



**Senate Bill No. 1039 – DOC and State Board of Local and Regional Jails;
Policies on Inmate Participation in Telehealth**

October 1, 2025

State Board of Local and Regional Jails

I. Executive Summary

Senate Bill 1039, 2025 (SB1039) directs the Department of Corrections (DOC) and the State Board of Local and Regional Jails (BLRJ) to report to the Joint Commission on Health Care (JCHC) by October 1, 2025, on:

1. The status of policies for accommodating inmate participation in telehealth appointments;
2. Opportunities to expand telehealth programs in correctional facilities; and
3. Recommend strategies to reduce gaps or barriers to telehealth delivery.

In accordance with § 53.1-5 Code of Virginia (CoV), BLRJ is required to develop and implement policies for telehealth participation in local and regional jails. The BLRJ fulfills this duty by promulgating administrative regulations. To inform the regulatory development, the BLRJ issued a statewide survey to assess current practices, challenges, and opportunities related to telehealth use in local and regional jail settings.

Key findings include:

- Telehealth is widely used, especially for mental health care, with most facilities reporting designated private spaces and adherence to privacy and security standards.
- Written policies or protocols are still in development in many facilities.
- Barriers such as limited staffing, infrastructure constraints, and inmate refusals are prevalent.
- Several facilities identified practical, low-cost approaches to expanding telehealth, such as using existing examination rooms.
- Respondents consistently noted that telehealth should be viewed as a supplement, not a replacement, for in-person care, particularly for complex or primary care needs.

The data collected will assist the BLRJ in drafting a regulation that strikes a balance between consistency, flexibility, and clinical standards in the use of telehealth across the Commonwealth's local and regional jails.

II. Introduction

In 2025, the General Assembly enacted SB1039, directing the DOC and BLRJ to report to JCHC on the status of inmate telehealth accommodations, opportunities for expansion, and barriers to effective service delivery. Specifically, § 53.1-5(7) of the CoV requires the BLRJ to develop and implement policies, fulfilled through regulation, for accommodating inmate participation in telehealth appointments, including the designation of private spaces.

To support this mandate, the BLRJ distributed a statewide survey to local and regional jails. The survey collected information on current telehealth practices, the availability of infrastructure and policies, perceived gaps in services, and areas for potential expansion.

This report summarizes the results of that survey and provides a foundation for the BLRJ's directed regulatory action.

III. Methodology

To support the BLRJ's responsibilities under SB1039, and in recognition of the need for facility-level data, the BLRJ independently developed and disseminated a telehealth survey to local and regional jails. The goal was to assess current practices, infrastructure, challenges, and opportunities related to inmate access to telehealth services.

The DOC and BLRJ met on June 2, 2025, to initiate a collaborative effort in fulfilling the legislative requirements of SB1039. During this discussion, both parties mutually agreed to prepare separate reports to minimize any confusion associated with systematic and operational differences between state correctional facilities and local and regional jails. As a result, this report reflects only the findings and analysis from local and regional jails.

A memorandum was issued on June 13, 2025, requesting local and regional jails to complete the electronic survey, which remained open through August 1, 2025. A total of 27 responses were received, representing 33 local and regional jails. Surveys were completed primarily by superintendents, command staff, and health service administrators. Participation by facility is summarized below:

	Facility	Locations
1	Accomack County Sheriff's Office	1
2	Albemarle-Charlottesville Regional Jail	1
3	Allegany Regional Jail	1
4	Blue Ridge Regional Jail Authority	5
5	Botetourt-Craig Regional Jail	1
6	Central Virginia Regional Jail	1
7	Eastern Shore Regional Jail	1
8	Fauquier County Adult Detention Center	1
9	Gloucester County Sheriff's Office	1
10	Henrico County Sheriff's Office	2
11	Meherrin River Regional Jail	2
12	Middle Peninsula Regional Security Center	1
13	Montgomery County Jail	1
14	New River Valley Regional Jail	1
15	Norfolk City Jail	1
16	Northern Neck Regional Jail	1
17	Northwestern Regional Adult Detention Center	1
18	Pamunkey Regional Jail	1
19	Piedmont Regional Jail	1
20	Rappahannock Regional Jail	1
21	Riverside Regional Jail	1
22	Roanoke City Adult Detention Center	1
23	RSW Regional Jail	1
24	Sussex County Sheriff's Office	1
25	Virginia Beach Correctional Center	1
26	Virginia Peninsula Regional Jail	1
27	Western Tidewater Regional Jail Authority	1

The survey included a mix of quantitative and open-ended questions focused on:

- Available telehealth services (e.g., medical, mental health, specialty care)
- Procedures supporting inmate access
- Technological capacity
- Staffing and scheduling
- Barriers to delivery service
- Opportunities for improvement

Responses were reviewed to identify trends, challenges, and opportunities for standardization. The findings will inform the development of administrative regulation to promote consistent and private access to telehealth services across the Commonwealth.

IV. Findings

1. The Status of Telehealth Policies and Practices

Survey respondents indicate that most participating local and regional jails currently offer telehealth services to inmates.

- 96% of facilities reported that they provide inmate participation in telehealth appointments, while 4% indicated they do not.
- Among those offering service types included:
 - 47% for mental health services
 - 18% for primary care
 - 14% for substance abuse disorder treatment
 - 14% for specialty care
 - 2% indicated that their facility does not provide telehealth services
 - 2% selected other (court-ordered psychiatric evaluation)

In terms of access and environment:

- 92% of facilities reported having a designated private space for inmates to participate in telehealth appointments.
- Commonly used locations for telehealth include attorney visitation rooms, medical examination rooms, private offices, interview rooms, and general visitation rooms.
- 3% reported not having a space, and another 3% noted they do not currently provide telehealth services.

When asked about formal guidance:

- 41% of facilities have written policies or protocols in place for telehealth service delivery.
- An additional 22% indicated such policies are in development, while 37% reported no current policies.
- Among facilities with established or developing policies, key components include requirements related to privacy, security, confidentiality, and compliance with HIPAA standards.

These findings suggest that while telehealth is widely utilized, the presence of formal policies and standardized procedures is inconsistent across facilities.

2. Opportunities for Expanding Telehealth Services

Facilities identified several areas where telehealth could be expanded to improve inmate access to care:

- 41% of respondents indicated a need for additional medical or behavioral health services, such as expanding specialty care, chronic disease management, or substance use disorder treatment via telehealth.

- 26% saw potential in establishing new provider partnerships, including connections with community-based specialists or regional providers.
- 13% identified a need for improved technology infrastructure, including upgraded equipment, software platforms, or connectivity.
- 13% cited grant or funding opportunities as key to supporting expansion efforts.
- 6% reported unspecified other opportunities.

These findings highlight that while many facilities already use telehealth, there is interest and potential for growth, particularly in diversifying service types and strengthening provider networks.

3. Barriers and Gaps in Service Delivery

While telehealth is generally seen as a positive innovation, facilities also reported ongoing challenges that limit effective delivery:

- 29% cited insufficient staff or provider availability.
- 19% reported that inmate refusals presented a barrier to consistent utilization.
- 15% indicated a lack of space or suitable space to conduct confidential sessions.
- 12% noted equipment shortages.
- 7% reported limited internet or broadband connectivity.
- 7% expressed security concerns.
- 8% reported unspecified other barriers.

4. Perceived Impact on Health Care Access and Outcomes

- 41% reported that it has significantly improved inmate health care access and outcomes.
- 33% reported it has somewhat improved outcomes.
- 19% reported no noticeable changes, suggesting either limited use or mixed effectiveness.
- 4% felt that access or outcomes had somewhat worsened, and another 4% reported that they do not provide telehealth services.

5. Participant Comments and Recommendations

Participants were invited to provide additional feedback regarding the use of telehealth in local and regional jails. The open-ended responses highlighted a wide range of perspectives, revealing both the benefits and limitations of telehealth service delivery in these settings.

Key themes included:

Perceived Benefits

- Reduced transportation costs and safety risks: Many participants emphasized that telehealth appointments reduce the need to transport inmates outside of the facility, lowering costs and minimizing public safety risks.

- Improved access and timeliness: Several facilities noted that telehealth allows for quicker appointment scheduling, particularly for mental health services, which can result in faster treatment and better outcomes.
- Value during the COVID-19 pandemic: Some noted telehealth's value during COVID, when in-person care was limited.
- Specialty care and follow-up: A few facilities are using or planning to use telehealth for follow-up visits or to connect with off-site specialists.

Infrastructure and Staffing Challenges

- Lack of space: Multiple jails reported that limited physical space makes it challenging to conduct telehealth visits, especially when medical exam rooms are also needed for in-person care.
- Limited internet connectivity: A few facilities reported not having Wi-Fi or broadband access throughout the facility, which restricts their ability to host virtual visits.
- Staffing constraints: Facilities require officers to accompany inmates during appointments or nurses to operate telehealth equipment. Short staffing can limit the feasibility of regular telehealth use.
- Funding needs: Many respondents suggested that increased funding and grant support could significantly expand telehealth capacity, particularly in areas such as technology, infrastructure, and staff.

Cautions and Limitations

- Not a substitute for in-person care: Some respondents cautioned against viewing telehealth as a “one-size-fits-all” solution. They stressed that while it is a valuable tool, it cannot replace the role of jails’ in-person medical authority, particularly for complex or acute conditions.
- Continuity of care: Using providers outside of the local area may cause disruptions in care or create conflicts with facility-specific formularies and pharmacies.
- Inmate preference: Some inmates prefer face-to-face visits and may decline mental health care via telehealth, especially for sensitive concerns.
- Operational concerns: Several respondents pointed to logistical hurdles, such as coordinating mental health rounds or having adequate equipment on hand across the housing units, as persistent barriers.

Forward-Looking Suggestions

- Dedicated telehealth spaces: Some facilities are investing in medical unit renovations with dedicated telehealth rooms.
- Increased provider partnerships: Expanding provider networks, particularly for psychiatric and specialty care, was seen as beneficial.
- Policy and administrative support: Respondents emphasized that any expansion or regulation of telehealth must allow facility-level discretion, given the differences in size, staffing, and responsibility structures.

V. Recommendations

Based on survey results and jail feedback, the following recommendations are provided to support the responsible and practical use of telehealth implementation within the Commonwealth's local and regional jails.

1. Promulgate Administrative Regulation on Telehealth Services

- Develop and adopt a regulation that sets minimum expectations for the provision of telehealth services in local and regional jails.
- The regulation should include general standards for:
 - Ensuring privacy and confidentiality during telehealth appointments.
 - Defining appropriate clinical uses, such as mental health, primary care, or follow-up care.
 - Encouraging basic operational practices, such as private settings and documentation protocols.
- Ensure the regulation provides operational flexibility to accommodate differences in jail size, staffing, technology, and other resource capacity.
- BLRJ is actively engaged in a comprehensive review of 6VAC15-40 to ensure alignment with current regulation, CoV, and operational best practices.

2. Facilitate Information Sharing Among Facilities

- Encourage jails to share examples of telehealth workflows, space, configurations, and staff procedures at BLRJ Liaison Committee Meetings or conferences held by the Virginia Sheriff's Association and the Virginia Association of Regional Jails.
- Highlight successful models identified through the survey to demonstrate practical, low-resource approaches to telehealth delivery.

3. Clarify the Role of Telehealth in Correctional Health Care

- Emphasize that telehealth is a supplemental tool, not a replacement for in-person care.
- Recognize the authority and responsibility of the jail medical provider in determining when telehealth is clinically appropriate.

VI. Conclusion

The survey responses collected from local and regional jails across the Commonwealth demonstrate that telehealth services are already widely utilized, particularly for mental health care, and that many facilities have adopted practical, low-cost approaches to implementation. However, the degree of formalization, such as written policies or segregated spaces, varies significantly. While many facilities support telehealth as a supplement to in-person care, challenges remain, including staffing shortages, limited infrastructure, and inmate refusals.

The findings suggest a potential benefit of a consistent regulatory framework that supports privacy, clinical appropriateness, and local flexibility. A precise, administratively promulgated regulation may help guide facilities in the use of telehealth while respecting the operational and resource differences across jails.

Telehealth holds promise as a component of a broader correctional healthcare strategy. With thoughtful guidance and peer-supported best practices, local and regional facilities can continue to improve access to timely, appropriate care while maintaining safety, efficiency, and clinical integrity.