Office of Regulatory Management

Economic Review Form

Agency name	State Board of Health
Virginia Administrative Code (VAC) Chapter citation(s)	12VAC5-416
VAC Chapter title(s)	Sexual Assault Survivor Treatment and Transfer Regulation
Action title	Promulgation of New Regulation to Implement Chapter 725 of the 2020 Acts of Assembly
Date this document prepared	State Board of Health

Cost Benefit Analysis

Table 1a: Costs and Benefits of the Proposed Changes (Primary Option)

(1) Direct Costs & Benefits	• Hospitals that intend to treat adult survivors of sexual assault must have a sexual assault treatment plan approved by the Virginia Department of Health (VDH). Direct Costs: $1,250 per hospital, which VDH estimates to be 17 based on the number of hospitals that already have forensic nursing programs. Direct Benefits: VDH is not aware of any quantifiable direct benefits at time. • Hospitals that intend to transfer adult survivors of sexual assault must have a sexual assault transfer plan approved by VDH. Direct Costs: $1,250 per inpatient hospital, which VDH estimates to be 88, based on the number of hospitals that do not have forensic nursing programs; $5,000 per outpatient surgical hospital, which VDH estimates to be 65. Direct Benefits: VDH is not aware of any quantifiable direct benefits at time. • Pediatric health care facilities that intend to treat pediatric survivors of sexual assault must have a sexual assault treatment plan approved by VDH. Direct Costs: $1,250 per hospital, which VDH estimates to be 17 based on the number of hospitals that already have forensic nursing programs; $1,250 per non-hospital pediatric health care facility that already provide treatment to pediatric survivors, which VDH

	estimates to be 120; $5,000 per non-hospital pediatric health care facility that does not currently provide treatment to pediatric survivors but intends to on or after July 1, 2023, which VDH estimates to be 181. Direct Benefits: VDH is not aware of any quantifiable direct benefits at time. • Pediatric health care facilities that intend to transfer pediatric survivors of sexual assault must have a sexual assault transfer plan approved by VDH. Direct Costs: $1,250 per inpatient hospital, which VDH estimates to be 88, based on the number of hospitals that do not have forensic nursing programs; $5,000 per outpatient surgical hospital, which VDH estimates to be 65; $5,000 per non-hospital pediatric health care facility, which VDH estimates to be 5,716. Direct Benefits: VDH is not aware of any quantifiable direct benefits at time.

(2) Quantitative Factors	Estimated Dollar Amount	Present Value	
Direct Costs	(a) $30,546,000	(c) $30,546,000	
Direct Benefits	(b) $0	(d) $0	
(3) Benefits-Costs Ratio	0.00	(4) Net Benefit	-$30,546,000

(5) Indirect Costs & Benefits	VDH is not aware of any quantifiable indirect cost to regulants, due to each regulant being able to choose whether to provide transfer or treatment services to adult and pediatric survivors of sexual assault. Indirect costs related to employment of staff trained to conduct forensic medical examinations, if any, would have already been incurred by the hospitals that have forensic nursing programs predating these new requirements. VDH will incur an indirect cost of $283,696 in Year 0, $692,391 in Year 1, and $582,391 annually thereafter for FTE inspectors to review and approve plans and to conduct complaint investigations for non-compliance, and for development and updates to a training program mandated by § 32.1-162.15:4(F) of the Code of Virginia to be made available to "appropriate health care providers who provide services in the hospital's emergency department."

	VDH notes that there are numerous indirect costs to survivors of sexual assault and to the public. Nationally, the immediate medical costs for victims who seek care is $2,084 on average. While VDH does not have data about the economic cost of all types of sexual assault, individual rape victims in the U.S. encounter an estimated lifetime economic cost of $122,461. The lifetime economic cost of rape across all U.S. victims is nearly $3.1 trillion, which represents costs already incurred (e.g., among older adults who were victimized in their youth) and costs yet to come (e.g., among younger adults with recent victimization) across the U.S. adult population. It includes $1.2 trillion in medical costs, $1.6 trillion in lost productivity at work for victims and perpetrators, and $234 billion in criminal justice costs. Governments pay about $1 trillion of the lifetime economic burden of rape, which includes spending for criminal justice, adoption, and medical costs. VDH is not aware of any quantifiable indirect benefits.
(6) Information Sources	Centers for Disease Control and Prevention; Bureau of Justice Statistics; The RAND Corporation; The White House Council on Women and Girls; National Alliance to End Sexual Violence; American Journal of Preventative Medicine; Joint Commission on Health Care
(7) Optional	VDH has numerous challenges and constraints that limit a cost benefit analysis, including limited data availability, limited statutory discretion, and insufficient analytical models. The qualitative benefits the proposed regulatory change is designed to produce is increased knowledge of and awareness of what hospitals and pediatric health care facilities can provide treatment services or transfer services for adult and pediatric survivors. It also creates minimum standards for those services so that care for this patient population is more consistent throughout the Commonwealth.

Table 1b: Costs and Benefits under the Status Quo (No change to the regulation)

(1) Direct Costs & Benefits	• There are currently no regulation addressing the minimum standards for the treatment and transfer of survivors of sexual assault. Direct Costs: VDH is not aware of any quantifiable direct costs at time. Direct Benefits: VDH is not aware of any quantifiable direct benefits at time.

(2) Quantitative Factors	Estimated Dollar Amount	Present Value
Direct Costs	(a) $0	(c) $0

Direct Benefits	(b) $0	(d) $0	
(3) Benefits-Costs Ratio	0.00	(4) Net Benefit	$0
(5) Indirect Costs & Benefits	VDH notes that there are numerous indirect costs to survivors of sexual assault and to the public. Nationally, the immediate medical costs for victims who seek care is $2,084 on average. While VDH does not have data about the economic cost of all types of sexual assault, individual rape victims in the U.S. encounter an estimated lifetime economic cost of $122,461. The lifetime economic cost of rape across all U.S. victims is nearly $3.1 trillion, which represents costs already incurred (e.g., among older adults who were victimized in their youth) and costs yet to come (e.g., among younger adults with recent victimization) across the U.S. adult population. It includes $1.2 trillion in medical costs, $1.6 trillion in lost productivity at work for victims and perpetrators, and $234 billion in criminal justice costs. Governments pay about $1 trillion of the lifetime economic burden of rape, which includes spending for criminal justice, adoption, and medical costs. VDH is not aware of any quantifiable indirect benefit at this time to maintaining the status quo for either regulants or VDH.		
(6) Information Sources	Centers for Disease Control and Prevention; Bureau of Justice Statistics; The RAND Corporation; The White House Council on Women and Girls; National Alliance to End Sexual Violence; American Journal of Preventative Medicine; Joint Commission on Health Care		
(7) Optional	VDH has numerous challenges and constraints that limit a cost benefit analysis, including limited data availability, limited statutory discretion, and insufficient analytical models. The qualitative benefits the proposed regulatory change is designed to produce is increased knowledge of and awareness of what hospitals and pediatric health care facilities can provide treatment services or transfer services for adult and pediatric survivors. It also creates minimum standards for those services so that care for this patient population is more consistent throughout the Commonwealth.		

Table 1c: Costs and Benefits under an Alternative Approach

(1) Direct Costs & Benefits	• The only alternative that VDH could potentially offer would be to remove specificity from the regulation about the minimum standards for a sexual assault treatment plan approved by VDH for hospitals that intend to treat adult survivors of sexual assault. Direct Costs: $1,250 per hospital, which VDH estimates to be 17 based on the number of hospitals that already have forensic nursing programs.

	Direct Benefits: VDH is not aware of any quantifiable direct benefits at time. • The only alternative that VDH could potentially offer would be to remove specificity from the regulation about the minimum standards for a sexual assault transfer plan approved by VDH for hospitals that intend to transfer adult survivors of sexual assault. Direct Costs: $1,250 per inpatient hospital, which VDH estimates to be 88, based on the number of hospitals that do not have forensic nursing programs; $5,000 per outpatient surgical hospital, which VDH estimates to be 65. Direct Benefits: VDH is not aware of any quantifiable direct benefits at time. • The only alternative that VDH could potentially offer would be to remove specificity from the regulation about the minimum standards for a sexual assault treatment plan approved by VDH for pediatric health care facilities that intend to treat pediatric survivors of sexual assault. Direct Costs: $1,250 per hospital, which VDH estimates to be 17 based on the number of hospitals that already have forensic nursing programs; $1,250 per non-hospital pediatric health care facility that already provide treatment to pediatric survivors, which VDH estimates to be 120; $5,000 per non-hospital pediatric health care facility that does not currently provide treatment to pediatric survivors but intends to on or after July 1, 2023, which VDH estimates to be 181. Direct Benefits: VDH is not aware of any quantifiable direct benefits at time. • The only alternative that VDH could potentially offer would be to remove specificity from the regulation about the minimum standards for a sexual assault transfer plan approved by VDH for pediatric health care facilities that intend to transfer pediatric survivors of sexual assault. Direct Costs: $1,250 per inpatient hospital, which VDH estimates to be 88, based on the number of hospitals that do not have forensic nursing programs; $5,000 per outpatient surgical hospital, which VDH estimates to be 65; $5,000 per non-hospital pediatric health care facility, which VDH estimates to be 5,716.

	Direct Benefits: VDH is not aware of any quantifiable direct benefits at time.

(2) Quantitative Factors	Estimated Dollar Amount	Present Value	
Direct Costs	(a) $30,546,000	(c) $30,546,000	
Direct Benefits	(b) $0	(d) $0	
(3) Benefits-Costs Ratio	0.00	(4) Net Benefit	-$30,546,000

(5) Indirect Costs & Benefits	VDH is not aware of any quantifiable indirect cost to regulants, due to each regulant being able to choose whether to provide transfer or treatment services to adult and pediatric survivors of sexual assault. Indirect costs related to employment of staff trained to conduct forensic medical examinations, if any, would have already been incurred by the hospitals that have forensic nursing programs predating these new requirements. VDH will incur an indirect cost of $283,696 in Year 0, $692,391 in Year 1, and $582,391 annually thereafter for FTE inspectors to review and approve plans and to conduct complaint investigations for non-compliance, and for development and updates to a training program mandated by § 32.1-162.15:4(F) of the Code of Virginia to be made available to "appropriate health care providers who provide services in the hospital's emergency department." VDH notes that there are numerous indirect costs to survivors of sexual assault and to the public. Nationally, the immediate medical costs for victims who seek care is $2,084 on average. While VDH does not have data about the economic cost of all types of sexual assault, individual rape victims in the U.S. encounter an estimated lifetime economic cost of $122,461. The lifetime economic cost of rape across all U.S. victims is nearly $3.1 trillion, which represents costs already incurred (e.g., among older adults who were victimized in their youth) and costs yet to come (e.g., among younger adults with recent victimization) across the U.S. adult population. It includes $1.2 trillion in medical costs, $1.6 trillion in lost productivity at work for victims and perpetrators, and $234 billion in criminal justice costs. Governments pay about $1 trillion of the lifetime economic burden of rape, which includes spending for criminal justice, adoption, and medical costs. VDH is not aware of any quantifiable indirect benefits.

(6) Information Sources	Centers for Disease Control and Prevention; Bureau of Justice Statistics; The RAND Corporation; The White House Council on Women and Girls; National Alliance to End Sexual Violence; American Journal of Preventative Medicine; Joint Commission on Health Care
(7) Optional	VDH has numerous challenges and constraints that limit a cost benefit analysis, including limited data availability, limited statutory discretion, and insufficient analytical models. The qualitative benefits the proposed regulatory change is designed to produce is increased knowledge of and awareness of what hospitals and pediatric health care facilities can provide treatment services or transfer services for adult and pediatric survivors. It also creates minimum standards for those services so that care for this patient population is more consistent throughout the Commonwealth.

Impact on Local Partners

Table 2: Impact on Local Partners

(1) Direct Costs & Benefits	• Hospitals that intend to treat adult survivors of sexual assault must have a sexual assault treatment plan approved by VDH. Direct Costs: $1,250 per hospital; however, VDH is not aware of any local partner operating a hospital intending to treat adult survivors of sexual assault or that currently has a forensic nursing program. Direct Benefits: VDH is not aware of any quantifiable direct benefits at time. • Hospitals that intend to transfer adult survivors of sexual assault must have a sexual assault transfer plan approved by VDH. Direct Costs: $1,250 per inpatient hospital; $5,000 per outpatient surgical hospital. VDH is aware of one local partner that operates an inpatient hospital that it anticipates will likely transfer adult survivors. Direct Benefits: VDH is not aware of any quantifiable direct benefits at time. • Pediatric health care facilities that intend to treat pediatric survivors of sexual assault must have a sexual assault treatment plan approved by VDH. Direct Costs: $1,250 per hospital; $1,250 per non-hospital pediatric health care facility that already provide treatment to pediatric survivors; $5,000 per non-hospital pediatric health care facility that does not currently provide treatment to pediatric survivors but intends

	to on or after July 1, 2023. VDH is not aware of any local partner operating a hospital intending to treat pediatric survivors of sexual assault or that currently has a forensic nursing program. VDH does not have an available estimate of how many non-hospital pediatric health care facilities local partners are operating that intend to treat pediatric survivors or that currently has a forensic nursing program. Direct Benefits: VDH is not aware of any quantifiable direct benefits at time. • Pediatric health care facilities that intend to transfer pediatric survivors of sexual assault must have a sexual assault transfer plan approved by VDH. Direct Costs: $1,250 per inpatient hospital; $5,000 per outpatient surgical hospital; $5,000 per non-hospital pediatric health care. VDH is aware of one local partner that operates an inpatient hospital that it anticipates will likely transfer pediatric survivors. VDH does not have an available estimate of how many non-hospital pediatric health care facilities local partners are operating that intend to transfer pediatric survivors. Direct Benefits: VDH is not aware of any quantifiable direct benefits at time.

(2) Quantitative Factors	Estimated Dollar Amount
Direct Costs	(a) $1,250 at minimum (see above discussion about limited data availability re: non-hospital pediatric health care facilities operated by local partners)
Direct Benefits	(b) $0

(3) Indirect Costs & Benefits	VDH is not aware of any quantifiable indirect cost to local partners, due to each local partner being able to choose whether to provide transfer or treatment services to adult and pediatric survivors of sexual assault. VDH is not aware of any local partner that is providing treatment services to adult and/or pediatric survivors. VDH will incur an indirect cost of $283,696 in Year 0, $692,391 in Year 1, and $582,391 annually thereafter for FTE inspectors to review and approve plans and to conduct complaint investigations for non-compliance, and for development and updates to a training program mandated by § 32.1-162.15:4(F) of the Code of Virginia to be made available to "appropriate health care providers who provide services in the hospital's emergency department."

	VDH notes that there are numerous indirect costs to survivors of sexual assault and to the public. Nationally, the immediate medical costs for victims who seek care is $2,084 on average. While VDH does not have data about the economic cost of all types of sexual assault, individual rape victims in the U.S. encounter an estimated lifetime economic cost of $122,461. The lifetime economic cost of rape across all U.S. victims is nearly $3.1 trillion, which represents costs already incurred (e.g., among older adults who were victimized in their youth) and costs yet to come (e.g., among younger adults with recent victimization) across the U.S. adult population. It includes $1.2 trillion in medical costs, $1.6 trillion in lost productivity at work for victims and perpetrators, and $234 billion in criminal justice costs. Governments pay about $1 trillion of the lifetime economic burden of rape, which includes spending for criminal justice, adoption, and medical costs. VDH is not aware of any quantifiable indirect benefits.
(4) Information Sources	Centers for Disease Control and Prevention; Bureau of Justice Statistics; The RAND Corporation; The White House Council on Women and Girls; National Alliance to End Sexual Violence; American Journal of Preventative Medicine; Joint Commission on Health Care
(5) Assistance	None.
(6) Optional	VDH has numerous challenges and constraints that limit a cost benefit analysis, including limited data availability, limited statutory discretion, and insufficient analytical models. The qualitative benefits the proposed regulatory change is designed to produce is increased knowledge of and awareness of what hospitals and pediatric health care facilities can provide treatment services or transfer services for adult and pediatric survivors. It also creates minimum standards for those services so that care for this patient population is more consistent throughout the Commonwealth.

Economic Impacts on Families

Table 3: Impact on Families

(1) Direct Costs & Benefits	Families will not incur any direct costs or benefits of the regulatory change as they are not subject to the mandates contained in 12VAC5-416.
(2) Quantitative Factors	Estimated Dollar Amount

Direct Costs	(a) $0
Direct Benefits	(b) $0
(3) Indirect Costs & Benefits	VDH is not aware of any quantifiable indirect cost to families. VDH will incur an indirect cost of $283,696 in Year 0, $692,391 in Year 1, and $582,391 annually thereafter for FTE inspectors to review and approve plans and to conduct complaint investigations for non-compliance, and for development and updates to a training program mandated by § 32.1-162.15:4(F) of the Code of Virginia to be made available to "appropriate health care providers who provide services in the hospital's emergency department." VDH notes that there are numerous indirect costs to survivors of sexual assault—which includes their families—and to the public. Nationally, the immediate medical costs for victims who seek care is $2,084 on average. While VDH does not have data about the economic cost of all types of sexual assault, individual rape victims in the U.S. encounter an estimated lifetime economic cost of $122,461. The lifetime economic cost of rape across all U.S. victims is nearly $3.1 trillion, which represents costs already incurred (e.g., among older adults who were victimized in their youth) and costs yet to come (e.g., among younger adults with recent victimization) across the U.S. adult population. It includes $1.2 trillion in medical costs, $1.6 trillion in lost productivity at work for victims and perpetrators, and $234 billion in criminal justice costs. Governments pay about $1 trillion of the lifetime economic burden of rape, which includes spending for criminal justice, adoption, and medical costs. VDH is not aware of any quantifiable indirect benefits.
(4) Information Sources	Centers for Disease Control and Prevention; Bureau of Justice Statistics; The RAND Corporation; The White House Council on Women and Girls; National Alliance to End Sexual Violence; American Journal of Preventative Medicine; Joint Commission on Health Care
(5) Optional	VDH has numerous challenges and constraints that limit a cost benefit analysis, including limited data availability, limited statutory discretion, and insufficient analytical models. The qualitative benefits the proposed regulatory change is designed to produce is increased knowledge of and awareness of what hospitals and pediatric health care facilities can provide treatment services or transfer services for adult and pediatric survivors. It also creates minimum standards

	for those services so that care for this patient population is more consistent throughout the Commonwealth.

Impacts on Small Businesses

Table 4: Impact on Small Businesses

(1) Direct Costs & Benefits	• Hospitals that intend to treat adult survivors of sexual assault must have a sexual assault treatment plan approved by VDH. Direct Costs: $1,250 per hospital; however, VDH is not aware of any hospital intending to treat adult survivors of sexual assault or that currently has a forensic nursing program that qualifies as a small business. Direct Benefits: VDH is not aware of any quantifiable direct benefits at time. • Hospitals that intend to transfer adult survivors of sexual assault must have a sexual assault transfer plan approved by VDH. Direct Costs: $1,250 per inpatient hospital; $5,000 per outpatient surgical hospital. VDH is not aware of any inpatient hospital intending to transfer adult survivors of sexual assault that qualifies as a small business. VDH is not aware of how many outpatient surgical hospitals intending to transfer adult survivors of sexual assault that qualifies as a small business. Direct Benefits: VDH is not aware of any quantifiable direct benefits at time. • Pediatric health care facilities that intend to treat pediatric survivors of sexual assault must have a sexual assault treatment plan approved by VDH. Direct Costs: $1,250 per hospital; $1,250 per non-hospital pediatric health care facility that already provide treatment to pediatric survivors; $5,000 per non-hospital pediatric health care facility that does not currently provide treatment to pediatric survivors but intends to on or after July 1, 2023. VDH is not aware of any hospital intending to treat pediatric survivors of sexual assault that qualifies as a small business. VDH does not have an available estimate of how many non-hospital pediatric health care facilities intending to treat pediatric survivors or that currently has a forensic nursing program qualify as

	a small business, but for the purposes of this analysis, it will assume 75% are small businesses. Direct Benefits: VDH is not aware of any quantifiable direct benefits at time. • Pediatric health care facilities that intend to transfer pediatric survivors of sexual assault must have a sexual assault transfer plan approved by VDH. Direct Costs: $1,250 per inpatient hospital; $5,000 per outpatient surgical hospital; $5,000 per non-hospital pediatric health care. VDH is not aware of any hospital intending to transfer pediatric survivors of sexual assault that qualifies as a small business. VDH does not have an available estimate of how many non-hospital pediatric health care facilities intending to transfer pediatric survivors qualify as a small business, but for the purposes of this analysis, it will assume 75% are small businesses. Direct Benefits: VDH is not aware of any quantifiable direct benefits at time.
(2) Quantitative Factors	Estimated Dollar Amount
Direct Costs	(a) $22,225,125
Direct Benefits	(b) $0
(3) Indirect Costs & Benefits	VDH is not aware of any quantifiable indirect cost to small businesses, due to each small business being able to choose whether to provide transfer or treatment services to adult and pediatric survivors of sexual assault. VDH will incur an indirect cost of $283,696 in Year 0, $692,391 in Year 1, and $582,391 annually thereafter for FTE inspectors to review and approve plans and to conduct complaint investigations for non-compliance, and for development and updates to a training program mandated by § 32.1-162.15:4(F) of the Code of Virginia to be made available to "appropriate health care providers who provide services in the hospital's emergency department." VDH notes that there are numerous indirect costs to survivors of sexual assault and to the public. Nationally, the immediate medical costs for victims who seek care is $2,084 on average. While VDH does not have data about the economic cost of all types of sexual assault, individual rape victims in the

	U.S. encounter an estimated lifetime economic cost of $122,461. The lifetime economic cost of rape across all U.S. victims is nearly $3.1 trillion, which represents costs already incurred (e.g., among older adults who were victimized in their youth) and costs yet to come (e.g., among younger adults with recent victimization) across the U.S. adult population. It includes $1.2 trillion in medical costs, $1.6 trillion in lost productivity at work for victims and perpetrators, and $234 billion in criminal justice costs. Governments pay about $1 trillion of the lifetime economic burden of rape, which includes spending for criminal justice, adoption, and medical costs. VDH is not aware of any quantifiable indirect benefits.
(4) Alternatives	In developing the proposed regulations, the Board of Health (Board) considered that pediatric health care facilities likely consist primarily of small businesses. Providing a small business exemption would result in the overwhelming number of pediatric health care facilities being exempt from the requirements, just as establishing performance standards or less stringent requirements specific to small business would have the effect of lowered standards and requirements for a large majority of those to whom this regulatory chapter applies. Chapter 725 (2020 Acts of Assembly) does not give the Board the discretion to exempt small businesses from the requirements. Additionally, as these standards and requirements are aimed at ensuring both adequate care to adult and pediatric survivors as well as evidence for potential criminal prosecution, the Board cannot lower these standards without potentially endangering patients or jeopardizing the administration of justice. Further, Chapter 725 (2020 Acts of Assembly) also prescribes the content of transfer and treatment plans, the requirement that hospitals and pediatric health care facilities submit them for approval, VDH's timeline for reviewing and approving submitted plans, and the reporting requirements for hospitals. Consequently, there are no other alternative regulatory methods to minimizing the adverse impact on small businesses that the Board could utilize without being inconsistent with the principles of justice and the public health, safety, and welfare in accomplishing the objectives of the legislative mandates. However, there is some flexibility built into the regulation for all regulants (not just small businesses) in that individual regulants may ask for a variance that would allow for an individualized alternative to enable compliance with the purpose of a specific regulatory standard, if compliance would otherwise be economically burdensome and be an impractical hardship unique to the regulant.

(5) Information Sources	Centers for Disease Control and Prevention; Bureau of Justice Statistics; The RAND Corporation; The White House Council on Women and Girls; National Alliance to End Sexual Violence; American Journal of Preventative Medicine; Joint Commission on Health Care
(6) Optional	VDH has numerous challenges and constraints that limit a cost benefit analysis, including limited data availability, limited statutory discretion, and insufficient analytical models. The qualitative benefits the proposed regulatory change is designed to produce is increased knowledge of and awareness of what hospitals and pediatric health care facilities can provide treatment services or transfer services for adult and pediatric survivors. It also creates minimum standards for those services so that care for this patient population is more consistent throughout the Commonwealth.

Changes to Number of Regulatory Requirements

Table 5: Total Number of Requirements

	Number of Requirements			
Chapter number	**Initial Count**	**Additions**	**Subtractions**	**Net Change**
416	0	120	0	120