



104TH GENERAL ASSEMBLY

State of Illinois

2025 and 2026

SB1602

Introduced 2/4/2025, by Sen. Julie A. Morrison

SYNOPSIS AS INTRODUCED:

410 ILCS 70/1a	from Ch. 111 1/2, par. 87-1a
410 ILCS 70/2	from Ch. 111 1/2, par. 87-2
410 ILCS 70/2.05	
410 ILCS 70/2.1	from Ch. 111 1/2, par. 87-2.1
410 ILCS 70/2.2	
410 ILCS 70/5	from Ch. 111 1/2, par. 87-5
410 ILCS 70/5.3	
410 ILCS 70/5.4	
410 ILCS 70/7.5	
410 ILCS 70/10	

Amends the Sexual Assault Survivors Emergency Treatment Act. Defines "acute sexual assault" as a sexual assault that has recently occurred within a specified time. Replaces various references to "sexual assault" with "acute sexual assault". Deletes the definition of "prepubescent sexual assault survivor". Changes provisions regarding hospitals located in counties with a population of less than 1,000,000 and within a 20-mile radius of a 4-year public university with respect to a sexual assault treatment plan approved by the Department of Public Health. Makes changes in various provisions concerning plans of correction and penalties for hospitals that commit specified violations of the Act. In provisions regarding requirements for medical forensic services, provides that the provisions of the Act are not intended to prohibit a qualified medical provider from offering an Illinois Sexual Assault Evidence Collection Kit to a sexual assault survivor who presents at a treatment hospital or approved pediatric health care facility with a nonacute complaint of sexual assault if there is a compelling reason for evidence collection, or upon the request of the survivor. In provisions regarding the prohibition on billing sexual assault survivors directly for certain services, changes references to the Office of the Attorney General to references to the Department of Healthcare and Family Services.

LRB104 10007 BDA 20077 b

1 AN ACT concerning health.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The Sexual Assault Survivors Emergency
5 Treatment Act is amended by changing Sections 1a, 2, 2.05,
6 2.1, 2.2, 5, 5.3, 5.4, 7.5, and 10 as follows:

7 (410 ILCS 70/1a) (from Ch. 111 1/2, par. 87-1a)

8 Sec. 1a. Definitions.

9 (a) In this Act:

10 "Acute sexual assault" means a sexual assault that has
11 recently occurred. For patients under the age of 13, this
12 means a sexual assault that has occurred within the past 72
13 hours. For patients 13 years old or older, this means a sexual
14 assault that has occurred within the past 168 hours.

15 "Advanced practice registered nurse" has the meaning
16 provided in Section 50-10 of the Nurse Practice Act.

17 "Ambulance provider" means an individual or entity that
18 owns and operates a business or service using ambulances or
19 emergency medical services vehicles to transport emergency
20 patients.

21 "Approved pediatric health care facility" means a health
22 care facility, other than a hospital, with a sexual assault
23 treatment plan approved by the Department to provide medical

1 forensic services to sexual assault survivors under the age of
2 18 who present with a complaint of acute sexual assault ~~within~~
3 ~~a minimum of the last 7 days or who have disclosed past sexual~~
4 ~~assault by a specific individual and were in the care of that~~
5 ~~individual within a minimum of the last 7 days.~~

6 "Areawide sexual assault treatment plan" means a plan,
7 developed by hospitals or by hospitals and approved pediatric
8 health care facilities in a community or area to be served,
9 which provides for medical forensic services to acute sexual
10 assault survivors that shall be made available by each of the
11 participating hospitals and approved pediatric health care
12 facilities.

13 "Board-certified child abuse pediatrician" means a
14 physician certified by the American Board of Pediatrics in
15 child abuse pediatrics.

16 "Board-eligible child abuse pediatrician" means a
17 physician who has completed the requirements set forth by the
18 American Board of Pediatrics to take the examination for
19 certification in child abuse pediatrics.

20 "Department" means the Department of Public Health.

21 "Emergency contraception" means medication as approved by
22 the federal Food and Drug Administration (FDA) that can
23 significantly reduce the risk of pregnancy if taken within 72
24 hours after sexual assault.

25 "Follow-up healthcare" means healthcare services related
26 to a sexual assault, including laboratory services and

1 pharmacy services, rendered within 180 days of the initial
2 visit for medical forensic services.

3 "Health care professional" means a physician, a physician
4 assistant, a sexual assault forensic examiner, an advanced
5 practice registered nurse, a registered professional nurse, a
6 licensed practical nurse, or a sexual assault nurse examiner.

7 "Hospital" means a hospital licensed under the Hospital
8 Licensing Act or operated under the University of Illinois
9 Hospital Act, any outpatient center included in the hospital's
10 sexual assault treatment plan where hospital employees provide
11 medical forensic services, and an out-of-state hospital that
12 has consented to the jurisdiction of the Department under
13 Section 2.06.

14 "Illinois State Police Sexual Assault Evidence Collection
15 Kit" means a prepackaged set of materials and forms to be used
16 for the collection of evidence relating to sexual assault. The
17 standardized evidence collection kit for the State of Illinois
18 shall be the Illinois State Police Sexual Assault Evidence
19 Collection Kit.

20 "Law enforcement agency having jurisdiction" means the law
21 enforcement agency in the jurisdiction where an alleged sexual
22 assault or sexual abuse occurred.

23 "Licensed practical nurse" has the meaning provided in
24 Section 50-10 of the Nurse Practice Act.

25 "Medical forensic services" means health care delivered to
26 patients within or under the care and supervision of personnel

1 working in a designated emergency department of a hospital or
2 an approved pediatric health care facility. "Medical forensic
3 services" includes, but is not limited to, taking a medical
4 history, performing photo documentation, performing a physical
5 and anogenital examination, assessing the patient for evidence
6 collection, collecting evidence in accordance with a statewide
7 sexual assault evidence collection program administered by the
8 Illinois State Police using the Illinois State Police Sexual
9 Assault Evidence Collection Kit, if appropriate, assessing the
10 patient for drug-facilitated or alcohol-facilitated sexual
11 assault, providing an evaluation of and care for sexually
12 transmitted infection and human immunodeficiency virus (HIV),
13 pregnancy risk evaluation and care, and discharge and
14 follow-up healthcare planning.

15 "Pediatric health care facility" means a clinic or
16 physician's office that provides medical services to patients
17 under the age of 18.

18 "Pediatric sexual assault survivor" means a person under
19 the age of 13 who presents for medical forensic services in
20 relation to injuries or trauma resulting from a sexual
21 assault.

22 "Photo documentation" means digital photographs or
23 colposcope videos stored and backed up securely in the
24 original file format.

25 "Physician" means a person licensed to practice medicine
26 in all its branches.

1 "Physician assistant" has the meaning provided in Section
2 4 of the Physician Assistant Practice Act of 1987.

3 ~~"Prepubescent sexual assault survivor" means a female who~~
4 ~~is under the age of 18 years and has not had a first menstrual~~
5 ~~cycle or a male who is under the age of 18 years and has not~~
6 ~~started to develop secondary sex characteristics who presents~~
7 ~~for medical forensic services in relation to injuries or~~
8 ~~trauma resulting from a sexual assault.~~

9 "Qualified medical provider" means a board-certified child
10 abuse pediatrician, board-eligible child abuse pediatrician, a
11 sexual assault forensic examiner, or a sexual assault nurse
12 examiner who has access to photo documentation tools, and who
13 participates in peer review.

14 "Registered Professional Nurse" has the meaning provided
15 in Section 50-10 of the Nurse Practice Act.

16 "Sexual assault" means:

17 (1) an act of sexual conduct; as used in this
18 paragraph, "sexual conduct" has the meaning provided under
19 Section 11-0.1 of the Criminal Code of 2012; or

20 (2) any act of sexual penetration; as used in this
21 paragraph, "sexual penetration" has the meaning provided
22 under Section 11-0.1 of the Criminal Code of 2012 and
23 includes, without limitation, acts prohibited under
24 Sections 11-1.20 through 11-1.60 of the Criminal Code of
25 2012.

26 "Sexual assault forensic examiner" means a physician or

1 physician assistant who has completed training that meets or
2 is substantially similar to the Sexual Assault Nurse Examiner
3 Education Guidelines established by the International
4 Association of Forensic Nurses.

5 "Sexual assault nurse examiner" means an advanced practice
6 registered nurse or registered professional nurse who has
7 completed a sexual assault nurse examiner training program
8 that meets the Sexual Assault Nurse Examiner Education
9 Guidelines established by the International Association of
10 Forensic Nurses.

11 "Sexual assault services voucher" means a document
12 generated by a hospital or approved pediatric health care
13 facility at the time the sexual assault survivor receives
14 outpatient medical forensic services that may be used to seek
15 payment for any ambulance services, medical forensic services,
16 laboratory services, pharmacy services, and follow-up
17 healthcare provided as a result of the sexual assault.

18 "Sexual assault survivor" means a person who presents for
19 medical forensic services in relation to injuries or trauma
20 resulting from a sexual assault.

21 "Sexual assault transfer plan" means a written plan
22 developed by a hospital and approved by the Department, which
23 describes the hospital's procedures for transferring acute
24 sexual assault survivors to another hospital, and an approved
25 pediatric health care facility, if applicable, in order to
26 receive medical forensic services performed by a qualified

1 medical provider.

2 "Sexual assault treatment plan" means a written plan that
3 describes the procedures and protocols for providing medical
4 forensic services to acute sexual assault survivors who
5 present themselves to a qualified medical provider for such
6 services, either directly or through transfer from a hospital
7 or an approved pediatric health care facility.

8 "Transfer hospital" means a hospital with a sexual assault
9 transfer plan approved by the Department.

10 "Transfer services" means the appropriate medical
11 screening examination and necessary stabilizing treatment
12 prior to the transfer of a sexual assault survivor to another a
13 hospital or an approved pediatric health care facility ~~that~~
14 ~~provides medical forensic services to sexual assault survivors~~
15 pursuant to a sexual assault treatment plan or areawide sexual
16 assault treatment plan.

17 "Treatment hospital" means a hospital with a sexual
18 assault treatment plan approved by the Department to provide
19 medical forensic services to acute ~~all~~ sexual assault
20 survivors ~~who present with a complaint of sexual assault~~
21 ~~within a minimum of the last 7 days or who have disclosed past~~
22 ~~sexual assault by a specific individual and were in the care of~~
23 ~~that individual within a minimum of the last 7 days.~~

24 "Treatment hospital with approved pediatric transfer"
25 means a hospital with a treatment plan approved by the
26 Department to provide medical forensic services to sexual

1 assault survivors 13 years old or older who present with a
2 complaint of acute sexual assault ~~within a minimum of the last~~
3 ~~7 days or who have disclosed past sexual assault by a specific~~
4 ~~individual and were in the care of that individual within a~~
5 ~~minimum of the last 7 days.~~

6 (b) This Section is effective on and after January 1,
7 2024.

8 (Source: P.A. 102-22, eff. 6-25-21; 102-538, eff. 8-20-21;
9 102-674, eff. 11-30-21; 102-813, eff. 5-13-22; 102-1097, eff.
10 1-1-23; 102-1106, eff. 1-1-23; 103-154, eff. 6-30-23.)

11 (410 ILCS 70/2) (from Ch. 111 1/2, par. 87-2)

12 Sec. 2. Hospital and approved pediatric health care
13 facility requirements for sexual assault plans.

14 (a) Every hospital required to be licensed by the
15 Department pursuant to the Hospital Licensing Act, or operated
16 under the University of Illinois Hospital Act that provides
17 general medical and surgical hospital services shall provide
18 either (i) transfer services to all acute sexual assault
19 survivors, (ii) medical forensic services to all acute sexual
20 assault survivors, or (iii) transfer services to pediatric
21 acute sexual assault survivors and medical forensic services
22 to acute sexual assault survivors 13 years old or older, in
23 accordance with rules adopted by the Department.

24 In addition, every such hospital, regardless of whether or
25 not a request is made for reimbursement, shall submit to the

1 Department a plan to provide either (i) transfer services to
2 all acute sexual assault survivors, (ii) medical forensic
3 services to all acute sexual assault survivors, or (iii)
4 transfer services to pediatric acute sexual assault survivors
5 and medical forensic services to acute sexual assault
6 survivors 13 years old or older within the time frame
7 established by the Department. The Department shall approve
8 such plan for either (i) transfer services to all acute sexual
9 assault survivors, (ii) medical forensic services to all acute
10 sexual assault survivors, or (iii) transfer services to
11 pediatric acute sexual assault survivors and medical forensic
12 services to acute sexual assault survivors 13 years old or
13 older, if it finds that the implementation of the proposed
14 plan would provide (i) transfer services or (ii) medical
15 forensic services for acute sexual assault survivors in
16 accordance with the requirements of this Act and provide
17 sufficient protections from the risk of pregnancy to acute
18 sexual assault survivors. Notwithstanding anything to the
19 contrary in this paragraph, the Department may approve a
20 sexual assault transfer plan for the provision of medical
21 forensic services if:

22 (1) a treatment hospital with approved pediatric
23 transfer has agreed, as part of an areawide treatment
24 plan, to accept acute sexual assault survivors 13 years of
25 age or older from the proposed transfer hospital, if the
26 treatment hospital with approved pediatric transfer is

1 geographically closer to the transfer hospital than a
2 treatment hospital or another treatment hospital with
3 approved pediatric transfer and such transfer is not
4 unduly burdensome on the sexual assault survivor; and

5 (2) a treatment hospital has agreed, as a part of an
6 areawide treatment plan, to accept acute sexual assault
7 survivors under 13 years of age from the proposed transfer
8 hospital and transfer to the treatment hospital would not
9 unduly burden the sexual assault survivor.

10 The Department may not approve a sexual assault transfer
11 plan unless a treatment hospital has agreed, as a part of an
12 areawide treatment plan, to accept acute sexual assault
13 survivors from the proposed transfer hospital and a transfer
14 to the treatment hospital would not unduly burden the sexual
15 assault survivor.

16 ~~In counties with a population of less than 1,000,000, the~~
17 ~~Department may not approve a sexual assault transfer plan for~~
18 ~~a hospital located within a 20 mile radius of a 4 year public~~
19 ~~university, not including community colleges, unless there is~~
20 ~~a treatment hospital with a sexual assault treatment plan~~
21 ~~approved by the Department within a 20-mile radius of the~~
22 ~~4-year public university.~~

23 A transfer must be in accordance with federal and State
24 laws and local ordinances.

25 Hospitals located in counties with a population of less
26 than 1,000,000 and within a 20-mile radius of a 4-year public

1 university shall submit an areawide sexual assault treatment
2 plan that is approved by the Department. The approved areawide
3 plan shall include at least one treatment hospital or
4 treatment hospital with approved pediatric transfer within the
5 20-mile radius of the 4-year public university.

6 A treatment hospital with approved pediatric transfer must
7 submit an areawide treatment plan under Section 3 of this Act
8 that includes a written agreement with a treatment hospital
9 stating that the treatment hospital will provide medical
10 forensic services to pediatric sexual assault survivors
11 transferred from the treatment hospital with approved
12 pediatric transfer. The areawide treatment plan may also
13 include an approved pediatric health care facility.

14 A transfer hospital must submit an areawide treatment plan
15 under Section 3 of this Act that includes a written agreement
16 with a treatment hospital stating that the treatment hospital
17 will provide medical forensic services to all sexual assault
18 survivors transferred from the transfer hospital. The areawide
19 treatment plan may also include an approved pediatric health
20 care facility. Notwithstanding anything to the contrary in
21 this paragraph, the areawide treatment plan may include a
22 written agreement with a treatment hospital with approved
23 pediatric transfer that is geographically closer than other
24 hospitals providing medical forensic services to sexual
25 assault survivors 13 years of age or older stating that the
26 treatment hospital with approved pediatric transfer will

1 provide medical services to sexual assault survivors 13 years
2 of age or older who are transferred from the transfer
3 hospital. If the areawide treatment plan includes a written
4 agreement with a treatment hospital with approved pediatric
5 transfer, it must also include a written agreement with a
6 treatment hospital stating that the treatment hospital will
7 provide medical forensic services to sexual assault survivors
8 under 13 years of age who are transferred from the transfer
9 hospital.

10 Beginning January 1, 2019, each treatment hospital and
11 treatment hospital with approved pediatric transfer shall
12 ensure that emergency department attending physicians,
13 physician assistants, advanced practice registered nurses, and
14 registered professional nurses providing clinical services,
15 who do not meet the definition of a qualified medical provider
16 in Section 1a of this Act, receive a minimum of 2 hours of
17 sexual assault training by July 1, 2020 or until the treatment
18 hospital or treatment hospital with approved pediatric
19 transfer certifies to the Department, in a form and manner
20 prescribed by the Department, that it employs or contracts
21 with a qualified medical provider in accordance with
22 subsection (a-7) of Section 5, whichever occurs first.

23 After July 1, 2020 or once a treatment hospital or a
24 treatment hospital with approved pediatric transfer certifies
25 compliance with subsection (a-7) of Section 5, whichever
26 occurs first, each treatment hospital and treatment hospital

1 with approved pediatric transfer shall ensure that emergency
2 department attending physicians, physician assistants,
3 advanced practice registered nurses, and registered
4 professional nurses providing clinical services, who do not
5 meet the definition of a qualified medical provider in Section
6 1a of this Act, receive a minimum of 2 hours of continuing
7 education on responding to acute sexual assault survivors
8 every 2 years. Protocols for training shall be included in the
9 hospital's sexual assault treatment plan.

10 Sexual assault training provided under this subsection may
11 be provided in person or online and shall include, but not be
12 limited to:

13 (1) information provided on the provision of medical
14 forensic services;

15 (2) information on the use of the Illinois Sexual
16 Assault Evidence Collection Kit;

17 (3) information on sexual assault epidemiology,
18 neurobiology of trauma, drug-facilitated sexual assault,
19 child sexual abuse, and Illinois sexual assault-related
20 laws; and

21 (4) information on the hospital's sexual
22 assault-related policies and procedures.

23 The online training made available by the Office of the
24 Attorney General under subsection (b) of Section 10 may be
25 used to comply with this subsection.

26 (a-5) A hospital must submit a plan to provide either (i)

1 transfer services to all acute sexual assault survivors, (ii)
2 medical forensic services to all acute sexual assault
3 survivors, or (iii) transfer services to pediatric acute
4 sexual assault survivors and medical forensic services to
5 sexual assault survivors 13 years old or older as required in
6 subsection (a) of this Section within 60 days of the
7 Department's request. Failure to submit a plan as described in
8 this subsection shall subject a hospital to the imposition of
9 a fine by the Department. The Department may impose a fine of
10 up to \$500 per day until the hospital submits a plan as
11 described in this subsection.

12 (a-10) Upon receipt of a plan as described in subsection
13 (a-5), the Department shall notify the hospital whether or not
14 the plan is acceptable. If the Department determines that the
15 plan is unacceptable, the hospital must submit a modified plan
16 within 10 days of service of the notification. If the
17 Department determines that the modified plan is unacceptable,
18 or if the hospital fails to submit a modified plan within 10
19 days, the Department may impose a fine of up to \$500 per day
20 until an acceptable plan has been submitted, as determined by
21 the Department.

22 (b) An approved pediatric health care facility may provide
23 medical forensic services, in accordance with rules adopted by
24 the Department, to acute ~~all~~ sexual assault survivors under
25 the age of 18 who present for medical forensic services in
26 relation to injuries or trauma resulting from a sexual

1 assault. These services shall be provided by a qualified
2 medical provider.

3 A pediatric health care facility must participate in or
4 submit an areawide treatment plan under Section 3 of this Act
5 that includes a treatment hospital. If a pediatric health care
6 facility does not provide certain medical or surgical services
7 that are provided by hospitals, the areawide sexual assault
8 treatment plan must include a procedure for ensuring a sexual
9 assault survivor in need of such medical or surgical services
10 receives the services at the treatment hospital. The areawide
11 treatment plan may also include a treatment hospital with
12 approved pediatric transfer.

13 The Department shall review a proposed sexual assault
14 treatment plan submitted by a pediatric health care facility
15 within 60 days after receipt of the plan. If the Department
16 finds that the proposed plan meets the minimum requirements
17 set forth in Section 5 of this Act and that implementation of
18 the proposed plan would provide medical forensic services for
19 acute sexual assault survivors under the age of 18, then the
20 Department shall approve the plan. If the Department does not
21 approve a plan, then the Department shall notify the pediatric
22 health care facility that the proposed plan has not been
23 approved. The pediatric health care facility shall have 30
24 days to submit a revised plan. The Department shall review the
25 revised plan within 30 days after receipt of the plan and
26 notify the pediatric health care facility whether the revised

1 plan is approved or rejected. A pediatric health care facility
2 may not provide medical forensic services to sexual assault
3 survivors under the age of 18 who present with a complaint of
4 acute sexual assault ~~within a minimum of the last 7 days or who~~
5 ~~have disclosed past sexual assault by a specific individual~~
6 ~~and were in the care of that individual within a minimum of the~~
7 ~~last 7 days until the Department has approved a treatment~~
8 ~~plan.~~

9 If an approved pediatric health care facility is not open
10 24 hours a day, 7 days a week, it shall post signage at each
11 public entrance to its facility that:

12 (1) is at least 14 inches by 14 inches in size;

13 (2) directs those seeking services as follows: "If
14 closed, call 911 for services or go to the closest
15 hospital emergency department, (insert name) located at
16 (insert address).";

17 (3) lists the approved pediatric health care
18 facility's hours of operation;

19 (4) lists the street address of the building;

20 (5) has a black background with white bold capital
21 lettering in a clear and easy to read font that is at least
22 72-point type, and with "call 911" in at least 125-point
23 type;

24 (6) is posted clearly and conspicuously on or adjacent
25 to the door at each entrance and, if building materials
26 allow, is posted internally for viewing through glass; if

1 posted externally, the sign shall be made of
2 weather-resistant and theft-resistant materials,
3 non-removable, and adhered permanently to the building;
4 and

5 (7) has lighting that is part of the sign itself or is
6 lit with a dedicated light that fully illuminates the
7 sign.

8 A copy of the proposed sign must be submitted to the
9 Department and approved as part of the approved pediatric
10 health care facility's sexual assault treatment plan.

11 (c) Each treatment hospital, treatment hospital with
12 approved pediatric transfer, and approved pediatric health
13 care facility must enter into a memorandum of understanding
14 with a rape crisis center for medical advocacy services, if
15 these services are available to the treatment hospital,
16 treatment hospital with approved pediatric transfer, or
17 approved pediatric health care facility. With the consent of
18 the sexual assault survivor, a rape crisis counselor shall
19 remain in the exam room during the collection for forensic
20 evidence.

21 (d) Every ~~treatment hospital, treatment hospital with~~
22 ~~approved pediatric transfer,~~ and approved pediatric health
23 care facility's sexual assault treatment plan or sexual
24 assault transfer plan shall include procedures for complying
25 with mandatory reporting requirements pursuant to (1) the
26 Abused and Neglected Child Reporting Act; (2) the Abused and

1 Neglected Long Term Care Facility Residents Reporting Act; (3)
2 the Adult Protective Services Act; and (iv) the Criminal
3 Identification Act.

4 (e) Each treatment hospital, treatment hospital with
5 approved pediatric transfer, and approved pediatric health
6 care facility shall submit to the Department every 6 months,
7 in a manner prescribed by the Department, the following
8 information:

9 (1) The total number of patients who presented with a
10 complaint of sexual assault.

11 (2) The total number of Illinois Sexual Assault
12 Evidence Collection Kits:

13 (A) offered to (i) all acute sexual assault
14 survivors and (ii) pediatric acute sexual assault
15 survivors pursuant to paragraph (1.5) of subsection
16 (a-5) of Section 5;

17 (B) completed for (i) all acute sexual assault
18 survivors and (ii) pediatric acute sexual assault
19 survivors; and

20 (C) declined by (i) all acute sexual assault
21 survivors and (ii) pediatric acute sexual assault
22 survivors.

23 This information shall be made available on the
24 Department's website.

25 (f) This Section is effective on and after January 1,
26 2024.

1 (Source: P.A. 101-73, eff. 7-12-19; 101-634, eff. 6-5-20;
2 102-22, eff. 6-25-21; 102-674, eff. 11-30-21; 102-1106, eff.
3 1-1-23.)

4 (410 ILCS 70/2.05)

5 Sec. 2.05. Department requirements.

6 (a) The Department shall periodically conduct on-site
7 reviews of approved sexual assault treatment plans with
8 hospital and approved pediatric health care facility personnel
9 to ensure that the established procedures are being followed.
10 Department personnel conducting the on-site reviews shall
11 attend 4 hours of sexual assault training conducted by a
12 qualified medical provider that includes, but is not limited
13 to, forensic evidence collection provided to acute sexual
14 assault survivors of any age and Illinois sexual
15 assault-related laws and administrative rules.

16 (b) On July 1, 2019 and each July 1 thereafter, the
17 Department shall submit a report to the General Assembly
18 containing information on the hospitals and pediatric health
19 care facilities in this State that have submitted a plan to
20 provide: (i) transfer services to all acute sexual assault
21 survivors, (ii) medical forensic services to all acute sexual
22 assault survivors, (iii) transfer services to pediatric acute
23 sexual assault survivors and medical forensic services to
24 acute sexual assault survivors 13 years old or older, or (iv)
25 medical forensic services to acute pediatric sexual assault

1 survivors. The Department shall post the report on its
2 Internet website on or before October 1, 2019 and, except as
3 otherwise provided in this Section, update the report every
4 quarter thereafter. The report shall include all of the
5 following:

6 (1) Each hospital and pediatric care facility that has
7 submitted a plan, including the submission date of the
8 plan, type of plan submitted, and the date the plan was
9 approved or denied. If a pediatric health care facility
10 withdraws its plan, the Department shall immediately
11 update the report on its Internet website to remove the
12 pediatric health care facility's name and information.

13 (2) Each hospital that has failed to submit a plan as
14 required in subsection (a) of Section 2.

15 (3) Each hospital and approved pediatric care facility
16 that has to submit an acceptable Plan of Correction within
17 the time required by Section 2.1, including the date the
18 Plan of Correction was required to be submitted. Once a
19 hospital or approved pediatric health care facility
20 submits and implements the required Plan of Correction,
21 the Department shall immediately update the report on its
22 Internet website to reflect that hospital or approved
23 pediatric health care facility's compliance.

24 (4) Each hospital and approved pediatric care facility
25 at which the periodic on-site review required by Section
26 2.05 of this Act has been conducted, including the date of

1 the on-site review and whether the hospital or approved
2 pediatric care facility was found to be in compliance with
3 its approved plan.

4 (5) Each areawide treatment plan submitted to the
5 Department pursuant to Section 3 of this Act, including
6 which treatment hospitals, treatment hospitals with
7 approved pediatric transfer, transfer hospitals and
8 approved pediatric health care facilities are identified
9 in each areawide treatment plan.

10 (c) The Department, in consultation with the Office of the
11 Attorney General, shall adopt administrative rules by January
12 1, 2020 establishing a process for physicians and physician
13 assistants to provide documentation of training and clinical
14 experience that meets or is substantially similar to the
15 Sexual Assault Nurse Examiner Education Guidelines established
16 by the International Association of Forensic Nurses in order
17 to qualify as a sexual assault forensic examiner.

18 (d) This Section is effective on and after January 1,
19 2024.

20 (Source: P.A. 101-634, eff. 6-5-20; 102-22, eff. 6-25-21;
21 102-674, eff. 11-30-21.)

22 (410 ILCS 70/2.1) (from Ch. 111 1/2, par. 87-2.1)

23 Sec. 2.1. Plan of correction; penalties.

24 (a) If the Department surveyor determines that the
25 hospital or approved pediatric health care facility is not in

1 compliance with its approved plan and rules adopted under this
2 Act, the surveyor shall provide the hospital or approved
3 pediatric health care facility with a written warning of
4 violation and a statement of deficiencies listing the list of
5 ~~the~~ specific items of noncompliance within 10 working days
6 after the conclusion of the on-site review. The hospital shall
7 have 10 working days to submit to the Department a plan of
8 correction which contains the hospital's or approved pediatric
9 health care facility's specific proposals for correcting the
10 items of noncompliance. The Department shall review the plan
11 of correction and notify the hospital in writing within 10
12 working days as to whether the plan is acceptable or
13 unacceptable.

14 If the Department finds the Plan of Correction
15 unacceptable, the hospital or approved pediatric health care
16 facility shall have 10 working days to resubmit an acceptable
17 Plan of Correction. Upon notification that its Plan of
18 Correction is acceptable, a hospital or approved pediatric
19 health care facility shall implement the Plan of Correction
20 within 60 days.

21 (b) The failure of a hospital to submit an acceptable Plan
22 of Correction or to implement the Plan of Correction, within
23 the time frames required in this Section, will subject a
24 hospital to the imposition of a \$500 fine by the Department.
25 ~~The Department may impose a fine of up to \$500 per day until a~~
26 ~~hospital complies with the requirements of this Section.~~ If a

1 hospital submits 2 Plans of Correction that are found to not be
2 acceptable by the Department, the hospital shall become
3 subject to the imposition of a \$2,500 fine by the Department.

4 If an approved pediatric health care facility fails to
5 submit an acceptable Plan of Correction or to implement the
6 Plan of Correction within the time frames required in this
7 Section, then the Department shall notify the approved
8 pediatric health care facility that the approved pediatric
9 health care facility may not provide medical forensic services
10 under this Act. The Department may impose a fine of up to \$500
11 per patient provided services in violation of this Act. If an
12 approved pediatric facility submits 2 Plans of Correction that
13 are found to not be acceptable by the Department, the approved
14 pediatric health care facility shall become subject to the
15 imposition of a fine by the Department and the termination of
16 its approved sexual assault treatment plan.

17 (c) Before imposing a fine pursuant to this Section, the
18 Department shall provide the hospital or approved pediatric
19 health care facility via certified mail with written notice
20 and an opportunity for an administrative hearing. Such hearing
21 must be requested within 10 working days after receipt of the
22 Department's Notice. All hearings shall be conducted in
23 accordance with the Department's rules in administrative
24 hearings.

25 (c-5) The Department shall find a hospital in violation of
26 this subsection if, after the issuance of a written warning to

1 the hospital as described in subsection (a), the Department's
2 investigation finds that the hospital committed one or more of
3 the following violations:

4 (1) allowing a nonqualified medical provider to
5 perform and complete the medical forensic service
6 examination;

7 (2) refusing to offer a medical forensic service
8 examination to the sexual assault survivor;

9 (3) failing to provide medical management for sexually
10 transmitted infections, medical management for HIV, and
11 emergency contraception; or

12 (4) failing to offer photographic evidence, failing to
13 secure photographic evidence, or violating Section 6.5.

14 The Department shall impose a fine of \$3,000 for an
15 initial violation of this subsection and a fine of \$5,000 for
16 each subsequent violation.

17 (d) This Section is effective on and after January 1,
18 2024.

19 (Source: P.A. 101-81, eff. 7-12-19; 101-634, eff. 6-5-20;
20 102-22, eff. 6-25-21; 102-674, eff. 11-30-21; 102-1106, eff.
21 1-1-23.)

22 (410 ILCS 70/2.2)

23 Sec. 2.2. Emergency contraception.

24 (a) The General Assembly finds:

25 (1) Crimes of sexual assault and sexual abuse cause

1 significant physical, emotional, and psychological trauma
2 to the victims. This trauma is compounded by a victim's
3 fear of becoming pregnant and bearing a child as a result
4 of the sexual assault.

5 (2) Each year over 32,000 women become pregnant in the
6 United States as the result of rape and approximately 50%
7 of these pregnancies end in abortion.

8 (3) As approved for use by the Federal Food and Drug
9 Administration (FDA), emergency contraception can
10 significantly reduce the risk of pregnancy if taken within
11 72 hours after the sexual assault.

12 (4) By providing emergency contraception to rape
13 victims in a timely manner, the trauma of rape can be
14 significantly reduced.

15 (b) Every hospital or approved pediatric health care
16 facility providing services to sexual assault survivors in
17 accordance with a plan approved under Section 2 must develop a
18 protocol that ensures that each survivor of acute sexual
19 assault will receive medically and factually accurate and
20 written and oral information about emergency contraception;
21 the indications and contraindications and risks associated
22 with the use of emergency contraception; and a description of
23 how and when victims may be provided emergency contraception
24 at no cost upon the written order of a physician licensed to
25 practice medicine in all its branches, a licensed advanced
26 practice registered nurse, or a licensed physician assistant.

1 The Department shall approve the protocol if it finds that the
2 implementation of the protocol would provide sufficient
3 protection for survivors of acute sexual assault.

4 The hospital or approved pediatric health care facility
5 shall implement the protocol upon approval by the Department.
6 The Department shall adopt rules and regulations establishing
7 one or more safe harbor protocols and setting minimum
8 acceptable protocol standards that hospitals may develop and
9 implement. The Department shall approve any protocol that
10 meets those standards. The Department may provide a sample
11 acceptable protocol upon request.

12 (c) This Section is effective on and after January 1,
13 2024.

14 (Source: P.A. 101-634, eff. 6-5-20; 102-22, eff. 6-25-21;
15 102-674, eff. 11-30-21.)

16 (410 ILCS 70/5) (from Ch. 111 1/2, par. 87-5)

17 Sec. 5. Minimum requirements for medical forensic services
18 provided to sexual assault survivors by hospitals and approved
19 pediatric health care facilities.

20 (a) Every hospital and approved pediatric health care
21 facility providing medical forensic services to acute sexual
22 assault survivors under this Act shall, as minimum
23 requirements for such services, provide, with the consent of
24 the sexual assault survivor, and as ordered by the attending
25 physician, an advanced practice registered nurse, or a

1 physician assistant, the services set forth in subsection
2 (a-5).

3 A qualified medical provider must provide the services set
4 forth in subsection (a-5).

5 (a-5) A treatment hospital, a treatment hospital with
6 approved pediatric transfer, or an approved pediatric health
7 care facility shall provide the following services in
8 accordance with subsection (a):

9 (1) Appropriate medical forensic services without
10 delay, in a private, age-appropriate or
11 developmentally-appropriate space, required to ensure the
12 health, safety, and welfare of a sexual assault survivor
13 and which may be used as evidence in a criminal proceeding
14 against a person accused of the sexual assault, in a
15 proceeding under the Juvenile Court Act of 1987, or in an
16 investigation under the Abused and Neglected Child
17 Reporting Act.

18 Records of medical forensic services, including
19 results of examinations and tests, the Illinois State
20 Police Medical Forensic Documentation Forms, the Illinois
21 State Police Patient Discharge Materials, and the Illinois
22 State Police Patient Consent: Collect and Test Evidence or
23 Collect and Hold Evidence Form, shall be maintained by the
24 hospital or approved pediatric health care facility as
25 part of the patient's electronic medical record.

26 Records of medical forensic services of sexual assault

1 survivors under the age of 18 shall be retained by the
2 hospital for a period of 60 years after the sexual assault
3 survivor reaches the age of 18. Records of medical
4 forensic services of sexual assault survivors 18 years of
5 age or older shall be retained by the hospital for a period
6 of 20 years after the date the record was created.

7 Records of medical forensic services may only be
8 disseminated in accordance with Section 6.5 of this Act
9 and other State and federal law.

10 (1.5) An offer to complete the Illinois Sexual Assault
11 Evidence Collection Kit for any acute sexual assault
12 survivor ~~who presents within a minimum of the last 7 days~~
13 ~~of the assault or who has disclosed past sexual assault by~~
14 ~~a specific individual and was in the care of that~~
15 ~~individual within a minimum of the last 7 days.~~ Nothing in
16 this Section is intended to prohibit a qualified medical
17 provider from offering an Illinois Sexual Assault Evidence
18 Collection Kit to a sexual assault survivor who presents
19 at a treatment hospital or approved pediatric health care
20 facility with a nonacute complaint of sexual assault if
21 there is a compelling reason for evidence collection, or
22 upon the request of the survivor.

23 (A) Appropriate oral and written information
24 concerning evidence-based guidelines for the
25 appropriateness of evidence collection depending on
26 the sexual development of the sexual assault survivor,

1 the type of sexual assault, and the timing of the
2 sexual assault shall be provided to the sexual assault
3 survivor. Evidence collection is encouraged for
4 prepubescent sexual assault survivors who present to a
5 hospital or approved pediatric health care facility
6 with a complaint of acute sexual assault ~~within a~~
7 ~~minimum of 96 hours after the sexual assault.~~

8 The information required under this subparagraph
9 shall be provided in person by the qualified medical
10 provider providing medical forensic services directly
11 to the sexual assault survivor.

12 The written information provided shall be the
13 information created in accordance with Section 10 of
14 this Act.

15 (B) Following the discussion regarding the
16 evidence-based guidelines for evidence collection in
17 accordance with subparagraph (A), evidence collection
18 must be completed at the sexual assault survivor's
19 request. A sexual assault nurse examiner conducting an
20 examination using the Illinois State Police Sexual
21 Assault Evidence Collection Kit may do so without the
22 presence or participation of a physician.

23 (2) Appropriate oral and written information
24 concerning the possibility of infection, sexually
25 transmitted infection, including an evaluation of the
26 sexual assault survivor's risk of contracting human

1 immunodeficiency virus (HIV) from sexual assault, and
2 pregnancy resulting from sexual assault.

3 (3) Appropriate oral and written information
4 concerning accepted medical procedures, laboratory tests,
5 medication, and possible contraindications of such
6 medication available for the prevention or treatment of
7 infection or disease resulting from sexual assault.

8 (3.5) After a medical evidentiary or physical
9 examination, access to a shower at no cost, unless
10 showering facilities are unavailable.

11 (4) An amount of medication, including HIV
12 prophylaxis, for treatment at the hospital or approved
13 pediatric health care facility and after discharge as is
14 deemed appropriate by the attending physician, an advanced
15 practice registered nurse, or a physician assistant in
16 accordance with the Centers for Disease Control and
17 Prevention guidelines and consistent with the hospital's
18 or approved pediatric health care facility's current
19 approved protocol for sexual assault survivors.

20 (5) Photo documentation of the sexual assault
21 survivor's injuries, anatomy involved in the assault, or
22 other visible evidence on the sexual assault survivor's
23 body to supplement the medical forensic history and
24 written documentation of physical findings and evidence
25 beginning July 1, 2019. Photo documentation does not
26 replace written documentation of the injury.

1 (6) Written and oral instructions indicating the need
2 for follow-up examinations and laboratory tests after the
3 sexual assault to determine the presence or absence of
4 sexually transmitted infection.

5 (7) Referral by hospital or approved pediatric health
6 care facility personnel for appropriate counseling.

7 (8) Medical advocacy services provided by a rape
8 crisis counselor whose communications are protected under
9 Section 8-802.1 of the Code of Civil Procedure, if there
10 is a memorandum of understanding between the hospital or
11 approved pediatric health care facility and a rape crisis
12 center. With the consent of the sexual assault survivor, a
13 rape crisis counselor shall remain in the exam room during
14 the medical forensic examination.

15 (9) Written information regarding services provided by
16 a Children's Advocacy Center and rape crisis center, if
17 applicable.

18 (10) A treatment hospital, a treatment hospital with
19 approved pediatric transfer, an out-of-state hospital as
20 defined in Section 5.4, or an approved pediatric health
21 care facility shall comply with the rules relating to the
22 collection and tracking of sexual assault evidence adopted
23 by the Illinois State Police under Section 50 of the
24 Sexual Assault Evidence Submission Act.

25 (11) Written information regarding the Illinois State
26 Police sexual assault evidence tracking system.

1 (a-7) Every hospital, and approved pediatric health care
2 facility, with a treatment plan approved by the Department
3 shall employ or contract with a qualified medical provider to
4 initiate medical forensic services to a sexual assault
5 survivor within 90 minutes of a concern of acute sexual
6 assault arising at the hospital or facility. ~~the patient~~
7 ~~presenting to the treatment hospital or treatment hospital~~
8 ~~with approved pediatric transfer.~~ The provision of medical
9 forensic services by a qualified medical provider shall not
10 delay the provision of life-saving medical care.

11 (b) Any person who is a sexual assault survivor who seeks
12 medical forensic services or follow-up healthcare under this
13 Act shall be provided such services without the consent of any
14 parent, guardian, custodian, surrogate, or agent. If a sexual
15 assault survivor is unable to consent to medical forensic
16 services, the services may be provided under the Consent by
17 Minors to Health Care Services Act, the Health Care Surrogate
18 Act, or other applicable State and federal laws.

19 (b-5) Every hospital or approved pediatric health care
20 facility providing medical forensic services to sexual assault
21 survivors shall issue a voucher to any sexual assault survivor
22 who is eligible to receive one in accordance with Section 5.2
23 of this Act. The hospital shall make a copy of the voucher and
24 place it in the medical record of the sexual assault survivor.
25 The hospital shall provide a copy of the voucher to the sexual
26 assault survivor after discharge upon request.

1 (c) Nothing in this Section creates a physician-patient
2 relationship that extends beyond discharge from the hospital
3 or approved pediatric health care facility.

4 (d) This Section is effective on and after January 1,
5 2024.

6 (Source: P.A. 101-81, eff. 7-12-19; 101-377, eff. 8-16-19;
7 101-634, eff. 6-5-20; 102-22, eff. 6-25-21; 102-538, eff.
8 8-20-21; 102-674, eff. 11-30-21; 102-813, eff. 5-13-22;
9 102-1106, eff. 1-1-23.)

10 (410 ILCS 70/5.3)

11 Sec. 5.3. Pediatric sexual assault care.

12 (a) The General Assembly finds:

13 (1) Pediatric sexual assault survivors can suffer from
14 a wide range of health problems across their life span. In
15 addition to immediate health issues, such as sexually
16 transmitted infections, physical injuries, and
17 psychological trauma, child sexual abuse victims are at
18 greater risk for a plethora of adverse psychological and
19 somatic problems into adulthood in contrast to those who
20 were not sexually abused.

21 (2) Sexual abuse against the pediatric population is
22 distinct, particularly due to their dependence on their
23 caregivers and the ability of perpetrators to manipulate
24 and silence them (especially when the perpetrators are
25 family members or other adults trusted by, or with power

1 over, children). Sexual abuse is often hidden by
2 perpetrators, unwitnessed by others, and may leave no
3 obvious physical signs on child victims.

4 (3) Pediatric sexual assault survivors throughout the
5 State should have access to qualified medical providers
6 who have received specialized training regarding the care
7 of pediatric sexual assault survivors within a reasonable
8 distance from their home.

9 (4) There is a need in Illinois to increase the number
10 of qualified medical providers available to provide
11 medical forensic services to pediatric sexual assault
12 survivors.

13 (b) If a medically stable pediatric sexual assault
14 survivor presents at a transfer hospital or treatment hospital
15 with approved pediatric transfer that has a plan approved by
16 the Department requesting medical forensic services, then the
17 hospital emergency department staff shall contact an approved
18 pediatric health care facility, if one is designated in the
19 hospital's plan.

20 If the transferring hospital confirms that medical
21 forensic services can be initiated within 90 minutes of the
22 acute sexual assault survivor's ~~patient's~~ arrival at the
23 approved pediatric health care facility following an immediate
24 transfer, then the hospital emergency department staff shall
25 notify the patient and non-offending parent or legal guardian
26 that the patient will be transferred for medical forensic

1 services and shall provide the patient and non-offending
2 parent or legal guardian the option of being transferred to
3 the approved pediatric health care facility or the treatment
4 hospital designated in the hospital's plan. The pediatric
5 sexual assault survivor may be transported by ambulance, law
6 enforcement, or personal vehicle.

7 If medical forensic services cannot be initiated within 90
8 minutes of the acute sexual assault survivor's ~~patient's~~
9 arrival at the approved pediatric health care facility, there
10 is no approved pediatric health care facility designated in
11 the hospital's plan, or the patient or non-offending parent or
12 legal guardian chooses to be transferred to a treatment
13 hospital, the hospital emergency department staff shall
14 contact a treatment hospital designated in the hospital's plan
15 to arrange for the transfer of the patient to the treatment
16 hospital for medical forensic services, which are to be
17 initiated within 90 minutes of the patient's arrival at the
18 treatment hospital. The treatment hospital shall provide
19 medical forensic services and may not transfer the patient to
20 another facility. The pediatric sexual assault survivor may be
21 transported by ambulance, law enforcement, or personal
22 vehicle.

23 (c) If a medically stable pediatric sexual assault
24 survivor presents at a treatment hospital that has a plan
25 approved by the Department requesting medical forensic
26 services, then the hospital emergency department staff shall

1 contact an approved pediatric health care facility, if one is
2 designated in the treatment hospital's areawide treatment
3 plan.

4 If medical forensic services can be initiated within 90
5 minutes after the acute sexual assault survivor's ~~patient's~~
6 arrival at the approved pediatric health care facility
7 following an immediate transfer, the hospital emergency
8 department staff shall provide the patient and non-offending
9 parent or legal guardian the option of having medical forensic
10 services performed at the treatment hospital or at the
11 approved pediatric health care facility. If the patient or
12 non-offending parent or legal guardian chooses to be
13 transferred, the pediatric sexual assault survivor may be
14 transported by ambulance, law enforcement, or personal
15 vehicle.

16 If medical forensic services cannot be initiated within 90
17 minutes after the acute sexual assault survivor's ~~patient's~~
18 arrival to the approved pediatric health care facility, there
19 is no approved pediatric health care facility designated in
20 the hospital's plan, or the patient or non-offending parent or
21 legal guardian chooses not to be transferred, the hospital
22 shall provide medical forensic services to the patient.

23 (d) If a pediatric acute sexual assault survivor presents
24 at an approved pediatric health care facility during posted
25 hours of operation requesting medical forensic services or the
26 facility is contacted by law enforcement or the Department of

1 Children and Family Services requesting medical forensic
2 services for a pediatric acute sexual assault survivor, the
3 services shall be provided at the facility if the medical
4 forensic services can be initiated within 90 minutes after the
5 patient's arrival at the facility. If medical forensic
6 services cannot be initiated within 90 minutes after the acute
7 sexual assault survivor's ~~patient's~~ arrival at the facility,
8 then the patient shall be transferred to a treatment hospital
9 designated in the approved pediatric health care facility's
10 plan for medical forensic services. The pediatric sexual
11 assault survivor may be transported by ambulance, law
12 enforcement, or personal vehicle.

13 (e) This Section is effective on and after January 1,
14 2024.

15 (Source: P.A. 101-634, eff. 6-5-20; 102-22, eff. 6-25-21;
16 102-674, eff. 11-30-21.)

17 (410 ILCS 70/5.4)

18 Sec. 5.4. Out-of-state hospitals.

19 (a) Nothing in this Section shall prohibit the transfer of
20 a patient in need of medical services from a hospital that has
21 been designated as a trauma center by the Department in
22 accordance with Section 3.90 of the Emergency Medical Services
23 (EMS) Systems Act.

24 (b) A transfer hospital, treatment hospital with approved
25 pediatric transfer, or approved pediatric health care facility

1 may transfer a sexual assault survivor to an out-of-state
2 hospital that is located in a county that borders Illinois if
3 the out-of-state hospital: (1) submits an areawide treatment
4 plan approved by the Department; and (2) has certified the
5 following to the Department in a form and manner prescribed by
6 the Department that the out-of-state hospital will:

7 (i) consent to the jurisdiction of the Department in
8 accordance with Section 2.06 of this Act;

9 (ii) comply with all requirements of this Act
10 applicable to treatment hospitals, including, but not
11 limited to, offering evidence collection to any Illinois
12 sexual assault survivor who presents with a complaint of
13 acute sexual assault ~~within a minimum of the last 7 days or~~
14 ~~who has disclosed past sexual assault by a specific~~
15 ~~individual and was in the care of that individual within a~~
16 ~~minimum of the last 7 days~~ and not billing the sexual
17 assault survivor for medical forensic services or 180 days
18 of follow-up healthcare;

19 (iii) use an Illinois State Police Sexual Assault
20 Evidence Collection Kit to collect forensic evidence from
21 an Illinois acute sexual assault survivor;

22 (iv) ensure its staff cooperates with Illinois law
23 enforcement agencies and are responsive to subpoenas
24 issued by Illinois courts; and

25 (v) provide appropriate transportation upon the
26 completion of medical forensic services back to the

1 transfer hospital or treatment hospital with pediatric
2 transfer where the sexual assault survivor initially
3 presented seeking medical forensic services, unless the
4 sexual assault survivor chooses to arrange his or her own
5 transportation.

6 ~~(c) Subsection (b) of this Section is inoperative on and~~
7 ~~after January 1, 2029.~~

8 (Source: P.A. 102-1097, eff. 1-1-23; 102-1106, eff. 1-1-23;
9 103-154, eff. 6-30-23.)

10 (410 ILCS 70/7.5)

11 Sec. 7.5. Prohibition on billing sexual assault survivors
12 directly for certain services; written notice; billing
13 protocols.

14 (a) A hospital, approved pediatric health care facility,
15 health care professional, ambulance provider, laboratory, or
16 pharmacy furnishing medical forensic services, transportation,
17 follow-up healthcare, or medication to a sexual assault
18 survivor shall not:

19 (1) charge or submit a bill for any portion of the
20 costs of the services, transportation, or medications to
21 the sexual assault survivor, including any insurance
22 deductible, co-pay, co-insurance, denial of claim by an
23 insurer, spenddown, or any other out-of-pocket expense;

24 (2) communicate with, harass, or intimidate the sexual
25 assault survivor for payment of services, including, but

1 not limited to, repeatedly calling or writing to the
2 sexual assault survivor and threatening to refer the
3 matter to a debt collection agency or to an attorney for
4 collection, enforcement, or filing of other process;

5 (3) refer a bill to a collection agency or attorney
6 for collection action against the sexual assault survivor;

7 (4) contact or distribute information to affect the
8 sexual assault survivor's credit rating; or

9 (5) take any other action adverse to the sexual
10 assault survivor or his or her family on account of
11 providing services to the sexual assault survivor.

12 (a-5) Notwithstanding any other provision of law,
13 including, but not limited to, subsection (a), a sexual
14 assault survivor who is not the subscriber or primary
15 policyholder of the sexual assault survivor's insurance policy
16 may opt out of billing the sexual assault survivor's private
17 insurance provider. If the sexual assault survivor opts out of
18 billing the sexual assault survivor's private insurance
19 provider, then the bill for medical forensic services shall be
20 sent to the Department of Healthcare and Family Services'
21 Sexual Assault Emergency Treatment Program for reimbursement
22 for the services provided to the sexual assault survivor.

23 (b) Nothing in this Section precludes a hospital, health
24 care provider, ambulance provider, laboratory, or pharmacy
25 from billing the sexual assault survivor or any applicable
26 health insurance or coverage for inpatient services.

1 (c) Every hospital and approved pediatric health care
2 facility providing treatment services to sexual assault
3 survivors in accordance with a plan approved under Section 2
4 of this Act shall provide a written notice to a sexual assault
5 survivor. The written notice must include, but is not limited
6 to, the following:

7 (1) a statement that the sexual assault survivor
8 should not be directly billed by any ambulance provider
9 providing transportation services, or by any hospital,
10 approved pediatric health care facility, health care
11 professional, laboratory, or pharmacy for the services the
12 sexual assault survivor received as an outpatient at the
13 hospital or approved pediatric health care facility;

14 (2) a statement that a sexual assault survivor who is
15 admitted to a hospital may be billed for inpatient
16 services provided by a hospital, health care professional,
17 laboratory, or pharmacy;

18 (3) a statement that prior to leaving the hospital or
19 approved pediatric health care facility, the hospital or
20 approved pediatric health care facility will give the
21 sexual assault survivor a sexual assault services voucher
22 for follow-up healthcare if the sexual assault survivor is
23 eligible to receive a sexual assault services voucher;

24 (4) the definition of "follow-up healthcare" as set
25 forth in Section 1a of this Act;

26 (5) a phone number the sexual assault survivor may

1 call should the sexual assault survivor receive a bill
2 from the hospital or approved pediatric health care
3 facility for medical forensic services;

4 (6) the toll-free phone number of the Office of the
5 Illinois Attorney General, which the sexual assault
6 survivor may call should the sexual assault survivor
7 receive a bill from an ambulance provider, approved
8 pediatric health care facility, a health care
9 professional, a laboratory, or a pharmacy.

10 This subsection (c) shall not apply to hospitals that
11 provide transfer services as defined under Section 1a of this
12 Act.

13 (d) Within 60 days after the effective date of this
14 amendatory Act of the 99th General Assembly, every health care
15 professional, except for those employed by a hospital or
16 hospital affiliate, as defined in the Hospital Licensing Act,
17 or those employed by a hospital operated under the University
18 of Illinois Hospital Act, who bills separately for medical or
19 forensic services must develop a billing protocol that ensures
20 that no survivor of sexual assault will be sent a bill for any
21 medical forensic services and submit the billing protocol to
22 the Department of Healthcare and Family Services ~~Office of the~~
23 ~~Attorney General~~ for approval. Within 60 days after the
24 commencement of the provision of medical forensic services,
25 every health care professional, except for those employed by a
26 hospital or hospital affiliate, as defined in the Hospital

1 Licensing Act, or those employed by a hospital operated under
2 the University of Illinois Hospital Act, who bills separately
3 for medical or forensic services must develop a billing
4 protocol that ensures that no survivor of sexual assault is
5 sent a bill for any medical forensic services and submit the
6 billing protocol to the Department of Healthcare and Family
7 Services ~~Attorney General~~ for approval. Health care
8 professionals who bill as a legal entity may submit a single
9 billing protocol for the billing entity.

10 Within 60 days after the Department's approval of a
11 treatment plan, an approved pediatric health care facility and
12 any health care professional employed by an approved pediatric
13 health care facility must develop a billing protocol that
14 ensures that no survivor of sexual assault is sent a bill for
15 any medical forensic services and submit the billing protocol
16 to the Department of Healthcare and Family Services ~~Office of~~
17 ~~the Attorney General~~ for approval.

18 The billing protocol must include at a minimum:

19 (1) a description of training for persons who prepare
20 bills for medical and forensic services;

21 (2) a written acknowledgement signed by a person who
22 has completed the training that the person will not bill
23 survivors of sexual assault;

24 (3) prohibitions on submitting any bill for any
25 portion of medical forensic services provided to a
26 survivor of sexual assault to a collection agency;

1 (4) prohibitions on taking any action that would
2 adversely affect the credit of the survivor of sexual
3 assault;

4 (5) the termination of all collection activities if
5 the protocol is violated; and

6 (6) the actions to be taken if a bill is sent to a
7 collection agency or the failure to pay is reported to any
8 credit reporting agency.

9 The Department of Healthcare and Family Services ~~Office of~~
10 ~~the Attorney General~~ may provide a sample acceptable billing
11 protocol upon request.

12 The Department of Healthcare and Family Services ~~Office of~~
13 ~~the Attorney General~~ shall approve a proposed protocol if it
14 finds that the implementation of the protocol would result in
15 no survivor of sexual assault being billed or sent a bill for
16 medical forensic services.

17 If the Department of Healthcare and Family Services ~~Office~~
18 ~~of the Attorney General~~ determines that implementation of the
19 protocol could result in the billing of a survivor of sexual
20 assault for medical forensic services, the Department of
21 Healthcare and Family Services ~~Office of the Attorney General~~
22 shall provide the health care professional or approved
23 pediatric health care facility with a written statement of the
24 deficiencies in the protocol. The health care professional or
25 approved pediatric health care facility shall have 30 days to
26 submit a revised billing protocol addressing the deficiencies

1 to the Department of Healthcare and Family Services ~~Office of~~
2 ~~the Attorney General~~. The health care professional or approved
3 pediatric health care facility shall implement the protocol
4 upon approval by the Department of Healthcare and Family
5 Services ~~Office of the Attorney General~~.

6 The health care professional or approved pediatric health
7 care facility shall submit any proposed revision to or
8 modification of an approved billing protocol to the Department
9 of Healthcare and Family Services ~~Office of the Attorney~~
10 ~~General~~ for approval. The health care professional or approved
11 pediatric health care facility shall implement the revised or
12 modified billing protocol upon approval by the Department of
13 Healthcare and Family Services ~~Office of the Illinois Attorney~~
14 ~~General~~.

15 (e) This Section is effective on and after January 1,
16 2024.

17 (Source: P.A. 101-634, eff. 6-5-20; 101-652, eff. 7-1-21;
18 102-22, eff. 6-25-21; 102-674, eff. 11-30-21; 102-1097, eff.
19 1-1-23.)

20 (410 ILCS 70/10)

21 Sec. 10. Sexual Assault Nurse Examiner Program.

22 (a) The Sexual Assault Nurse Examiner Program is
23 established within the Office of the Attorney General. The
24 Sexual Assault Nurse Examiner Program shall maintain a list of
25 sexual assault nurse examiners who have completed didactic and

1 clinical training requirements consistent with the Sexual
2 Assault Nurse Examiner Education Guidelines established by the
3 International Association of Forensic Nurses.

4 (b) By March 1, 2019, the Sexual Assault Nurse Examiner
5 Program shall develop and make available to hospitals 2 hours
6 of online sexual assault training for emergency department
7 clinical staff to meet the training requirement established in
8 subsection (a) of Section 2. Notwithstanding any other law
9 regarding ongoing licensure requirements, such training shall
10 count toward the continuing medical education and continuing
11 nursing education credits for physicians, physician
12 assistants, advanced practice registered nurses, and
13 registered professional nurses.

14 The Sexual Assault Nurse Examiner Program shall provide
15 didactic and clinical training opportunities consistent with
16 the Sexual Assault Nurse Examiner Education Guidelines
17 established by the International Association of Forensic
18 Nurses, in sufficient numbers and geographical locations
19 across the State, to assist treatment hospitals and approved
20 pediatric health care facilities with training the necessary
21 number of sexual assault nurse examiners to comply with the
22 requirement of this Act to employ or contract with a qualified
23 medical provider to initiate medical forensic services to a
24 sexual assault survivor within 90 minutes of a concern of
25 acute sexual assault arising at the hospital or facility ~~the~~
26 ~~patient presenting to the hospital~~ as required in subsection

1 (a-7) of Section 5.

2 The Sexual Assault Nurse Examiner Program shall assist
3 hospitals in establishing trainings to achieve the
4 requirements of this Act.

5 For the purpose of providing continuing medical education
6 credit in accordance with the Medical Practice Act of 1987 and
7 administrative rules adopted under the Medical Practice Act of
8 1987 and continuing education credit in accordance with the
9 Nurse Practice Act and administrative rules adopted under the
10 Nurse Practice Act to health care professionals for the
11 completion of sexual assault training provided by the Sexual
12 Assault Nurse Examiner Program under this Act, the Office of
13 the Attorney General shall be considered a State agency.

14 (c) The Sexual Assault Nurse Examiner Program, in
15 consultation with qualified medical providers, shall create
16 uniform materials that all treatment hospitals, treatment
17 hospitals with approved pediatric transfer, and approved
18 pediatric health care facilities are required to give patients
19 and non-offending parents or legal guardians, if applicable,
20 regarding the medical forensic exam procedure, laws regarding
21 consenting to medical forensic services, and the benefits and
22 risks of evidence collection, including recommended time
23 frames for evidence collection pursuant to evidence-based
24 research. These materials shall be made available to all
25 hospitals and approved pediatric health care facilities on the
26 Office of the Attorney General's website.

1 (d) This Section is effective on and after January 1,
2 2024.

3 (Source: P.A. 101-634, eff. 6-5-20; 102-22, eff. 6-25-21;
4 102-674, eff. 11-30-21.)