

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 State Finance Act is amended by adding
5 Section 5.1030 as follows:

6 (30 ILCS 105/5.1030 new)

7 Sec. 5.1030. The Sexual Assault Survivor Treatment
8 Regulation Fund.

9 Section 10. The Sexual Assault Survivors Emergency
10 Treatment Act is amended by changing Sections 1a, 2, 2.05,
11 2.1, 2.2, 5, 5.2, 5.3, 5.4, 6.5, 7.5, 8, and 10 and by adding
12 Section 15 as follows:

13 (410 ILCS 70/1a) (from Ch. 111 1/2, par. 87-1a)

14 Sec. 1a. Definitions.

15 (a) In this Act:

16 "Acute sexual assault" means a sexual assault that has
17 recently occurred. For patients under the age of 13, this
18 means a sexual assault that has occurred within the past 72
19 hours. For patients 13 years old or older, this means a sexual
20 assault that has occurred within the past 168 hours.

21 "Advanced practice registered nurse" has the meaning

1 provided in Section 50-10 of the Nurse Practice Act.

2 "Ambulance provider" means an individual or entity that
3 owns and operates a business or service using ambulances or
4 emergency medical services vehicles to transport emergency
5 patients.

6 "Approved pediatric health care facility" means a health
7 care facility, other than a hospital, with a sexual assault
8 treatment plan approved by the Department to provide medical
9 forensic services to sexual assault survivors under the age of
10 18 who present with a complaint of acute sexual assault ~~within~~
11 ~~a minimum of the last 7 days or who have disclosed past sexual~~
12 ~~assault by a specific individual and were in the care of that~~
13 ~~individual within a minimum of the last 7 days.~~

14 "Areawide sexual assault treatment plan" means a plan,
15 developed by hospitals or by hospitals and approved pediatric
16 health care facilities in a community or area to be served,
17 which provides for medical forensic services to acute sexual
18 assault survivors that shall be made available by each of the
19 participating hospitals and approved pediatric health care
20 facilities.

21 "Assent" means the expressed willingness to participate in
22 an activity or give permission.

23 "Board-certified child abuse pediatrician" means a
24 physician certified by the American Board of Pediatrics in
25 child abuse pediatrics.

26 "Board-eligible child abuse pediatrician" means a

1 physician who has completed the requirements set forth by the
2 American Board of Pediatrics to take the examination for
3 certification in child abuse pediatrics.

4 "Department" means the Department of Public Health.

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

9 "Follow-up healthcare" means healthcare services related
10 to a sexual assault, including laboratory services and
11 pharmacy services, rendered within 180 days of the initial
12 visit for medical forensic services.

13 "Health care professional" means a physician, a physician
14 assistant, a sexual assault forensic examiner, an advanced
15 practice registered nurse, a registered professional nurse, a
16 licensed practical nurse, or a sexual assault nurse examiner.

17 "Hospital" means a hospital licensed under the Hospital
18 Licensing Act or operated under the University of Illinois
19 Hospital Act, any outpatient center included in the hospital's
20 sexual assault treatment plan where hospital employees provide
21 medical forensic services, and an out-of-state hospital that
22 has consented to the jurisdiction of the Department under
23 Section 2.06.

24 "Illinois State Police Sexual Assault Evidence Collection
25 Kit" means a prepackaged set of materials and forms to be used
26 for the collection of evidence relating to sexual assault. The

1 standardized evidence collection kit for the State of Illinois
2 shall be the Illinois State Police Sexual Assault Evidence
3 Collection Kit.

4 "Law enforcement agency having jurisdiction" means the law
5 enforcement agency in the jurisdiction where an alleged sexual
6 assault or sexual abuse occurred.

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

9 "Medical forensic services" means health care delivered to
10 patients within or under the care and supervision of personnel
11 working in a designated emergency department of a hospital or
12 an approved pediatric health care facility. "Medical forensic
13 services" includes, but is not limited to, taking a medical
14 history, performing photo documentation, performing a physical
15 and anogenital examination, assessing the patient for evidence
16 collection, collecting evidence in accordance with a statewide
17 sexual assault evidence collection program administered by the
18 Illinois State Police using the Illinois State Police Sexual
19 Assault Evidence Collection Kit, if appropriate, assessing the
20 patient for drug-facilitated or alcohol-facilitated sexual
21 assault, providing an evaluation of and care for sexually
22 transmitted infection and human immunodeficiency virus (HIV),
23 pregnancy risk evaluation and care, and discharge and
24 follow-up healthcare planning.

25 "Pediatric health care facility" means a clinic or
26 physician's office that provides medical services to patients

1 under the age of 18.

2 "Pediatric sexual assault survivor" means a person under
3 the age of 13 who presents for medical forensic services in
4 relation to injuries or trauma resulting from a sexual
5 assault.

6 "Photo documentation" means digital photographs or
7 colposcope videos stored and backed up securely in the
8 original file format.

9 "Physician" means a person licensed to practice medicine
10 in all its branches.

11 "Physician assistant" has the meaning provided in Section
12 4 of the Physician Assistant Practice Act of 1987.

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

19 "Qualified medical provider" means a board-certified child
20 abuse pediatrician, board-eligible child abuse pediatrician, a
21 sexual assault forensic examiner, or a sexual assault nurse
22 examiner who has access to photo documentation tools, and who
23 participates in peer review.

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

26 "Sexual assault" means:

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

4 (2) any act of sexual penetration; as used in this
5 paragraph, "sexual penetration" has the meaning provided
6 under Section 11-0.1 of the Criminal Code of 2012 and
7 includes, without limitation, acts prohibited under
8 Sections 11-1.20 through 11-1.60 of the Criminal Code of
9 2012.

10 "Sexual assault forensic examiner" means a physician or
11 physician assistant who has completed training that meets or
12 is substantially similar to the Sexual Assault Nurse Examiner
13 Education Guidelines established by the International
14 Association of Forensic Nurses.

15 "Sexual assault nurse examiner" means an advanced practice
16 registered nurse or registered professional nurse who is
17 designated as Adult/Adolescent, Pediatric/Adolescent, or both,
18 according to the population of survivors the nurse is
19 qualified to treat and:

20 (1) is certified as a Sexual Assault Nurse Examiner by
21 the International Association of Forensic Nurses; or

22 (2) has completed a ~~sexual assault nurse examiner~~
23 training ~~program~~ that meets the Sexual Assault Nurse
24 Examiner Education Guidelines established by the
25 International Association of Forensic Nurses and is
26 approved by the Sexual Assault Nurse Examiner Program

1 Coordinator.

2 "Sexual Assault Nurse Examiner Program Coordinator" means
3 an advanced practice registered nurse or registered
4 professional nurse that is a qualified medical provider, and
5 who is the employee at Attorney General's Office who oversees
6 the Sexual Assault Nurse Examiner Program.

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

15 "Sexual assault survivor" means a person who presents for
16 medical forensic services in relation to injuries or trauma
17 resulting from a sexual assault.

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

25 "Sexual assault treatment plan" means a written plan that
26 describes the procedures and protocols for providing medical

1 forensic services to acute sexual assault survivors who
2 present themselves for such services performed by a qualified
3 medical provider, either directly or through transfer from a
4 hospital or an approved pediatric health care facility.

5 "Transfer hospital" means a hospital with a sexual assault
6 transfer plan approved by the Department.

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

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

21 "Treatment hospital with approved pediatric transfer"
22 means a hospital with a treatment plan approved by the
23 Department to provide medical forensic services to sexual
24 assault survivors 13 years old or older who present with a
25 complaint of acute sexual assault ~~within a minimum of the last~~
26 ~~7 days or who have disclosed past sexual assault by a specific~~

1 ~~individual and were in the care of that individual within a~~
2 ~~minimum of the last 7 days.~~

3 (b) This Section is effective on and after January 1,
4 2024.

5 (Source: P.A. 102-22, eff. 6-25-21; 102-538, eff. 8-20-21;
6 102-674, eff. 11-30-21; 102-813, eff. 5-13-22; 102-1097, eff.
7 1-1-23; 102-1106, eff. 1-1-23; 103-154, eff. 6-30-23.)

8 (410 ILCS 70/2) (from Ch. 111 1/2, par. 87-2)

9 Sec. 2. Hospital and approved pediatric health care
10 facility requirements for sexual assault plans.

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

21 In addition, every such hospital, regardless of whether or
22 not a request is made for reimbursement, shall submit to the
23 Department a plan to provide either (i) transfer services to
24 all acute sexual assault survivors, (ii) medical forensic
25 services to all acute sexual assault survivors, or (iii)

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

19 (1) a treatment hospital with approved pediatric
20 transfer has agreed, as part of an areawide treatment
21 plan, to accept acute sexual assault survivors 13 years of
22 age or older from the proposed transfer hospital, if the
23 treatment hospital with approved pediatric transfer is
24 geographically closer to the transfer hospital than a
25 treatment hospital or another treatment hospital with
26 approved pediatric transfer and such transfer is not

1 unduly burdensome on the sexual assault survivor; and

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

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

13 Hospitals located in counties with a population of less
14 than 1,000,000 and within a 20-mile radius of a 4-year public
15 university shall submit an areawide sexual assault treatment
16 plan that is approved by the Department. The approved areawide
17 plan shall include at least one treatment hospital or
18 treatment hospital with approved pediatric transfer within the
19 20-mile radius of the 4-year public university.

20 ~~In counties with a population of less than 1,000,000, the~~
21 ~~Department may not approve a sexual assault transfer plan for~~
22 ~~a hospital located within a 20-mile radius of a 4-year public~~
23 ~~university, not including community colleges, unless there is~~
24 ~~a treatment hospital with a sexual assault treatment plan~~
25 ~~approved by the Department within a 20-mile radius of the~~
26 ~~4-year public university.~~

1 A transfer must be in accordance with federal and State
2 laws and local ordinances.

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

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

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

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

20 After July 1, 2020 or once a treatment hospital or a
21 treatment hospital with approved pediatric transfer certifies
22 compliance with subsection (a-7) of Section 5, whichever
23 occurs first, each treatment hospital and treatment hospital
24 with approved pediatric transfer shall ensure that emergency
25 department attending physicians, physician assistants,
26 advanced practice registered nurses, and registered

1 professional nurses providing clinical services, who do not
2 meet the definition of a qualified medical provider in Section
3 1a of this Act, receive a minimum of 2 hours of continuing
4 education on responding to acute sexual assault survivors
5 every 2 years. Protocols for training shall be included in the
6 hospital's sexual assault treatment plan.

7 Sexual assault training provided under this subsection may
8 be provided in person or online and shall include, but not be
9 limited to:

10 (1) information provided on the provision of medical
11 forensic services;

12 (2) information on the use of the Illinois State
13 Police Sexual Assault Evidence Collection Kit;

14 (3) information on sexual assault epidemiology,
15 neurobiology of trauma, drug-facilitated sexual assault,
16 child sexual abuse, and Illinois sexual assault-related
17 laws; and

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

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

23 (a-5) A hospital must submit a plan to provide either (i)
24 transfer services to all acute sexual assault survivors, (ii)
25 medical forensic services to all acute sexual assault
26 survivors, or (iii) transfer services to pediatric acute

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

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

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

26 A pediatric health care facility must participate in or

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

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

1 acute sexual assault ~~within a minimum of the last 7 days or who~~
2 ~~have disclosed past sexual assault by a specific individual~~
3 ~~and were in the care of that individual within a minimum of the~~
4 ~~last 7 days~~ until the Department has approved a treatment
5 plan.

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

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

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

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

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

17 (5) has a black background with white bold capital
18 lettering in a clear and easy to read font that is at least
19 72-point type, and with "call 911" in at least 125-point
20 type;

21 (6) is posted clearly and conspicuously on or adjacent
22 to the door at each entrance and, if building materials
23 allow, is posted internally for viewing through glass; if
24 posted externally, the sign shall be made of
25 weather-resistant and theft-resistant materials,
26 non-removable, and adhered permanently to the building;

1 and

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

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

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

18 (d) Every ~~treatment hospital, treatment hospital with~~
19 ~~approved pediatric transfer,~~ and approved pediatric health
20 care facility's sexual assault treatment plan or sexual
21 assault transfer plan shall include procedures for complying
22 with mandatory reporting requirements pursuant to (1) the
23 Abused and Neglected Child Reporting Act; (2) the Abused and
24 Neglected Long Term Care Facility Residents Reporting Act; (3)
25 the Adult Protective Services Act; and (iv) the Criminal
26 Identification Act.

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

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

8 (2) The total number of Illinois State Police Sexual
9 Assault Evidence Collection Kits:

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

14 (B) completed for (i) all acute sexual assault
15 survivors and (ii) pediatric acute sexual assault
16 survivors; and

17 (C) declined by (i) all acute sexual assault
18 survivors and (ii) pediatric acute sexual assault
19 survivors.

20 This information shall be made available on the
21 Department's website.

22 (f) This Section is effective on and after January 1, 2026
23 ~~2024~~.

24 (Source: P.A. 101-73, eff. 7-12-19; 101-634, eff. 6-5-20;
25 102-22, eff. 6-25-21; 102-674, eff. 11-30-21; 102-1106, eff.
26 1-1-23.)

1 (410 ILCS 70/2.05)

2 Sec. 2.05. Department requirements.

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

13 (b) On July 1, 2026 ~~2019~~ and each July 1 thereafter, the
14 Department shall submit a report to the General Assembly
15 containing information on the hospitals and pediatric health
16 care facilities in this State that have submitted a plan to
17 provide: (i) transfer services to all acute sexual assault
18 survivors, (ii) medical forensic services to all acute sexual
19 assault survivors, (iii) transfer services to pediatric acute
20 sexual assault survivors and medical forensic services to
21 acute sexual assault survivors 13 years old or older, or (iv)
22 medical forensic services to pediatric acute sexual assault
23 survivors. The Department shall post the report on its
24 Internet website on or before October 1, 2026 ~~2019~~ and, except
25 as otherwise provided in this Section, update the report every

1 quarter thereafter. The report shall include all of the
2 following:

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

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

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

21 (4) Each hospital and approved pediatric care facility
22 at which the periodic on-site review required by Section
23 2.05 of this Act has been conducted, including the date of
24 the on-site review and whether the hospital or approved
25 pediatric care facility was found to be in compliance with
26 its approved plan.

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

7 (c) The Department, in consultation with the Office of the
8 Attorney General, shall adopt administrative rules by January
9 1, 2020 establishing a process for physicians and physician
10 assistants to provide documentation of training and clinical
11 experience that meets or is substantially similar to the
12 Sexual Assault Nurse Examiner Education Guidelines established
13 by the International Association of Forensic Nurses in order
14 to qualify as a sexual assault forensic examiner.

15 (d) This Section is effective on and after January 1, 2026
16 ~~2024~~.

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

19 (410 ILCS 70/2.1) (from Ch. 111 1/2, par. 87-2.1)

20 Sec. 2.1. Plan of correction; penalties.

21 (a) If the Department surveyor determines that the
22 hospital or approved pediatric health care facility is not in
23 compliance with its approved plan and rules adopted under this
24 Act, the surveyor shall provide the hospital or approved
25 pediatric health care facility with a written warning of

1 violation and a statement of deficiencies listing the list of
2 ~~the~~ specific items of noncompliance within 10 working days
3 after the conclusion of the on-site review. The hospital shall
4 have 10 working days to submit to the Department a plan of
5 correction which contains the hospital's or approved pediatric
6 health care facility's specific proposals for correcting the
7 items of noncompliance. The Department shall review the plan
8 of correction and notify the hospital in writing within 10
9 working days as to whether the plan is acceptable or
10 unacceptable.

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

18 (b) The failure of a hospital to submit an acceptable Plan
19 of Correction or to implement the Plan of Correction, within
20 the time frames required in this Section, will subject a
21 hospital to the imposition of a \$500 fine by the Department.
22 ~~The Department may impose a fine of up to \$500 per day until a~~
23 ~~hospital complies with the requirements of this Section.~~ If a
24 hospital submits 2 Plans of Correction that are found to not be
25 acceptable by the Department, the hospital shall become
26 subject to the imposition of a \$2,500 fine by the Department.

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

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

22 (d) This Section is effective on and after January 1,
23 2024.

24 (Source: P.A. 101-81, eff. 7-12-19; 101-634, eff. 6-5-20;
25 102-22, eff. 6-25-21; 102-674, eff. 11-30-21; 102-1106, eff.
26 1-1-23.)

1 (410 ILCS 70/2.2)

2 Sec. 2.2. Emergency contraception.

3 (a) The General Assembly finds:

4 (1) Crimes of sexual assault and sexual abuse cause
5 significant physical, emotional, and psychological trauma
6 to the victims. This trauma is compounded by a victim's
7 fear of becoming pregnant and bearing a child as a result
8 of the sexual assault.

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

12 (3) As approved for use by the Federal Food and Drug
13 Administration (FDA), emergency contraception can
14 significantly reduce the risk of pregnancy if taken within
15 72 hours after the sexual assault.

16 (4) By providing emergency contraception to rape
17 victims in a timely manner, the trauma of rape can be
18 significantly reduced.

19 (b) Every hospital or approved pediatric health care
20 facility providing services to sexual assault survivors in
21 accordance with a plan approved under Section 2 must develop a
22 protocol that ensures that each survivor of acute sexual
23 assault will receive medically and factually accurate and
24 written and oral information about emergency contraception;
25 the indications and contraindications and risks associated

1 with the use of emergency contraception; and a description of
2 how and when victims may be provided emergency contraception
3 at no cost upon the written order of a physician licensed to
4 practice medicine in all its branches, a licensed advanced
5 practice registered nurse, or a licensed physician assistant.
6 The Department shall approve the protocol if it finds that the
7 implementation of the protocol would provide sufficient
8 protection for survivors of acute sexual assault.

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

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

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

21 (410 ILCS 70/5) (from Ch. 111 1/2, par. 87-5)

22 Sec. 5. Minimum requirements for medical forensic services
23 provided to sexual assault survivors by hospitals and approved
24 pediatric health care facilities.

25 (a) Every hospital and approved pediatric health care

1 facility providing medical forensic services to acute sexual
2 assault survivors under this Act shall, as minimum
3 requirements for such services, provide, ~~with the consent of~~
4 ~~the sexual assault survivor, and as ordered by the attending~~
5 ~~physician, an advanced practice registered nurse, or a~~
6 ~~physician assistant,~~ the services set forth in subsection
7 (a-5).

8 A qualified medical provider must provide the services set
9 forth in subsection (a-5) as ordered by the attending
10 physician, an advanced practice registered nurse, or a
11 physician assistant.

12 (a-5) A treatment hospital, a treatment hospital with
13 approved pediatric transfer, or an approved pediatric health
14 care facility shall provide the following services in
15 accordance with subsections ~~subsection~~ (a) and (b):

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

25 Records of medical forensic services, including
26 results of examinations and tests, the Illinois State

1 Police Medical Forensic Documentation Forms, the Illinois
2 State Police Patient Discharge Materials, and the Illinois
3 State Police Patient Consent: Collect and Test Evidence or
4 Collect and Hold Evidence Form, shall be maintained by the
5 hospital or approved pediatric health care facility as
6 part of the patient's electronic medical record.

7 Records of medical forensic services of sexual assault
8 survivors under the age of 18 shall be retained by the
9 hospital for a period of 60 years after the sexual assault
10 survivor reaches the age of 18. Records of medical
11 forensic services of sexual assault survivors 18 years of
12 age or older shall be retained by the hospital for a period
13 of 20 years after the date the record was created.

14 Records of medical forensic services may only be
15 disseminated in accordance with Section 6.5 of this Act
16 and other State and federal law.

17 (1.5) An offer to complete the Illinois State Police
18 Sexual Assault Evidence Collection Kit for any acute
19 sexual assault survivor. If the offer to complete the
20 Illinois State Police Sexual Assault Evidence Collection
21 Kit is accepted by the survivor, then evidence collection
22 shall be completed based on the qualified medical
23 provider's clinical discretion, best practices for
24 evidence collection, and information provided by the
25 sexual assault survivor. A patient may decline any portion
26 of the Illinois State Police Sexual Assault Evidence Kit,

1 but if any evidence is collected, then that shall
2 constitute evidence collection being completed for the
3 purposes of this Section and subsection (e) of Section 2.
4 Nothing in this Section is intended to prohibit a
5 qualified medical provider from offering, on the
6 provider's own accord or in response to a survivor
7 request, an Illinois State Police Sexual Assault Evidence
8 Collection Kit to a sexual assault survivor who presents
9 at a treatment hospital, treatment hospital with approved
10 pediatric transfer, or approved pediatric health care
11 facility with a nonacute complaint of sexual assault
12 according to the qualified medical provider's clinical
13 discretion based on best practices for indications for
14 evidence collection ~~who presents within a minimum of the~~
15 ~~last 7 days of the assault or who has disclosed past sexual~~
16 ~~assault by a specific individual and was in the care of~~
17 ~~that individual within a minimum of the last 7 days.~~

18 (A) Appropriate oral and written information
19 concerning evidence-based guidelines for the
20 appropriateness of evidence collection depending on
21 the sexual development of the sexual assault survivor,
22 the type of sexual assault, and the timing of the
23 sexual assault shall be provided to the sexual assault
24 survivor. ~~Evidence collection is encouraged for~~
25 ~~prepubescent sexual assault survivors who present to a~~
26 ~~hospital or approved pediatric health care facility~~

1 ~~with a complaint of sexual assault within a minimum of~~
2 ~~96 hours after the sexual assault.~~

3 The information required under this subparagraph
4 shall be provided ~~in person by the qualified medical~~
5 ~~provider providing medical forensic services directly~~
6 to the sexual assault survivor by a qualified medical
7 provider either in person or via a virtual or
8 telephone consultation.

9 The written information provided shall be the
10 information created in accordance with Section 10 of
11 this Act.

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

20 (2) Appropriate oral and written information
21 concerning the possibility of infection, sexually
22 transmitted infection, including an evaluation of the
23 sexual assault survivor's risk of contracting human
24 immunodeficiency virus (HIV) from sexual assault, and
25 pregnancy resulting from sexual assault.

26 (3) Appropriate oral and written information

1 concerning accepted medical procedures, laboratory tests,
2 medication, and possible contraindications of such
3 medication available for the prevention or treatment of
4 infection or disease resulting from sexual assault.

5 (3.5) After a medical evidentiary or physical
6 examination, access to a shower at no cost, unless
7 showering facilities are unavailable.

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

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

24 (6) Written and oral instructions indicating the need
25 for follow-up examinations and laboratory tests after the
26 sexual assault to determine the presence or absence of

1 sexually transmitted infection.

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

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

12 (9) Written information regarding services provided by
13 a Children's Advocacy Center and rape crisis center, if
14 applicable.

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

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

24 (a-7) Every hospital with a treatment plan approved by the
25 Department and every approved pediatric health care facility
26 shall employ or contract with a qualified medical provider to

1 initiate medical forensic services to a sexual assault
2 survivor within 90 minutes of a concern arising at the
3 hospital or facility of acute sexual assault ~~the patient~~
4 ~~presenting to the treatment hospital or treatment hospital~~
5 ~~with approved pediatric transfer.~~ The provision of medical
6 forensic services by a qualified medical provider shall not
7 delay the provision of life-saving medical care.

8 (b) Before medical forensic services are provided, consent
9 must be obtained in accordance with this Section. Evidence
10 collection shall not be completed without first obtaining
11 consent.

12 (1) Any person able to consent who is a sexual assault
13 survivor who seeks medical forensic services or follow-up
14 healthcare under this Act shall be provided such services
15 without the consent of any parent, guardian, custodian,
16 surrogate, or agent.

17 (2) If a minor sexual assault survivor under the age
18 of 18 is unable to consent to medical forensic services,
19 the services may be provided with the consent of the
20 survivor's parent, guardian, or health care power of
21 attorney and with the assent of the sexual assault
22 survivor ~~under the Consent by Minors to Health Care~~
23 ~~Services Act, the Health Care Surrogate Act, or other~~
24 ~~applicable State and federal laws.~~

25 (3) If an adult sexual assault survivor is unable to
26 consent to medical forensic services, the services may be

1 provided with the consent of the survivor's guardian or
2 health care power of attorney and with the assent of the
3 sexual assault survivor.

4 (b-5) Every hospital or approved pediatric health care
5 facility providing medical forensic services to sexual assault
6 survivors shall issue a voucher to any sexual assault survivor
7 who is eligible to receive one in accordance with Section 5.2
8 of this Act. The hospital or approved pediatric health care
9 facility shall make a copy of the voucher and place it in the
10 medical record of the sexual assault survivor. The hospital or
11 approved pediatric health care facility shall provide a copy
12 of the voucher to the sexual assault survivor after discharge
13 upon request.

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

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

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

23 (410 ILCS 70/5.2)

24 Sec. 5.2. Sexual assault services voucher.

25 (a) A sexual assault services voucher shall be issued by

1 ~~the a treatment hospital, treatment hospital with approved~~
2 ~~pediatric transfer,~~ or approved pediatric health care facility
3 where at the time a sexual assault survivor first presents
4 seeking ~~receives~~ medical forensic services.

5 (b) Each ~~treatment hospital, treatment hospital with~~
6 ~~approved pediatric transfer,~~ and approved pediatric health
7 care facility must include in its sexual assault treatment
8 plan or sexual assault transfer plan submitted to the
9 Department in accordance with Section 2 of this Act a protocol
10 for issuing sexual assault services vouchers. The protocol
11 shall, at a minimum, include the following:

12 (1) Identification of employee positions responsible
13 for issuing sexual assault services vouchers.

14 (2) Identification of employee positions with access
15 to the Medical Electronic Data Interchange or successor
16 system.

17 (3) A statement to be signed by each employee of an
18 approved pediatric health care facility with access to the
19 Medical Electronic Data Interchange or successor system
20 affirming that the Medical Electronic Data Interchange or
21 successor system will only be used for the purpose of
22 issuing sexual assault services vouchers.

23 Every transfer hospital providing medical care and
24 treatment to sexual assault survivors shall issue a voucher to
25 any sexual assault survivor who is eligible to receive one.
26 The transfer hospital shall make a copy of the voucher and

1 place it in the medical record of the sexual assault survivor.
2 The hospital shall provide a copy of the voucher to the sexual
3 assault survivor prior to transfer, or after discharge upon
4 request.

5 (c) A sexual assault services voucher may be used to seek
6 payment for any ambulance services, medical forensic services,
7 laboratory services, pharmacy services, and follow-up
8 healthcare provided as a result of the sexual assault.

9 (d) Any treatment hospital, treatment hospital with
10 approved pediatric transfer, approved pediatric health care
11 facility, health care professional, ambulance provider,
12 laboratory, or pharmacy may submit a bill for services
13 provided to a sexual assault survivor as a result of a sexual
14 assault to the Department of Healthcare and Family Services
15 Sexual Assault Emergency Treatment Program. The bill shall
16 include:

17 (1) the name and date of birth of the sexual assault
18 survivor;

19 (2) the service provided;

20 (3) the charge of service;

21 (4) the date the service was provided; and

22 (5) the recipient identification number, if known.

23 A health care professional, ambulance provider,
24 laboratory, or pharmacy is not required to submit a copy of the
25 sexual assault services voucher.

26 The Department of Healthcare and Family Services Sexual

1 Assault Emergency Treatment Program shall electronically
2 verify, using the Medical Electronic Data Interchange or a
3 successor system, that a sexual assault services voucher was
4 issued to a sexual assault survivor prior to issuing payment
5 for the services.

6 If a sexual assault services voucher was not issued to a
7 sexual assault survivor by the ~~treatment hospital, treatment~~
8 ~~hospital with approved pediatric transfer,~~ or approved
9 pediatric health care facility, then a health care
10 professional, ambulance provider, laboratory, or pharmacy may
11 submit a request to the Department of Healthcare and Family
12 Services Sexual Assault Emergency Treatment Program to issue a
13 sexual assault services voucher.

14 (e) This Section is effective on and after January 1, 2026
15 ~~2024~~.

16 (Source: P.A. 101-634, eff. 6-5-20; 102-22, eff. 6-25-21;
17 102-674, eff. 11-30-21.)

18 (410 ILCS 70/5.3)

19 Sec. 5.3. Pediatric sexual assault care.

20 (a) The General Assembly finds:

21 (1) Pediatric sexual assault survivors can suffer from
22 a wide range of health problems across their life span. In
23 addition to immediate health issues, such as sexually
24 transmitted infections, physical injuries, and
25 psychological trauma, child sexual abuse victims are at

1 greater risk for a plethora of adverse psychological and
2 somatic problems into adulthood in contrast to those who
3 were not sexually abused.

4 (2) Sexual abuse against the pediatric population is
5 distinct, particularly due to their dependence on their
6 caregivers and the ability of perpetrators to manipulate
7 and silence them (especially when the perpetrators are
8 family members or other adults trusted by, or with power
9 over, children). Sexual abuse is often hidden by
10 perpetrators, unwitnessed by others, and may leave no
11 obvious physical signs on child victims.

12 (3) Pediatric sexual assault survivors throughout the
13 State should have access to qualified medical providers
14 who have received specialized training regarding the care
15 of pediatric sexual assault survivors within a reasonable
16 distance from their home.

17 (4) There is a need in Illinois to increase the number
18 of qualified medical providers available to provide
19 medical forensic services to pediatric sexual assault
20 survivors.

21 (b) If a medically stable pediatric acute sexual assault
22 survivor presents at a transfer hospital or treatment hospital
23 with approved pediatric transfer that has a plan approved by
24 the Department requesting medical forensic services, then the
25 hospital emergency department staff shall contact an approved
26 pediatric health care facility, if one is designated in the

1 hospital's plan, then the patient and non-offending parent or
2 legal guardian shall be given the option to transfer to the
3 approved pediatric health care facility during posted hours of
4 operation or a treatment hospital.

5 ~~If the transferring hospital confirms that medical~~
6 ~~forensic services can be initiated within 90 minutes of the~~
7 ~~patient's arrival at the approved pediatric health care~~
8 ~~facility following an immediate transfer, then the hospital~~
9 ~~emergency department staff shall notify the patient and~~
10 ~~non-offending parent or legal guardian that the patient will~~
11 ~~be transferred for medical forensic services and shall provide~~
12 ~~the patient and non-offending parent or legal guardian the~~
13 ~~option of being transferred to the approved pediatric health~~
14 ~~care facility or the treatment hospital designated in the~~
15 ~~hospital's plan. The pediatric sexual assault survivor may be~~
16 ~~transported by ambulance, law enforcement, or personal~~
17 ~~vehicle.~~

18 ~~If medical forensic services cannot be initiated within 90~~
19 ~~minutes of the patient's arrival at the approved pediatric~~
20 ~~health care facility, there is no approved pediatric health~~
21 ~~care facility designated in the hospital's plan, or the~~
22 ~~patient or non-offending parent or legal guardian chooses to~~
23 ~~be transferred to a treatment hospital, the hospital emergency~~
24 ~~department staff shall contact a treatment hospital designated~~
25 ~~in the hospital's plan to arrange for the transfer of the~~
26 ~~patient to the treatment hospital for medical forensic~~

1 ~~services, which are to be initiated within 90 minutes of the~~
2 ~~patient's arrival at the treatment hospital. The treatment~~
3 ~~hospital shall provide medical forensic services and may not~~
4 ~~transfer the patient to another facility. The pediatric sexual~~
5 ~~assault survivor may be transported by ambulance, law~~
6 ~~enforcement, or personal vehicle.~~

7 (c) A treatment hospital with approved pediatric transfer
8 may offer medical forensic services to pediatric acute sexual
9 assault survivors in lieu of transfer when a qualified medical
10 provider who is qualified to treat pediatric survivors of
11 sexual assault is available, subject to prior approval from
12 the Department. Prior to granting approval, the Department
13 shall (i) confirm the treatment hospital with approved
14 pediatric transfer is working towards becoming a treatment
15 hospital and (ii) consult with the treatment hospital that
16 receives acute pediatric sexual assault survivors from the
17 treatment hospital with approved pediatric transfer pursuant
18 to the plan approved by the Department. Department approval
19 under this Section is valid for one year and may be renewed. ~~¶¶~~
20 ~~a medically stable pediatric sexual assault survivor presents~~
21 ~~at a treatment hospital that has a plan approved by the~~
22 ~~Department requesting medical forensic services, then the~~
23 ~~hospital emergency department staff shall contact an approved~~
24 ~~pediatric health care facility, if one is designated in the~~
25 ~~treatment hospital's areawide treatment plan.~~

26 ~~If medical forensic services can be initiated within 90~~

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

11 ~~If medical forensic services cannot be initiated within 90~~
12 ~~minutes after the patient's arrival to the approved pediatric~~
13 ~~health care facility, there is no approved pediatric health~~
14 ~~care facility designated in the hospital's plan, or the~~
15 ~~patient or non-offending parent or legal guardian chooses not~~
16 ~~to be transferred, the hospital shall provide medical forensic~~
17 ~~services to the patient.~~

18 (d) If the patient or non-offending parent or legal
19 guardian chooses to be transferred to an approved pediatric
20 health care facility pursuant to subsection (b) or (c), then
21 the hospital emergency department staff shall contact the
22 approved pediatric health care facility to arrange the
23 transfer. The pediatric sexual assault survivor and
24 non-offending parent or legal guardian may be transported by
25 ambulance, law enforcement, or personal vehicle. Medical
26 forensic services shall be initiated within 90 minutes of the

1 acute sexual assault survivor's arrival at the approved
2 pediatric health care facility following an immediate transfer
3 during posted hours of operation.

4 (e) ~~(d)~~ If a pediatric acute sexual assault survivor
5 presents at an approved pediatric health care facility
6 ~~requesting medical forensic services~~ or the facility is
7 contacted by law enforcement or the Department of Children and
8 Family Services requesting medical forensic services for a
9 pediatric acute sexual assault survivor during posted hours of
10 operation, then the medical forensic services shall be
11 ~~provided at the facility if the medical forensic services can~~
12 ~~be initiated within 90 minutes after the patient's arrival at~~
13 ~~the facility. If medical forensic services cannot be initiated~~
14 ~~within 90 minutes after the patient's arrival at the facility,~~
15 ~~then the patient shall be transferred to a treatment hospital~~
16 ~~designated in the approved pediatric health care facility's~~
17 ~~plan for medical forensic services. The pediatric sexual~~
18 ~~assault survivor may be transported by ambulance, law~~
19 ~~enforcement, or personal vehicle.~~

20 (f) ~~(e)~~ This Section is effective on and after January 1,
21 2024.

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

24 (410 ILCS 70/5.4)

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

1 (a) Nothing in this Section shall prohibit the transfer of
2 a patient in need of medical services from a hospital that has
3 been designated as a trauma center by the Department in
4 accordance with Section 3.90 of the Emergency Medical Services
5 (EMS) Systems Act.

6 (b) A transfer hospital, treatment hospital with approved
7 pediatric transfer, or approved pediatric health care facility
8 may transfer a sexual assault survivor to an out-of-state
9 hospital that is located in a county that borders Illinois if
10 the out-of-state hospital: (1) submits an areawide treatment
11 plan approved by the Department; and (2) has certified the
12 following to the Department in a form and manner prescribed by
13 the Department that the out-of-state hospital will:

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

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

26 (iii) use an Illinois State Police Sexual Assault

1 Evidence Collection Kit to collect forensic evidence from
2 an Illinois acute sexual assault survivor;

3 (iv) ensure its staff cooperates with Illinois law
4 enforcement agencies and are responsive to subpoenas
5 issued by Illinois courts; and

6 (v) provide appropriate transportation upon the
7 completion of medical forensic services back to the
8 transfer hospital or treatment hospital with pediatric
9 transfer where the sexual assault survivor initially
10 presented seeking medical forensic services, unless the
11 sexual assault survivor chooses to arrange his or her own
12 transportation.

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

15 (Source: P.A. 102-1097, eff. 1-1-23; 102-1106, eff. 1-1-23;
16 103-154, eff. 6-30-23.)

17 (410 ILCS 70/6.5)

18 Sec. 6.5. Written consent to the release of sexual assault
19 evidence for testing.

20 (a) Upon the completion of medical forensic services, the
21 health care professional providing the medical forensic
22 services shall provide the patient the opportunity to sign a
23 written consent to allow law enforcement to submit the sexual
24 assault evidence for testing, if collected. The written
25 consent shall be on a form included in the sexual assault

1 evidence collection kit and posted on the Illinois State
2 Police website. The consent form shall include whether the
3 survivor consents to the release of information about the
4 sexual assault to law enforcement.

5 (1) A survivor 13 years of age or older may sign the
6 written consent to release the evidence for testing.

7 (2) If the survivor is a minor who is under 13 years of
8 age, the written consent to release the sexual assault
9 evidence for testing may be signed by the parent,
10 guardian, or agent acting under a health care power of
11 attorney. If a parent, guardian, or health care power of
12 attorney is not available or unwilling to release
13 evidence, then a State's Attorney or the Attorney General
14 may petition the court to authorize its release for
15 testing ~~investigating law enforcement officer, or~~
16 ~~Department of Children and Family Services.~~

17 (3) If the survivor is an adult who has a guardian of
18 the person, a health care surrogate, or an agent acting
19 under a health care power of attorney, the consent of the
20 guardian, surrogate, or agent is not required to release
21 evidence and information concerning the sexual assault or
22 sexual abuse. If the adult is unable to provide consent
23 for the release of evidence and information and a
24 guardian, surrogate, or agent under a health care power of
25 attorney is unavailable or unwilling to release the
26 information, then an investigating law enforcement officer

1 may authorize the release.

2 (4) Any health care professional or health care
3 institution, including any hospital or approved pediatric
4 health care facility, who provides evidence or information
5 to a law enforcement officer under a written consent as
6 specified in this Section is immune from any civil or
7 professional liability that might arise from those
8 actions, with the exception of willful or wanton
9 misconduct. The immunity provision applies only if all of
10 the requirements of this Section are met.

11 (b) The hospital or approved pediatric health care
12 facility shall keep a copy of a signed or unsigned written
13 consent form in the patient's medical record.

14 (c) If a written consent to allow law enforcement to hold
15 the sexual assault evidence is signed at the completion of
16 medical forensic services, the hospital or approved pediatric
17 health care facility shall include the following information
18 in its discharge instructions:

19 (1) the sexual assault evidence will be stored for 10
20 years from the completion of an Illinois State Police
21 Sexual Assault Evidence Collection Kit, or 10 years from
22 the age of 18 years, whichever is longer;

23 (2) a person authorized to consent to the testing of
24 the sexual assault evidence may sign a written consent to
25 allow law enforcement to test the sexual assault evidence
26 at any time during that 10-year period for an adult

1 victim, or until a minor victim turns 28 years of age by
2 (A) contacting the law enforcement agency having
3 jurisdiction, or if unknown, the law enforcement agency
4 contacted by the hospital or approved pediatric health
5 care facility under Section 3.2 of the Criminal
6 Identification Act; or (B) by working with an advocate at
7 a rape crisis center;

8 (3) the name, address, and phone number of the law
9 enforcement agency having jurisdiction, or if unknown the
10 name, address, and phone number of the law enforcement
11 agency contacted by the hospital or approved pediatric
12 health care facility under Section 3.2 of the Criminal
13 Identification Act; and

14 (4) the name and phone number of a local rape crisis
15 center.

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

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

20 (410 ILCS 70/7.5)

21 Sec. 7.5. Prohibition on billing sexual assault survivors
22 directly for certain services; written notice; billing
23 protocols.

24 (a) A hospital, approved pediatric health care facility,
25 health care professional, ambulance provider, laboratory, or

1 pharmacy furnishing medical forensic services, transportation,
2 follow-up healthcare, or medication to a sexual assault
3 survivor shall not:

4 (1) charge or submit a bill for any portion of the
5 costs of the services, transportation, or medications to
6 the sexual assault survivor, including any insurance
7 deductible, co-pay, co-insurance, denial of claim by an
8 insurer, spenddown, or any other out-of-pocket expense;

9 (2) communicate with, harass, or intimidate the sexual
10 assault survivor for payment of services, including, but
11 not limited to, repeatedly calling or writing to the
12 sexual assault survivor and threatening to refer the
13 matter to a debt collection agency or to an attorney for
14 collection, enforcement, or filing of other process;

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

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

19 (5) take any other action adverse to the sexual
20 assault survivor or his or her family on account of
21 providing services to the sexual assault survivor.

22 (a-5) Notwithstanding any other provision of law,
23 including, but not limited to, subsection (a), a sexual
24 assault survivor who is not the subscriber or primary
25 policyholder of the sexual assault survivor's insurance policy
26 may opt out of billing the sexual assault survivor's private

1 insurance provider. If the sexual assault survivor opts out of
2 billing the sexual assault survivor's private insurance
3 provider, then the bill for medical forensic services shall be
4 sent to the Department of Healthcare and Family Services'
5 Sexual Assault Emergency Treatment Program for reimbursement
6 for the services provided to the sexual assault survivor.

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

11 (c) Every hospital and approved pediatric health care
12 facility with a sexual assault treatment plan or sexual
13 assault transfer plan providing treatment services to sexual
14 assault survivors in accordance with a plan approved by the
15 Department under Section 2 of this Act shall provide a written
16 notice to a sexual assault survivor. The written notice must
17 include, but is not limited to, the following:

18 (1) a statement that the sexual assault survivor
19 should not be directly billed by any ambulance provider
20 providing transportation services, or by any hospital,
21 approved pediatric health care facility, health care
22 professional, laboratory, or pharmacy for the services the
23 sexual assault survivor received as an outpatient at the
24 hospital or approved pediatric health care facility;

25 (2) a statement that a sexual assault survivor who is
26 admitted to a hospital may be billed for inpatient

1 services provided by a hospital, health care professional,
2 laboratory, or pharmacy;

3 (3) a statement that prior to leaving the hospital or
4 approved pediatric health care facility, the hospital or
5 approved pediatric health care facility will give the
6 sexual assault survivor a sexual assault services voucher
7 for follow-up healthcare if the sexual assault survivor is
8 eligible to receive a sexual assault services voucher;

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

11 (5) (blank) ~~a phone number the sexual assault survivor~~
12 ~~may call should the sexual assault survivor receive a bill~~
13 ~~from the hospital or approved pediatric health care~~
14 ~~facility for medical forensic services;~~

15 (6) the toll-free phone number of the Office of the
16 Illinois Attorney General's Health Care Bureau ~~General~~,
17 which the sexual assault survivor may call should the
18 sexual assault survivor receive a bill from an ambulance
19 provider, approved pediatric health care facility, a
20 health care professional, a laboratory, or a pharmacy.

21 ~~This subsection (c) shall not apply to hospitals that~~
22 ~~provide transfer services as defined under Section 1a of this~~
23 ~~Act.~~

24 (d) ~~Within 60 days after the effective date of this~~
25 ~~amendatory Act of the 99th General Assembly, every health care~~
26 ~~professional, except for those employed by a hospital or~~

1 ~~hospital affiliate, as defined in the Hospital Licensing Act,~~
2 ~~or those employed by a hospital operated under the University~~
3 ~~of Illinois Hospital Act, who bills separately for medical or~~
4 ~~forensic services must develop a billing protocol that ensures~~
5 ~~that no survivor of sexual assault will be sent a bill for any~~
6 ~~medical forensic services and submit the billing protocol to~~
7 ~~the Office of the Attorney General for approval. Within 60~~
8 ~~days after the commencement of the provision of medical~~
9 ~~forensic services, every health care professional, except for~~
10 ~~those employed by a hospital or hospital affiliate, as defined~~
11 ~~in the Hospital Licensing Act, or those employed by a hospital~~
12 ~~operated under the University of Illinois Hospital Act, who~~
13 ~~bills separately for medical or forensic services must develop~~
14 ~~a billing protocol that ensures that no survivor of sexual~~
15 ~~assault is sent a bill for any medical forensic services and~~
16 ~~submit the billing protocol to the Attorney General for~~
17 ~~approval. Health care professionals who bill as a legal entity~~
18 ~~may submit a single billing protocol for the billing entity.~~

19 Within 60 days after the Department's approval of a
20 treatment plan, a hospital or an approved pediatric health
21 care facility ~~and any health care professional employed by an~~
22 ~~approved pediatric health care facility~~ must develop a billing
23 protocol that ensures that no survivor of sexual assault is
24 sent a bill for any medical forensic services ~~and submit the~~
25 ~~billing protocol to the Office of the Attorney General for~~
26 ~~approval.~~

1 The billing protocol must include at a minimum:

2 (1) (blank) ~~a description of training for persons who~~
3 ~~prepare bills for medical and forensic services;~~

4 (2) (blank) ~~a written acknowledgement signed by a~~
5 ~~person who has completed the training that the person will~~
6 ~~not bill survivors of sexual assault;~~

7 (3) prohibitions on submitting any bill for any
8 portion of medical forensic services provided to a
9 survivor of sexual assault to a collection agency;

10 (4) (blank) ~~prohibitions on taking any action that~~
11 ~~would adversely affect the credit of the survivor of~~
12 ~~sexual assault;~~

13 (5) (blank) ~~the termination of all collection~~
14 ~~activities if the protocol is violated; and~~

15 (6) the actions to be taken if a bill is sent to a
16 collection agency or the failure to pay is reported to any
17 credit reporting agency; and -

18 (7) protocols and procedures for compliance with
19 subsections (a), (a-5), and (c) of this Section.

20 Upon request, the Department of Healthcare and Family
21 Services ~~The Office of the Attorney General~~ may provide
22 assistance to hospitals and approved pediatric health care
23 facilities developing billing protocols ~~a sample acceptable~~
24 ~~billing protocol upon request.~~

25 A hospital or approved pediatric health care facility
26 shall provide a copy of their billing protocol upon request

1 ~~The Office of the Attorney General shall approve a proposed~~
2 ~~protocol if it finds that the implementation of the protocol~~
3 ~~would result in no survivor of sexual assault being billed or~~
4 ~~sent a bill for medical forensic services.~~

5 ~~If the Office of the Attorney General determines that~~
6 ~~implementation of the protocol could result in the billing of~~
7 ~~a survivor of sexual assault for medical forensic services,~~
8 ~~the Office of the Attorney General shall provide the health~~
9 ~~care professional or approved pediatric health care facility~~
10 ~~with a written statement of the deficiencies in the protocol.~~
11 ~~The health care professional or approved pediatric health care~~
12 ~~facility shall have 30 days to submit a revised billing~~
13 ~~protocol addressing the deficiencies to the Office of the~~
14 ~~Attorney General. The health care professional or approved~~
15 ~~pediatric health care facility shall implement the protocol~~
16 ~~upon approval by the Office of the Attorney General.~~

17 ~~The health care professional or approved pediatric health~~
18 ~~care facility shall submit any proposed revision to or~~
19 ~~modification of an approved billing protocol to the Office of~~
20 ~~the Attorney General for approval. The health care~~
21 ~~professional or approved pediatric health care facility shall~~
22 ~~implement the revised or modified billing protocol upon~~
23 ~~approval by the Office of the Illinois Attorney General.~~

24 (e) This Section is effective on and after January 1,
25 2024.

26 (Source: P.A. 101-634, eff. 6-5-20; 101-652, eff. 7-1-21;

1 102-22, eff. 6-25-21; 102-674, eff. 11-30-21; 102-1097, eff.
2 1-1-23.)

3 (410 ILCS 70/8) (from Ch. 111 1/2, par. 87-8)

4 Sec. 8. Penalties.

5 (a) The Department shall implement a complaint system
6 through which the Department may receive complaints of
7 violations of this Act. The Department may use an existing
8 complaint system to fulfill the requirements of this Section.

9 After receiving a complaint, the Department shall
10 determine whether a violation of any provision of the Act has
11 occurred. The Department may work with the Attorney General's
12 Office to verify complaints that the Attorney General's Office
13 Health Care Bureau has received pursuant to Section 7.5. Upon
14 determining a violation of any provision of the Act has
15 occurred, the Department shall issue a written warning of
16 violation and statement of deficiencies listing the specific
17 items of noncompliance to the hospital or approved pediatric
18 health care facility. The Department may issue a written
19 warning without monetary penalty for the initial violation.
20 The hospital or approved pediatric health care facility may
21 reply to the Department with written comments and a response
22 to the violations cited by the Department. If the Department
23 deems the response to be inadequate to the notice of
24 violation, the Department may impose a civil monetary penalty
25 against the hospital or approved pediatric health care

1 facility as follows:

2 (1) the Department shall issue a minimum fine of
3 \$1,500 but less than \$3,000 for a second violation; and

4 (2) at least \$3,000 but less than \$5,000 for a third or
5 subsequent violation.

6 In imposing a monetary penalty, the Department shall
7 consider the following factors:

8 (1) the alleged violation or violations and the
9 adequacy of the response by the hospital or pediatric
10 facility;

11 (2) any historical pattern or practice of
12 noncompliance with this Act or other Acts, including but
13 not limited to the Hospital Licensing Act;

14 (3) any federal deficiencies cited by the Department
15 in the last 5 years or as cited by the Centers for Medicare
16 and Medicaid (CMS) in the last 5 years; and

17 (4) the existing and potential risks to patients
18 seeking treatment and support from the hospital or
19 pediatric facility.

20 The Department's notice of violation shall include, at a
21 minimum, the following:

22 (1) the hospital or approved pediatric health care
23 facility's right to request an administrative hearing to
24 contest the Department's notice of violation;

25 (2) an opportunity to present evidence, orally, in
26 writing, or both, on the question of the alleged violation

1 before an administrative law judge; and

2 (3) an opportunity to file an answer responding to the
3 Department's notice of violation.

4 The Department shall follow all rules regarding practice
5 and procedure for hearings conducted under this Section
6 pursuant to 77 Ill. Adm. Code 100. After an administrative
7 hearing before an administrative law judge or hearing officer,
8 the Director shall issue a final written decision, or a final
9 order, based on the administrative law judge's findings of
10 fact, conclusions of law, and recommendation. The final order
11 shall also include the monetary penalty against such hospital
12 or pediatric facility.

13 (a-5) The Attorney General may bring an action in the
14 circuit court to enforce the collection of a monetary penalty
15 imposed under this Section.

16 (a-10) The fines shall be deposited into the Sexual
17 Assault Survivor Treatment Regulation Fund, a special fund
18 that is created in the State treasury, and, subject to
19 appropriation and as directed by the Department of Public
20 Health, may be expended for any purpose under this Act and for
21 no other purpose. Any hospital or approved pediatric health
22 care facility violating any provisions of this Act other than
23 Section 7.5 shall be guilty of a petty offense for each
24 violation, and any fine imposed shall be paid into the general
25 corporate funds of the city, incorporated town or village in
26 which the hospital or approved pediatric health care facility

1 ~~is located, or of the county, in case such hospital is outside~~
2 ~~the limits of any incorporated municipality.~~

3 (b) (Blank). ~~The Attorney General may seek the assessment~~
4 ~~of one or more of the following civil monetary penalties in any~~
5 ~~action filed under this Act where the hospital, approved~~
6 ~~pediatric health care facility, health care professional,~~
7 ~~ambulance provider, laboratory, or pharmacy knowingly violates~~
8 ~~Section 7.5 of the Act:~~

9 ~~(1) For willful violations of paragraphs (1), (2),~~
10 ~~(4), or (5) of subsection (a) of Section 7.5 or subsection~~
11 ~~(c) of Section 7.5, the civil monetary penalty shall not~~
12 ~~exceed \$500 per violation.~~

13 ~~(2) For violations of paragraphs (1), (2), (4), or (5)~~
14 ~~of subsection (a) of Section 7.5 or subsection (c) of~~
15 ~~Section 7.5 involving a pattern or practice, the civil~~
16 ~~monetary penalty shall not exceed \$500 per violation.~~

17 ~~(3) For violations of paragraph (3) of subsection (a)~~
18 ~~of Section 7.5, the civil monetary penalty shall not~~
19 ~~exceed \$500 for each day the bill is with a collection~~
20 ~~agency.~~

21 ~~(4) For violations involving the failure to submit~~
22 ~~billing protocols within the time period required under~~
23 ~~subsection (d) of Section 7.5, the civil monetary penalty~~
24 ~~shall not exceed \$100 per day until the health care~~
25 ~~professional or approved pediatric health care facility~~
26 ~~complies with subsection (d) of Section 7.5.~~

1 ~~All civil monetary penalties shall be deposited into the~~
2 ~~Violent Crime Victims Assistance Fund.~~

3 (c) This Section is effective on and after January 1,
4 2024.

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

7 (410 ILCS 70/10)

8 Sec. 10. Sexual Assault Nurse Examiner Program.

9 (a) The Sexual Assault Nurse Examiner Program is
10 established within the Office of the Attorney General. ~~The~~
11 ~~Sexual Assault Nurse Examiner Program shall maintain a list of~~
12 ~~sexual assault nurse examiners who have completed didactic and~~
13 ~~clinical training requirements consistent with the Sexual~~
14 ~~Assault Nurse Examiner Education Guidelines established by the~~
15 ~~International Association of Forensic Nurses.~~

16 (b) By March 1, 2019, the Sexual Assault Nurse Examiner
17 Program shall develop and make available to hospitals 2 hours
18 of online sexual assault training for emergency department
19 clinical staff to meet the training requirement established in
20 subsection (a) of Section 2. Notwithstanding any other law
21 regarding ongoing licensure requirements, such training shall
22 count toward the continuing medical education and continuing
23 nursing education credits for physicians, physician
24 assistants, advanced practice registered nurses, and
25 registered professional nurses.

1 The Sexual Assault Nurse Examiner Program shall provide
2 didactic and clinical training opportunities consistent with
3 the Sexual Assault Nurse Examiner Education Guidelines
4 established by the International Association of Forensic
5 Nurses, in sufficient numbers and geographical locations
6 across the State, to assist hospitals with training the
7 necessary number of sexual assault nurse examiners to comply
8 with the requirement of this Act to employ or contract with a
9 qualified medical provider to initiate medical forensic
10 services to a sexual assault survivor within 90 minutes of the
11 patient presenting to the hospital as required in subsection
12 (a-7) of Section 5.

13 The Sexual Assault Nurse Examiner Program shall assist
14 hospitals in establishing trainings to achieve the
15 requirements of this Act.

16 For the purpose of providing continuing medical education
17 credit in accordance with the Medical Practice Act of 1987 and
18 administrative rules adopted under the Medical Practice Act of
19 1987 and continuing education credit in accordance with the
20 Nurse Practice Act and administrative rules adopted under the
21 Nurse Practice Act to health care professionals for the
22 completion of sexual assault training provided by the Sexual
23 Assault Nurse Examiner Program under this Act, the Office of
24 the Attorney General shall be considered a State agency.

25 (c) The Sexual Assault Nurse Examiner Program, in
26 consultation with qualified medical providers, shall create

1 uniform materials that all hospitals ~~treatment hospitals,~~
2 ~~treatment hospitals with approved pediatric transfer,~~ and
3 approved pediatric health care facilities are required to give
4 patients and non-offending parents or legal guardians, if
5 applicable, regarding the medical forensic exam procedure,
6 laws regarding consenting to medical forensic services, and
7 the benefits and risks of evidence collection, including
8 recommended time frames for evidence collection pursuant to
9 evidence-based research. These materials shall be made
10 available to all hospitals and approved pediatric health care
11 facilities on the Office of the Attorney General's website.

12 (d) 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 70/15 new)

17 Sec. 15. Qualified medical provider list; Sexual Assault
18 Nurse Examiner and Sexual Assault Forensic Examiner
19 qualifications.

20 (a) The Office of the Attorney General shall maintain a
21 list of qualified medical providers, which includes health
22 care professionals who have been qualified by the Sexual
23 Assault Nurse Examiner Program Coordinator at the Office of
24 the Attorney General to practice as an Adult/Adolescent or
25 Pediatric/Adolescent Sexual Assault Nurse Examiner, or

1 Adult/Adolescent or Pediatric/Adolescent Sexual Assault
2 Forensic Examiner. The list may also include Board-certified
3 and Board-eligible child abuse pediatricians.

4 (b) The Sexual Assault Nurse Examiner Program Coordinator
5 shall review documentation submitted by health care
6 professionals in accordance with this Section and ascertain
7 whether standards for qualification are met:

8 (1) To be qualified as an Adult/Adolescent or
9 Pediatric/Adolescent Sexual Assault Forensic Examiner, a
10 physician or physician assistant shall submit
11 documentation of didactic and clinical training, and
12 clinical experience, that meets or is substantially
13 similar to the Sexual Assault Nurse Examiner Education
14 Guidelines, established by the International Association
15 of Forensic Nurses. Didactic and clinical training shall
16 be documented in the form and manner prescribed by the
17 Office of the Attorney General.

18 (2) To be qualified as an Adult/Adolescent or
19 Pediatric/Adolescent Sexual Assault Nurse Examiner, an
20 advanced practice registered nurse or registered
21 professional nurse shall complete didactic and clinical
22 training that is consistent with the Sexual Assault Nurse
23 Examiner Education Guidelines established by the
24 International Association of Forensic Nurses and approved
25 by the Sexual Assault Nurse Examiner Program Coordinator.
26 Didactic and clinical training shall be documented in the

1 form and manner prescribed by the Office of the Attorney
2 General.

3 A valid Sexual Assault Nurse Examiner certification by
4 the International Association of Forensic Nurses is
5 sufficient documentation for the Sexual Assault Nurse
6 Examiner Program Coordinator to qualify an advanced
7 practice registered nurse or registered professional nurse
8 as a qualified medical provider.

9 (3) If a board-certified or board-eligible child abuse
10 pediatrician is included in the current Directory of
11 Healthcare Providers for Child Abuse and Neglect
12 Investigations, published by the Pediatric Resource
13 Center, or the successor report of a different name, then
14 the Sexual Assault Nurse Examiner Program Coordinator may
15 add that person to the list of qualified medical
16 providers.

17 The Office of the Attorney General may require health care
18 professionals to meet additional standards to be on the list,
19 if it is determined necessary at the time to ensure
20 qualification is attained in accordance with applicable laws,
21 rules, regulations, protocols, standards of care, and Sexual
22 Assault Nurse Examiner Program goals.

23 (c) To remain on the Qualified Medical Provider List,
24 Sexual Assault Nurse Examiners and Sexual Assault Forensic
25 Examiners must verify their continuing education and
26 competency as a qualified medical provider every 3 years.

1 Sexual Assault Nurse Examiners and Sexual Assault Forensic
2 Examiners shall submit the following documentation to the
3 Sexual Assault Nurse Examiner Program Coordinator by April
4 30th of the verification year so the Sexual Assault Nurse
5 Examiner Program Coordinator can ascertain whether standards
6 to remain on the Qualified Medical Provider List have been
7 met.

8 A valid Sexual Assault Nurse Examiner certification by the
9 International Association of Forensic Nurses is sufficient
10 documentation to verify a sexual assault nurse examiner's
11 continued education and competency as a qualified medical
12 provider.

13 In lieu of an updated, valid International Association of
14 Forensic Nurses certification, the Sexual Assault Nurse
15 Examiner Coordinator, Emergency Department Director, or the
16 Director of the facility where the health care professional is
17 employed shall attest to the health care professional's
18 continuing education and competency as a qualified medical
19 provider. If the health care professional is contracted to
20 work as a Sexual Assault nurse examiner or sexual assault
21 forensic examiner, then the Sexual assault nurse examiner
22 Coordinator or Director of the staffing company shall attest
23 to the health care professional's continuing education and
24 competency as a qualified medical provider. The attestation
25 shall be in the form and manner prescribed by the Office of the
26 Illinois Attorney General.

1 If the health care professional has had more than a
2 one-year lapse in providing medical forensic services to
3 patients, then a mock medical forensic examination must be
4 completed for skill verification with a sexual assault nurse
5 examiner certified by the International Association of
6 Forensic Nursing.

7 If documentation is submitted by April 30, then the Sexual
8 Assault Nurse Examiner Program Coordinator shall provide
9 notice of whether standards to remain on the Qualified Medical
10 Provider list have been met by June 30th of the same year. If
11 the submission is insufficient, then the notice shall include
12 a statement of deficiencies and the standards for
13 qualification to be met. The health care professional shall
14 have 30 days after the notice is sent to cure a deficient
15 submission. If a health care professional does not meet the
16 standards to be on the Qualified Medical Provider List after a
17 period to cure an insufficient submission, then the health
18 care professional shall be notified and removed from the
19 Qualified Medical Provider List. If a sexual assault nurse
20 examiner or sexual assault forensic examiner on the Qualified
21 Medical Provider list does not verify continued education and
22 competency as a qualified medical provider after 3 years and
23 does not submit documentation to the Sexual Assault Nurse
24 Examiner Program Coordinator by April 30 of the verification
25 year, then the health care professional shall be notified that
26 they will be removed from the Qualified Medical Provider List

1 in 60 days. The health care professional shall submit
2 sufficient documentation to remain on the Qualified Medical
3 Provider list within the 60-day period or be removed from the
4 Qualified Medical Provider List.

5 (d) This Section is effective on and after January 1,
6 2026.

7 (410 ILCS 70/8.5 rep.)

8 Section 15. The Sexual Assault Survivors Emergency
9 Treatment Act is amended by repealing Section 8.5.