential risks associated with the use of emergency contraception
  - availability of emergency contraception for survivors of sexual assault
  - 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

### Minimum Requirements for Pediatric Treatment Plans

Everything the adult treatment plans require

#### OR

- In cases in which the pediatric health care facility is not able to provide the full range of treatment services:
  - the specific treatment services that the pediatric health care facility will provide for pediatric survivors
  - providing transfer services for pediatric survivors for whom treatment services are not provided by the pediatric health care facility
  - the written agreement of a treatment hospital to accept transfer of pediatric survivors
  - if the pediatric health care facility does not provide services 24/7, providing public information regarding the need to seek an alternative source of treatment, including emergency medical services, which may include requirements for appropriate signage

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15

### Minimum Requirements for Adult Transfer Plans

- Medical examination and such stabilizing treatment as may be necessary prior to the transfer of a survivor from the transfer hospital to a treatment hospital
- · Oral and written information about:
  - · emergency contraception
  - the indications and contraindications and potential risks associated with the use of emergency contraception
  - · availability of emergency contraception for survivors
- Prompt transfer of the survivor to a treatment hospital, including provisions necessary to ensure that transfer of the survivor would not unduly burden the survivor
- Written agreement of a treatment hospital to accept transfer of survivors



## Minimum Requirements for Pediatric Transfer Plans

· Everything the adult transfer plans require

#### **EXCEPT**

 Written agreement of a treatment hospital must be for accepting transfer of *pediatric* survivors



17

### Minimum Requirements for Rape Crisis MOU

- Must be for medical advocacy services for survivors of sexual assault
- Include procedures to ensure compliance with mandatory reporting requirements pursuant to §§ 63.2-1509 (abuse or neglect of children) and 63.2-1606 (abuse, neglect or exploitation of adults)



# DISCUSSION ON MODEL TREATMENT PLAN FOR ADULT SURVIVORS OF SEXUAL ASSAULT

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#### Resources Collected to Date

Staff have collected these adult treatment resources:

- 2013 ACEP Evaluation and Management of the Sexually Assaulted or Sexually Abused Patient
- 2013 DOJ National Protocol for Sexual Assault Medical Forensic Examinations
- 2015 CDC Sexually Transmitted Diseases Treatment Guidelines
- 2016 CDC Selected Practice Recommendations for Contraceptive Use
- 2016 EAN IAFN Adult and Adolescent Sexual Assault Patients in the Emergency Care Setting
- 2018 ACEP Management of the Patient with the Complaint of Sexual Assault
- 2020 CDC Recommendations for Providing Quality Sexually Transmitted Diseases Clinical Services

#### Questions to Consider

Are the listed resources a good starting point for discussion on the model adult treatment plan?

Since the Code of Virginia defines what "pediatric" means, do we want to create a subcategory of adolescent patients in the adult treatment plans?

What, if anything, should be left to the health care practitioner's professional judgement?

What additional items do you want to see addressed in the model adult treatment plan?

21

#### **NEXT STEPS**



