



Sen. Julie A. Morrison

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10400SB1602sam002

LRB104 10007 BDA 24822 a

1 AMENDMENT TO SENATE BILL 1602

2 AMENDMENT NO. _____. Amend Senate Bill 1602, AS AMENDED,
3 by replacing everything after the enacting clause with the
4 following:

5 "Section 5. The State Finance Act is amended by adding
6 Section 5.1030 as follows:

7 (30 ILCS 105/5.1030 new)

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

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

14 (410 ILCS 70/1a) (from Ch. 111 1/2, par. 87-1a)

1 Sec. 1a. Definitions.

2 (a) In this Act:

3 "Acute sexual assault" means a sexual assault that has
4 recently occurred. For patients under the age of 13, this
5 means a sexual assault that has occurred within the past 72
6 hours. For patients 13 years old or older, this means a sexual
7 assault that has occurred within the past 168 hours.

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

10 "Ambulance provider" means an individual or entity that
11 owns and operates a business or service using ambulances or
12 emergency medical services vehicles to transport emergency
13 patients.

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

22 "Areawide sexual assault treatment plan" means a plan,
23 developed by hospitals or by hospitals and approved pediatric
24 health care facilities in a community or area to be served,
25 which provides for medical forensic services to acute sexual
26 assault survivors that shall be made available by each of the

1 participating hospitals and approved pediatric health care
2 facilities.

3 "Assent" means the expressed willingness to participate in
4 an activity or give permission.

5 "Board-certified child abuse pediatrician" means a
6 physician certified by the American Board of Pediatrics in
7 child abuse pediatrics.

8 "Board-eligible child abuse pediatrician" means a
9 physician who has completed the requirements set forth by the
10 American Board of Pediatrics to take the examination for
11 certification in child abuse pediatrics.

12 "Department" means the Department of Public Health.

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

17 "Follow-up healthcare" means healthcare services related
18 to a sexual assault, including laboratory services and
19 pharmacy services, rendered within 180 days of the initial
20 visit for medical forensic services.

21 "Health care professional" means a physician, a physician
22 assistant, a sexual assault forensic examiner, an advanced
23 practice registered nurse, a registered professional nurse, a
24 licensed practical nurse, or a sexual assault nurse examiner.

25 "Hospital" means a hospital licensed under the Hospital
26 Licensing Act or operated under the University of Illinois

1 Hospital Act, any outpatient center included in the hospital's
2 sexual assault treatment plan where hospital employees provide
3 medical forensic services, and an out-of-state hospital that
4 has consented to the jurisdiction of the Department under
5 Section 2.06.

6 "Illinois State Police Sexual Assault Evidence Collection
7 Kit" means a prepackaged set of materials and forms to be used
8 for the collection of evidence relating to sexual assault. The
9 standardized evidence collection kit for the State of Illinois
10 shall be the Illinois State Police Sexual Assault Evidence
11 Collection Kit.

12 "Law enforcement agency having jurisdiction" means the law
13 enforcement agency in the jurisdiction where an alleged sexual
14 assault or sexual abuse occurred.

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

17 "Medical forensic services" means health care delivered to
18 patients within or under the care and supervision of personnel
19 working in a designated emergency department of a hospital or
20 an approved pediatric health care facility. "Medical forensic
21 services" includes, but is not limited to, taking a medical
22 history, performing photo documentation, performing a physical
23 and anogenital examination, assessing the patient for evidence
24 collection, collecting evidence in accordance with a statewide
25 sexual assault evidence collection program administered by the
26 Illinois State Police using the Illinois State Police Sexual

1 Assault Evidence Collection Kit, if appropriate, assessing the
2 patient for drug-facilitated or alcohol-facilitated sexual
3 assault, providing an evaluation of and care for sexually
4 transmitted infection and human immunodeficiency virus (HIV),
5 pregnancy risk evaluation and care, and discharge and
6 follow-up healthcare planning.

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

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

14 "Photo documentation" means digital photographs or
15 colposcope videos stored and backed up securely in the
16 original file format.

17 "Physician" means a person licensed to practice medicine
18 in all its branches.

19 "Physician assistant" has the meaning provided in Section
20 4 of the Physician Assistant Practice Act of 1987.

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

1 "Qualified medical provider" means a board-certified child
2 abuse pediatrician, board-eligible child abuse pediatrician, a
3 sexual assault forensic examiner, or a sexual assault nurse
4 examiner who has access to photo documentation tools, and who
5 participates in peer review.

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

8 "Sexual assault" means:

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

12 (2) any act of sexual penetration; as used in this
13 paragraph, "sexual penetration" has the meaning provided
14 under Section 11-0.1 of the Criminal Code of 2012 and
15 includes, without limitation, acts prohibited under
16 Sections 11-1.20 through 11-1.60 of the Criminal Code of
17 2012.

18 "Sexual assault forensic examiner" means a physician or
19 physician assistant who has completed training that meets or
20 is substantially similar to the Sexual Assault Nurse Examiner
21 Education Guidelines established by the International
22 Association of Forensic Nurses.

23 "Sexual assault nurse examiner" means an advanced practice
24 registered nurse or registered professional nurse who is
25 designated as Adult/Adolescent, Pediatric/Adolescent, or both,
26 according to the population of survivors the nurse is

1 qualified to treat and:

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

4 (2) has completed a ~~sexual assault nurse examiner~~
5 training ~~program~~ that meets the Sexual Assault Nurse
6 Examiner Education Guidelines established by the
7 International Association of Forensic Nurses and is
8 approved by the Sexual Assault Nurse Examiner Program
9 Coordinator.

10 "Sexual Assault Nurse Examiner Program Coordinator" means
11 an advanced practice registered nurse or registered
12 professional nurse that is a qualified medical provider, and
13 who is the employee at Attorney General's Office who oversees
14 the Sexual Assault Nurse Examiner Program.

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

23 "Sexual assault survivor" means a person who presents for
24 medical forensic services in relation to injuries or trauma
25 resulting from a sexual assault.

26 "Sexual assault transfer plan" means a written plan

1 developed by a hospital and approved by the Department, which
2 describes the hospital's procedures for transferring acute
3 sexual assault survivors to another hospital, and an approved
4 pediatric health care facility, if applicable, in order to
5 receive medical forensic services performed by a qualified
6 medical provider.

7 "Sexual assault treatment plan" means a written plan that
8 describes the procedures and protocols for providing medical
9 forensic services to acute sexual assault survivors who
10 present themselves for such services performed by a qualified
11 medical provider, either directly or through transfer from a
12 hospital or an approved pediatric health care facility.

13 "Transfer hospital" means a hospital with a sexual assault
14 transfer plan approved by the Department.

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

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

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

3 "Treatment hospital with approved pediatric transfer"
4 means a hospital with a treatment plan approved by the
5 Department to provide medical forensic services to sexual
6 assault survivors 13 years old or older who present with a
7 complaint of acute sexual assault ~~within a minimum of the last~~
8 ~~7 days or who have disclosed past sexual assault by a specific~~
9 ~~individual and were in the care of that individual within a~~
10 ~~minimum of the last 7 days.~~

11 (b) This Section is effective on and after January 1,
12 2024.

13 (Source: P.A. 102-22, eff. 6-25-21; 102-538, eff. 8-20-21;
14 102-674, eff. 11-30-21; 102-813, eff. 5-13-22; 102-1097, eff.
15 1-1-23; 102-1106, eff. 1-1-23; 103-154, eff. 6-30-23.)

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

17 Sec. 2. Hospital and approved pediatric health care
18 facility requirements for sexual assault plans.

19 (a) Every hospital required to be licensed by the
20 Department pursuant to the Hospital Licensing Act, or operated
21 under the University of Illinois Hospital Act that provides
22 general medical and surgical hospital services shall provide
23 either (i) transfer services to all acute sexual assault
24 survivors, (ii) medical forensic services to all acute sexual
25 assault survivors, or (iii) transfer services to pediatric

1 acute sexual assault survivors and medical forensic services
2 to acute sexual assault survivors 13 years old or older, in
3 accordance with rules adopted by the Department.

4 In addition, every such hospital, regardless of whether or
5 not a request is made for reimbursement, shall submit to the
6 Department a plan to provide either (i) transfer services to
7 all acute sexual assault survivors, (ii) medical forensic
8 services to all acute sexual assault survivors, or (iii)
9 transfer services to pediatric acute sexual assault survivors
10 and medical forensic services to acute sexual assault
11 survivors 13 years old or older within the time frame
12 established by the Department. The Department shall approve
13 such plan for either (i) transfer services to all acute sexual
14 assault survivors, (ii) medical forensic services to all acute
15 sexual assault survivors, or (iii) transfer services to
16 pediatric acute sexual assault survivors and medical forensic
17 services to acute sexual assault survivors 13 years old or
18 older, if it finds that the implementation of the proposed
19 plan would provide (i) transfer services or (ii) medical
20 forensic services for acute sexual assault survivors in
21 accordance with the requirements of this Act and provide
22 sufficient protections from the risk of pregnancy to acute
23 sexual assault survivors. Notwithstanding anything to the
24 contrary in this paragraph, the Department may approve a
25 sexual assault transfer plan for the provision of medical
26 forensic services if:

1 (1) a treatment hospital with approved pediatric
2 transfer has agreed, as part of an areawide treatment
3 plan, to accept acute sexual assault survivors 13 years of
4 age or older from the proposed transfer hospital, if the
5 treatment hospital with approved pediatric transfer is
6 geographically closer to the transfer hospital than a
7 treatment hospital or another treatment hospital with
8 approved pediatric transfer and such transfer is not
9 unduly burdensome on the sexual assault survivor; and

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

15 The Department may not approve a sexual assault transfer
16 plan unless a treatment hospital has agreed, as a part of an
17 areawide treatment plan, to accept acute sexual assault
18 survivors from the proposed transfer hospital and a transfer
19 to the treatment hospital would not unduly burden the sexual
20 assault survivor.

21 Hospitals located in counties with a population of less
22 than 1,000,000 and within a 20-mile radius of a 4-year public
23 university shall submit an areawide sexual assault treatment
24 plan that is approved by the Department. The approved areawide
25 plan shall include at least one treatment hospital or
26 treatment hospital with approved pediatric transfer within the

1 20-mile radius of the 4-year public university.

2 ~~In counties with a population of less than 1,000,000, the~~
3 ~~Department may not approve a sexual assault transfer plan for~~
4 ~~a hospital located within a 20-mile radius of a 4-year public~~
5 ~~university, not including community colleges, unless there is~~
6 ~~a treatment hospital with a sexual assault treatment plan~~
7 ~~approved by the Department within a 20-mile radius of the~~
8 ~~4-year public university.~~

9 A transfer must be in accordance with federal and State
10 laws and local ordinances.

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

19 A transfer hospital must submit an areawide treatment plan
20 under Section 3 of this Act that includes a written agreement
21 with a treatment hospital stating that the treatment hospital
22 will provide medical forensic services to all sexual assault
23 survivors transferred from the transfer hospital. The areawide
24 treatment plan may also include an approved pediatric health
25 care facility. Notwithstanding anything to the contrary in
26 this paragraph, the areawide treatment plan may include a

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

15 Beginning January 1, 2019, each treatment hospital and
16 treatment hospital with approved pediatric transfer shall
17 ensure that emergency department attending physicians,
18 physician assistants, advanced practice registered nurses, and
19 registered professional nurses providing clinical services,
20 who do not meet the definition of a qualified medical provider
21 in Section 1a of this Act, receive a minimum of 2 hours of
22 sexual assault training by July 1, 2020 or until the treatment
23 hospital or treatment hospital with approved pediatric
24 transfer certifies to the Department, in a form and manner
25 prescribed by the Department, that it employs or contracts
26 with a qualified medical provider in accordance with

1 subsection (a-7) of Section 5, whichever occurs first.

2 After July 1, 2020 or once a treatment hospital or a
3 treatment hospital with approved pediatric transfer certifies
4 compliance with subsection (a-7) of Section 5, whichever
5 occurs first, each treatment hospital and treatment hospital
6 with approved pediatric transfer shall ensure that emergency
7 department attending physicians, physician assistants,
8 advanced practice registered nurses, and registered
9 professional nurses providing clinical services, who do not
10 meet the definition of a qualified medical provider in Section
11 1a of this Act, receive a minimum of 2 hours of continuing
12 education on responding to acute sexual assault survivors
13 every 2 years. Protocols for training shall be included in the
14 hospital's sexual assault treatment plan.

15 Sexual assault training provided under this subsection may
16 be provided in person or online and shall include, but not be
17 limited to:

18 (1) information provided on the provision of medical
19 forensic services;

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

22 (3) information on sexual assault epidemiology,
23 neurobiology of trauma, drug-facilitated sexual assault,
24 child sexual abuse, and Illinois sexual assault-related
25 laws; and

26 (4) information on the hospital's sexual

1 assault-related policies and procedures.

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

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

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

1 (b) An approved pediatric health care facility may provide
2 medical forensic services, in accordance with rules adopted by
3 the Department, to acute ~~all~~ sexual assault survivors under
4 the age of 18 who present for medical forensic services in
5 relation to injuries or trauma resulting from a sexual
6 assault. These services shall be provided by a qualified
7 medical provider.

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

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

1 health care facility that the proposed plan has not been
2 approved. The pediatric health care facility shall have 30
3 days to submit a revised plan. The Department shall review the
4 revised plan within 30 days after receipt of the plan and
5 notify the pediatric health care facility whether the revised
6 plan is approved or rejected. A pediatric health care facility
7 may not provide medical forensic services to sexual assault
8 survivors under the age of 18 who present with a complaint of
9 acute sexual assault ~~within a minimum of the last 7 days or who~~
10 ~~have disclosed past sexual assault by a specific individual~~
11 ~~and were in the care of that individual within a minimum of the~~
12 ~~last 7 days~~ until the Department has approved a treatment
13 plan.

14 If an approved pediatric health care facility is not open
15 24 hours a day, 7 days a week, it shall post signage at each
16 public entrance to its facility that:

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

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

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

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

25 (5) has a black background with white bold capital
26 lettering in a clear and easy to read font that is at least

1 72-point type, and with "call 911" in at least 125-point
2 type;

3 (6) is posted clearly and conspicuously on or adjacent
4 to the door at each entrance and, if building materials
5 allow, is posted internally for viewing through glass; if
6 posted externally, the sign shall be made of
7 weather-resistant and theft-resistant materials,
8 non-removable, and adhered permanently to the building;
9 and

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

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

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

26 (d) Every ~~treatment hospital, treatment hospital with~~

1 ~~approved pediatric transfer,~~ and approved pediatric health
2 care facility's sexual assault treatment plan or sexual
3 assault transfer plan shall include procedures for complying
4 with mandatory reporting requirements pursuant to (1) the
5 Abused and Neglected Child Reporting Act; (2) the Abused and
6 Neglected Long Term Care Facility Residents Reporting Act; (3)
7 the Adult Protective Services Act; and (iv) the Criminal
8 Identification Act.

9 (e) Each treatment hospital, treatment hospital with
10 approved pediatric transfer, and approved pediatric health
11 care facility shall submit to the Department every 6 months,
12 in a manner prescribed by the Department, the following
13 information:

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

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

18 (A) offered to (i) all acute sexual assault
19 survivors and (ii) pediatric acute sexual assault
20 survivors pursuant to paragraph (1.5) of subsection
21 (a-5) of Section 5;

22 (B) completed for (i) all acute sexual assault
23 survivors and (ii) pediatric acute sexual assault
24 survivors; and

25 (C) declined by (i) all acute sexual assault
26 survivors and (ii) pediatric acute sexual assault

1 survivors.

2 This information shall be made available on the
3 Department's website.

4 (f) This Section is effective on and after January 1, 2026
5 ~~2024~~.

6 (Source: P.A. 101-73, eff. 7-12-19; 101-634, eff. 6-5-20;
7 102-22, eff. 6-25-21; 102-674, eff. 11-30-21; 102-1106, eff.
8 1-1-23.)

9 (410 ILCS 70/2.05)

10 Sec. 2.05. Department requirements.

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

21 (b) On July 1, 2026 ~~2019~~ and each July 1 thereafter, the
22 Department shall submit a report to the General Assembly
23 containing information on the hospitals and pediatric health
24 care facilities in this State that have submitted a plan to
25 provide: (i) transfer services to all acute sexual assault

1 survivors, (ii) medical forensic services to all acute sexual
2 assault survivors, (iii) transfer services to pediatric acute
3 sexual assault survivors and medical forensic services to
4 acute sexual assault survivors 13 years old or older, or (iv)
5 medical forensic services to pediatric acute sexual assault
6 survivors. The Department shall post the report on its
7 Internet website on or before October 1, 2026 ~~2019~~ and, except
8 as otherwise provided in this Section, update the report every
9 quarter thereafter. The report shall include all of the
10 following:

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

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

20 (3) Each hospital and approved pediatric care facility
21 that has to submit an acceptable Plan of Correction within
22 the time required by Section 2.1, including the date the
23 Plan of Correction was required to be submitted. Once a
24 hospital or approved pediatric health care facility
25 submits and implements the required Plan of Correction,
26 the Department shall immediately update the report on its

1 Internet website to reflect that hospital or approved
2 pediatric health care facility's compliance.

3 (4) Each hospital and approved pediatric care facility
4 at which the periodic on-site review required by Section
5 2.05 of this Act has been conducted, including the date of
6 the on-site review and whether the hospital or approved
7 pediatric care facility was found to be in compliance with
8 its approved plan.

9 (5) Each areawide treatment plan submitted to the
10 Department pursuant to Section 3 of this Act, including
11 which treatment hospitals, treatment hospitals with
12 approved pediatric transfer, transfer hospitals and
13 approved pediatric health care facilities are identified
14 in each areawide treatment plan.

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

23 (d) This Section is effective on and after January 1, 2026
24 ~~2024~~.

25 (Source: P.A. 101-634, eff. 6-5-20; 102-22, eff. 6-25-21;
26 102-674, eff. 11-30-21.)

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

2 Sec. 2.1. Plan of correction; penalties.

3 (a) If the Department surveyor determines that the
4 hospital or approved pediatric health care facility is not in
5 compliance with its approved plan and rules adopted under this
6 Act, the surveyor shall provide the hospital or approved
7 pediatric health care facility with a written warning of
8 violation and a statement of deficiencies listing the ~~list of~~
9 ~~the~~ specific items of noncompliance within 10 working days
10 after the conclusion of the on-site review. The hospital shall
11 have 10 working days to submit to the Department a plan of
12 correction which contains the hospital's or approved pediatric
13 health care facility's specific proposals for correcting the
14 items of noncompliance. The Department shall review the plan
15 of correction and notify the hospital in writing within 10
16 working days as to whether the plan is acceptable or
17 unacceptable.

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

25 (b) The failure of a hospital to submit an acceptable Plan

1 of Correction or to implement the Plan of Correction, within
2 the time frames required in this Section, will subject a
3 hospital to the imposition of a \$500 fine by the Department.
4 ~~The Department may impose a fine of up to \$500 per day until a~~
5 ~~hospital complies with the requirements of this Section.~~ If a
6 hospital submits 2 Plans of Correction that are found to not be
7 acceptable by the Department, the hospital shall become
8 subject to the imposition of a \$2,500 fine by the Department.

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

22 (c) Before imposing a fine pursuant to this Section, the
23 Department shall provide the hospital or approved pediatric
24 health care facility via certified mail with written notice
25 and an opportunity for an administrative hearing. Such hearing
26 must be requested within 10 working days after receipt of the

1 Department's Notice. All hearings shall be conducted in
2 accordance with the Department's rules in administrative
3 hearings.

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

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

9 (410 ILCS 70/2.2)

10 Sec. 2.2. Emergency contraception.

11 (a) The General Assembly finds:

12 (1) Crimes of sexual assault and sexual abuse cause
13 significant physical, emotional, and psychological trauma
14 to the victims. This trauma is compounded by a victim's
15 fear of becoming pregnant and bearing a child as a result
16 of the sexual assault.

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

20 (3) As approved for use by the Federal Food and Drug
21 Administration (FDA), emergency contraception can
22 significantly reduce the risk of pregnancy if taken within
23 72 hours after the sexual assault.

24 (4) By providing emergency contraception to rape
25 victims in a timely manner, the trauma of rape can be

1 significantly reduced.

2 (b) Every hospital or approved pediatric health care
3 facility providing services to sexual assault survivors in
4 accordance with a plan approved under Section 2 must develop a
5 protocol that ensures that each survivor of acute sexual
6 assault will receive medically and factually accurate and
7 written and oral information about emergency contraception;
8 the indications and contraindications and risks associated
9 with the use of emergency contraception; and a description of
10 how and when victims may be provided emergency contraception
11 at no cost upon the written order of a physician licensed to
12 practice medicine in all its branches, a licensed advanced
13 practice registered nurse, or a licensed physician assistant.
14 The Department shall approve the protocol if it finds that the
15 implementation of the protocol would provide sufficient
16 protection for survivors of acute sexual assault.

17 The hospital or approved pediatric health care facility
18 shall implement the protocol upon approval by the Department.
19 The Department shall adopt rules and regulations establishing
20 one or more safe harbor protocols and setting minimum
21 acceptable protocol standards that hospitals may develop and
22 implement. The Department shall approve any protocol that
23 meets those standards. The Department may provide a sample
24 acceptable protocol upon request.

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

1 (Source: P.A. 101-634, eff. 6-5-20; 102-22, eff. 6-25-21;
2 102-674, eff. 11-30-21.)

3 (410 ILCS 70/5) (from Ch. 111 1/2, par. 87-5)

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

7 (a) Every hospital and approved pediatric health care
8 facility providing medical forensic services to acute sexual
9 assault survivors under this Act shall, as minimum
10 requirements for such services, provide, ~~with the consent of~~
11 ~~the sexual assault survivor, and as ordered by the attending~~
12 ~~physician, an advanced practice registered nurse, or a~~
13 ~~physician assistant,~~ the services set forth in subsection
14 (a-5).

15 A qualified medical provider must provide the services set
16 forth in subsection (a-5) as ordered by the attending
17 physician, an advanced practice registered nurse, or a
18 physician assistant.

19 (a-5) A treatment hospital, a treatment hospital with
20 approved pediatric transfer, or an approved pediatric health
21 care facility shall provide the following services in
22 accordance with subsections ~~subsection~~ (a) and (b):

23 (1) Appropriate medical forensic services without
24 delay, in a private, age-appropriate or
25 developmentally-appropriate space, required to ensure the

1 health, safety, and welfare of a sexual assault survivor
2 and which may be used as evidence in a criminal proceeding
3 against a person accused of the sexual assault, in a
4 proceeding under the Juvenile Court Act of 1987, or in an
5 investigation under the Abused and Neglected Child
6 Reporting Act.

7 Records of medical forensic services, including
8 results of examinations and tests, the Illinois State
9 Police Medical Forensic Documentation Forms, the Illinois
10 State Police Patient Discharge Materials, and the Illinois
11 State Police Patient Consent: Collect and Test Evidence or
12 Collect and Hold Evidence Form, shall be maintained by the
13 hospital or approved pediatric health care facility as
14 part of the patient's electronic medical record.

15 Records of medical forensic services of sexual assault
16 survivors under the age of 18 shall be retained by the
17 hospital for a period of 60 years after the sexual assault
18 survivor reaches the age of 18. Records of medical
19 forensic services of sexual assault survivors 18 years of
20 age or older shall be retained by the hospital for a period
21 of 20 years after the date the record was created.

22 Records of medical forensic services may only be
23 disseminated in accordance with Section 6.5 of this Act
24 and other State and federal law.

25 (1.5) An offer to complete the Illinois State Police
26 Sexual Assault Evidence Collection Kit for any acute

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

26 (A) Appropriate oral and written information

1 concerning evidence-based guidelines for the
2 appropriateness of evidence collection depending on
3 the sexual development of the sexual assault survivor,
4 the type of sexual assault, and the timing of the
5 sexual assault shall be provided to the sexual assault
6 survivor. ~~Evidence collection is encouraged for~~
7 ~~prepubescent sexual assault survivors who present to a~~
8 ~~hospital or approved pediatric health care facility~~
9 ~~with a complaint of sexual assault within a minimum of~~
10 ~~96 hours after the sexual assault.~~

11 The information required under this subparagraph
12 shall be provided ~~in person by the qualified medical~~
13 ~~provider providing medical forensic services directly~~
14 to the sexual assault survivor by a qualified medical
15 provider either in person or via a virtual or
16 telephone consultation.

17 The written information provided shall be the
18 information created in accordance with Section 10 of
19 this Act.

20 (B) ~~Following the discussion regarding the~~
21 ~~evidence-based guidelines for evidence collection in~~
22 ~~accordance with subparagraph (A), evidence collection~~
23 ~~must be completed at the sexual assault survivor's~~
24 ~~request.~~ A sexual assault nurse examiner conducting an
25 examination using the Illinois State Police Sexual
26 Assault Evidence Collection Kit may do so without the

1 presence or participation of a physician.

2 (2) Appropriate oral and written information
3 concerning the possibility of infection, sexually
4 transmitted infection, including an evaluation of the
5 sexual assault survivor's risk of contracting human
6 immunodeficiency virus (HIV) from sexual assault, and
7 pregnancy resulting from sexual assault.

8 (3) Appropriate oral and written information
9 concerning accepted medical procedures, laboratory tests,
10 medication, and possible contraindications of such
11 medication available for the prevention or treatment of
12 infection or disease resulting from sexual assault.

13 (3.5) After a medical evidentiary or physical
14 examination, access to a shower at no cost, unless
15 showering facilities are unavailable.

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

25 (5) Photo documentation of the sexual assault
26 survivor's injuries, anatomy involved in the assault, or

1 other visible evidence on the sexual assault survivor's
2 body to supplement the medical forensic history and
3 written documentation of physical findings and evidence
4 beginning July 1, 2019. Photo documentation does not
5 replace written documentation of the injury.

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

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

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

20 (9) Written information regarding services provided by
21 a Children's Advocacy Center and rape crisis center, if
22 applicable.

23 (10) A treatment hospital, a treatment hospital with
24 approved pediatric transfer, an out-of-state hospital as
25 defined in Section 5.4, or an approved pediatric health
26 care facility shall comply with the rules relating to the

1 collection and tracking of sexual assault evidence adopted
2 by the Illinois State Police under Section 50 of the
3 Sexual Assault Evidence Submission Act.

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

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

16 (b) Before medical forensic services are provided, consent
17 must be obtained in accordance with this Section. Evidence
18 collection shall not be completed without first obtaining
19 consent.

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

25 (2) If a minor sexual assault survivor under the age
26 of 18 is unable to consent to medical forensic services,

1 the services may be provided with the consent of the
2 survivor's parent, guardian, or health care power of
3 attorney and with the assent of the sexual assault
4 survivor ~~under the Consent by Minors to Health Care~~
5 ~~Services Act, the Health Care Surrogate Act, or other~~
6 ~~applicable State and federal laws.~~

7 (3) If an adult sexual assault survivor is unable to
8 consent to medical forensic services, the services may be
9 provided with the consent of the survivor's guardian or
10 health care power of attorney and with the assent of the
11 sexual assault survivor.

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

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

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

1 (Source: P.A. 101-81, eff. 7-12-19; 101-377, eff. 8-16-19;
2 101-634, eff. 6-5-20; 102-22, eff. 6-25-21; 102-538, eff.
3 8-20-21; 102-674, eff. 11-30-21; 102-813, eff. 5-13-22;
4 102-1106, eff. 1-1-23.)

5 (410 ILCS 70/5.2)

6 Sec. 5.2. Sexual assault services voucher.

7 (a) A sexual assault services voucher shall be issued by
8 the ~~a treatment hospital, treatment hospital with approved~~
9 ~~pediatric transfer,~~ or approved pediatric health care facility
10 where at the time a sexual assault survivor first presents
11 seeking ~~receives~~ medical forensic services.

12 (b) Each ~~treatment hospital, treatment hospital with~~
13 ~~approved pediatric transfer,~~ and approved pediatric health
14 care facility must include in its sexual assault treatment
15 plan or sexual assault transfer plan submitted to the
16 Department in accordance with Section 2 of this Act a protocol
17 for issuing sexual assault services vouchers. The protocol
18 shall, at a minimum, include the following:

19 (1) Identification of employee positions responsible
20 for issuing sexual assault services vouchers.

21 (2) Identification of employee positions with access
22 to the Medical Electronic Data Interchange or successor
23 system.

24 (3) A statement to be signed by each employee of an
25 approved pediatric health care facility with access to the

1 Medical Electronic Data Interchange or successor system
2 affirming that the Medical Electronic Data Interchange or
3 successor system will only be used for the purpose of
4 issuing sexual assault services vouchers.

5 Every transfer hospital providing medical care and
6 treatment to sexual assault survivors shall issue a voucher to
7 any sexual assault survivor who is eligible to receive one.
8 The transfer hospital shall make a copy of the voucher and
9 place it in the medical record of the sexual assault survivor.
10 The hospital shall provide a copy of the voucher to the sexual
11 assault survivor prior to transfer, or after discharge upon
12 request.

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

17 (d) Any treatment hospital, treatment hospital with
18 approved pediatric transfer, approved pediatric health care
19 facility, health care professional, ambulance provider,
20 laboratory, or pharmacy may submit a bill for services
21 provided to a sexual assault survivor as a result of a sexual
22 assault to the Department of Healthcare and Family Services
23 Sexual Assault Emergency Treatment Program. The bill shall
24 include:

25 (1) the name and date of birth of the sexual assault
26 survivor;

- 1 (2) the service provided;
- 2 (3) the charge of service;
- 3 (4) the date the service was provided; and
- 4 (5) the recipient identification number, if known.

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

8 The Department of Healthcare and Family Services Sexual
9 Assault Emergency Treatment Program shall electronically
10 verify, using the Medical Electronic Data Interchange or a
11 successor system, that a sexual assault services voucher was
12 issued to a sexual assault survivor prior to issuing payment
13 for the services.

14 If a sexual assault services voucher was not issued to a
15 sexual assault survivor by the ~~treatment hospital, treatment~~
16 ~~hospital with approved pediatric transfer,~~ or approved
17 pediatric health care facility, then a health care
18 professional, ambulance provider, laboratory, or pharmacy may
19 submit a request to the Department of Healthcare and Family
20 Services Sexual Assault Emergency Treatment Program to issue a
21 sexual assault services voucher.

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

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

1 (410 ILCS 70/5.3)

2 Sec. 5.3. Pediatric sexual assault care.

3 (a) The General Assembly finds:

4 (1) Pediatric sexual assault survivors can suffer from
5 a wide range of health problems across their life span. In
6 addition to immediate health issues, such as sexually
7 transmitted infections, physical injuries, and
8 psychological trauma, child sexual abuse victims are at
9 greater risk for a plethora of adverse psychological and
10 somatic problems into adulthood in contrast to those who
11 were not sexually abused.

12 (2) Sexual abuse against the pediatric population is
13 distinct, particularly due to their dependence on their
14 caregivers and the ability of perpetrators to manipulate
15 and silence them (especially when the perpetrators are
16 family members or other adults trusted by, or with power
17 over, children). Sexual abuse is often hidden by
18 perpetrators, unwitnessed by others, and may leave no
19 obvious physical signs on child victims.

20 (3) Pediatric sexual assault survivors throughout the
21 State should have access to qualified medical providers
22 who have received specialized training regarding the care
23 of pediatric sexual assault survivors within a reasonable
24 distance from their home.

25 (4) There is a need in Illinois to increase the number
26 of qualified medical providers available to provide

1 medical forensic services to pediatric sexual assault
2 survivors.

3 (b) If a medically stable pediatric acute sexual assault
4 survivor presents at a transfer hospital or treatment hospital
5 with approved pediatric transfer that has a plan approved by
6 the Department requesting medical forensic services, then the
7 hospital emergency department staff shall contact an approved
8 pediatric health care facility, if one is designated in the
9 hospital's plan, then the patient and non-offending parent or
10 legal guardian shall be given the option to transfer to the
11 approved pediatric health care facility during posted hours of
12 operation or a treatment hospital.

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

26 ~~If medical forensic services cannot be initiated within 90~~

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

15 (c) A treatment hospital with approved pediatric transfer
16 may offer medical forensic services to pediatric acute sexual
17 assault survivors in lieu of transfer when a qualified medical
18 provider who is qualified to treat pediatric survivors of
19 sexual assault is available, subject to prior approval from
20 the Department. Prior to granting approval, the Department
21 shall (i) confirm the treatment hospital with approved
22 pediatric transfer is working towards becoming a treatment
23 hospital and (ii) consult with the treatment hospital that
24 receives acute pediatric sexual assault survivors from the
25 treatment hospital with approved pediatric transfer pursuant
26 to the plan approved by the Department. Department approval

1 under this Section is valid for one year and may be renewed. ~~If~~
2 ~~a medically stable pediatric sexual assault survivor presents~~
3 ~~at a treatment hospital that has a plan approved by the~~
4 ~~Department requesting medical forensic services, then the~~
5 ~~hospital emergency department staff shall contact an approved~~
6 ~~pediatric health care facility, if one is designated in the~~
7 ~~treatment hospital's areawide treatment plan.~~

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

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

26 (d) If the patient or non-offending parent or legal

1 guardian chooses to be transferred to an approved pediatric
2 health care facility pursuant to subsection (b) or (c), then
3 the hospital emergency department staff shall contact the
4 approved pediatric health care facility to arrange the
5 transfer. The pediatric sexual assault survivor and
6 non-offending parent or legal guardian may be transported by
7 ambulance, law enforcement, or personal vehicle. Medical
8 forensic services shall be initiated within 90 minutes of the
9 acute sexual assault survivor's arrival at the approved
10 pediatric health care facility following an immediate transfer
11 during posted hours of operation.

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

1 ~~enforcement, or personal vehicle.~~

2 (f) ~~(e)~~ This Section is effective on and after January 1,
3 2024.

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

6 (410 ILCS 70/5.4)

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

8 (a) Nothing in this Section shall prohibit the transfer of
9 a patient in need of medical services from a hospital that has
10 been designated as a trauma center by the Department in
11 accordance with Section 3.90 of the Emergency Medical Services
12 (EMS) Systems Act.

13 (b) A transfer hospital, treatment hospital with approved
14 pediatric transfer, or approved pediatric health care facility
15 may transfer a sexual assault survivor to an out-of-state
16 hospital that is located in a county that borders Illinois if
17 the out-of-state hospital: (1) submits an areawide treatment
18 plan approved by the Department; and (2) has certified the
19 following to the Department in a form and manner prescribed by
20 the Department that the out-of-state hospital will:

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

23 (ii) comply with all requirements of this Act
24 applicable to treatment hospitals, including, but not
25 limited to, offering evidence collection to any Illinois

1 sexual assault survivor who presents with a complaint of
2 acute sexual assault ~~within a minimum of the last 7 days or~~
3 ~~who has disclosed past sexual assault by a specific~~
4 ~~individual and was in the care of that individual within a~~
5 ~~minimum of the last 7 days~~ and not billing the sexual
6 assault survivor for medical forensic services or 180 days
7 of follow-up healthcare;

8 (iii) use an Illinois State Police Sexual Assault
9 Evidence Collection Kit to collect forensic evidence from
10 an Illinois acute sexual assault survivor;

11 (iv) ensure its staff cooperates with Illinois law
12 enforcement agencies and are responsive to subpoenas
13 issued by Illinois courts; and

14 (v) provide appropriate transportation upon the
15 completion of medical forensic services back to the
16 transfer hospital or treatment hospital with pediatric
17 transfer where the sexual assault survivor initially
18 presented seeking medical forensic services, unless the
19 sexual assault survivor chooses to arrange his or her own
20 transportation.

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

23 (Source: P.A. 102-1097, eff. 1-1-23; 102-1106, eff. 1-1-23;
24 103-154, eff. 6-30-23.)

1 Sec. 6.5. Written consent to the release of sexual assault
2 evidence for testing.

3 (a) Upon the completion of medical forensic services, the
4 health care professional providing the medical forensic
5 services shall provide the patient the opportunity to sign a
6 written consent to allow law enforcement to submit the sexual
7 assault evidence for testing, if collected. The written
8 consent shall be on a form included in the sexual assault
9 evidence collection kit and posted on the Illinois State
10 Police website. The consent form shall include whether the
11 survivor consents to the release of information about the
12 sexual assault to law enforcement.

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

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

25 (3) If the survivor is an adult who has a guardian of
26 the person, a health care surrogate, or an agent acting

1 under a health care power of attorney, the consent of the
2 guardian, surrogate, or agent is not required to release
3 evidence and information concerning the sexual assault or
4 sexual abuse. If the adult is unable to provide consent
5 for the release of evidence and information and a
6 guardian, surrogate, or agent under a health care power of
7 attorney is unavailable or unwilling to release the
8 information, then an investigating law enforcement officer
9 may authorize the release.

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

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

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

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

5 (2) a person authorized to consent to the testing of
6 the sexual assault evidence may sign a written consent to
7 allow law enforcement to test the sexual assault evidence
8 at any time during that 10-year period for an adult
9 victim, or until a minor victim turns 28 years of age by

10 (A) contacting the law enforcement agency having
11 jurisdiction, or if unknown, the law enforcement agency
12 contacted by the hospital or approved pediatric health
13 care facility under Section 3.2 of the Criminal
14 Identification Act; or (B) by working with an advocate at
15 a rape crisis center;

16 (3) the name, address, and phone number of the law
17 enforcement agency having jurisdiction, or if unknown the
18 name, address, and phone number of the law enforcement
19 agency contacted by the hospital or approved pediatric
20 health care facility under Section 3.2 of the Criminal
21 Identification Act; and

22 (4) the name and phone number of a local rape crisis
23 center.

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

26 (Source: P.A. 101-81, eff. 7-12-19; 101-634, eff. 6-5-20;

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

2 (410 ILCS 70/7.5)

3 Sec. 7.5. Prohibition on billing sexual assault survivors
4 directly for certain services; written notice; billing
5 protocols.

6 (a) A hospital, approved pediatric health care facility,
7 health care professional, ambulance provider, laboratory, or
8 pharmacy furnishing medical forensic services, transportation,
9 follow-up healthcare, or medication to a sexual assault
10 survivor shall not:

11 (1) charge or submit a bill for any portion of the
12 costs of the services, transportation, or medications to
13 the sexual assault survivor, including any insurance
14 deductible, co-pay, co-insurance, denial of claim by an
15 insurer, spenddown, or any other out-of-pocket expense;

16 (2) communicate with, harass, or intimidate the sexual
17 assault survivor for payment of services, including, but
18 not limited to, repeatedly calling or writing to the
19 sexual assault survivor and threatening to refer the
20 matter to a debt collection agency or to an attorney for
21 collection, enforcement, or filing of other process;

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

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

1 (5) take any other action adverse to the sexual
2 assault survivor or his or her family on account of
3 providing services to the sexual assault survivor.

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

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

19 (c) Every hospital and approved pediatric health care
20 facility with a sexual assault treatment plan or sexual
21 assault transfer plan providing treatment services to sexual
22 assault survivors in accordance with a plan approved by the
23 Department under Section 2 of this Act shall provide a written
24 notice to a sexual assault survivor. The written notice must
25 include, but is not limited to, the following:

26 (1) a statement that the sexual assault survivor

1 should not be directly billed by any ambulance provider
2 providing transportation services, or by any hospital,
3 approved pediatric health care facility, health care
4 professional, laboratory, or pharmacy for the services the
5 sexual assault survivor received as an outpatient at the
6 hospital or approved pediatric health care facility;

7 (2) a statement that a sexual assault survivor who is
8 admitted to a hospital may be billed for inpatient
9 services provided by a hospital, health care professional,
10 laboratory, or pharmacy;

11 (3) a statement that prior to leaving the hospital or
12 approved pediatric health care facility, the hospital or
13 approved pediatric health care facility will give the
14 sexual assault survivor a sexual assault services voucher
15 for follow-up healthcare if the sexual assault survivor is
16 eligible to receive a sexual assault services voucher;

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

19 (5) (blank) ~~a phone number the sexual assault survivor~~
20 ~~may call should the sexual assault survivor receive a bill~~
21 ~~from the hospital or approved pediatric health care~~
22 ~~facility for medical forensic services;~~

23 (6) the toll-free phone number of the Office of the
24 Illinois Attorney General's Health Care Bureau ~~General~~,
25 which the sexual assault survivor may call should the
26 sexual assault survivor receive a bill from an ambulance

1 provider, approved pediatric health care facility, a
2 health care professional, a laboratory, or a pharmacy.

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

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

1 Within 60 days after the Department's approval of a
2 treatment plan, a hospital or an approved pediatric health
3 care facility ~~and any health care professional employed by an~~
4 ~~approved pediatric health care facility~~ must develop a billing
5 protocol that ensures that no survivor of sexual assault is
6 sent a bill for any medical forensic services ~~and submit the~~
7 ~~billing protocol to the Office of the Attorney General for~~
8 ~~approval.~~

9 The billing protocol must include at a minimum:

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

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

15 (3) prohibitions on submitting any bill for any
16 portion of medical forensic services provided to a
17 survivor of sexual assault to a collection agency;

18 (4) (blank) ~~prohibitions on taking any action that~~
19 ~~would adversely affect the credit of the survivor of~~
20 ~~sexual assault;~~

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

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

26 (7) protocols and procedures for compliance with

1 subsections (a), (a-5), and (c) of this Section.

2 Upon request, the Department of Healthcare and Family
3 Services ~~The Office of the Attorney General~~ may provide
4 assistance to hospitals and approved pediatric health care
5 facilities developing billing protocols ~~a sample acceptable~~
6 ~~billing protocol upon request.~~

7 A hospital or approved pediatric health care facility
8 shall provide a copy of their billing protocol upon request
9 ~~The Office of the Attorney General shall approve a proposed~~
10 ~~protocol if it finds that the implementation of the protocol~~
11 ~~would result in no survivor of sexual assault being billed or~~
12 ~~sent a bill for medical forensic services.~~

13 ~~If the Office of the Attorney General determines that~~
14 ~~implementation of the protocol could result in the billing of~~
15 ~~a survivor of sexual assault for medical forensic services,~~
16 ~~the Office of the Attorney General shall provide the health~~
17 ~~care professional or approved pediatric health care facility~~
18 ~~with a written statement of the deficiencies in the protocol.~~
19 ~~The health care professional or approved pediatric health care~~
20 ~~facility shall have 30 days to submit a revised billing~~
21 ~~protocol addressing the deficiencies to the Office of the~~
22 ~~Attorney General. The health care professional or approved~~
23 ~~pediatric health care facility shall implement the protocol~~
24 ~~upon approval by the Office of the Attorney General.~~

25 ~~The health care professional or approved pediatric health~~
26 ~~care facility shall submit any proposed revision to or~~

1 ~~modification of an approved billing protocol to the Office of~~
2 ~~the Attorney General for approval. The health care~~
3 ~~professional or approved pediatric health care facility shall~~
4 ~~implement the revised or modified billing protocol upon~~
5 ~~approval by the Office of the Illinois Attorney General.~~

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

8 (Source: P.A. 101-634, eff. 6-5-20; 101-652, eff. 7-1-21;
9 102-22, eff. 6-25-21; 102-674, eff. 11-30-21; 102-1097, eff.
10 1-1-23.)

11 (410 ILCS 70/8) (from Ch. 111 1/2, par. 87-8)

12 Sec. 8. Penalties.

13 (a) The Department shall implement a complaint system
14 through which the Department may receive complaints of
15 violations of this Act. The Department may use an existing
16 complaint system to fulfill the requirements of this Section.

17 After receiving a complaint, the Department shall
18 determine whether a violation of any provision of the Act has
19 occurred. The Department may work with the Attorney General's
20 Office to verify complaints that the Attorney General's Office
21 Health Care Bureau has received pursuant to Section 7.5. Upon
22 determining a violation of any provision of the Act has
23 occurred, the Department shall issue a written warning of
24 violation and statement of deficiencies listing the specific
25 items of noncompliance to the hospital or approved pediatric

1 health care facility. The Department may issue a written
2 warning without monetary penalty for the initial violation.
3 The hospital or approved pediatric health care facility may
4 reply to the Department with written comments and a response
5 to the violations cited by the Department. If the Department
6 deems the response to be inadequate to the notice of
7 violation, the Department may impose a civil monetary penalty
8 against the hospital or approved pediatric health care
9 facility as follows:

10 (1) the Department shall issue a minimum fine of
11 \$1,500 but less than \$3,000 for a second violation; and

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

14 In imposing a monetary penalty, the Department shall
15 consider the following factors:

16 (1) the alleged violation or violations and the
17 adequacy of the response by the hospital or pediatric
18 facility;

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

22 (3) any federal deficiencies cited by the Department
23 in the last 5 years or as cited by the Centers for Medicare
24 and Medicaid (CMS) in the last 5 years; and

25 (4) the existing and potential risks to patients
26 seeking treatment and support from the hospital or

1 pediatric facility.

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

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

7 (2) an opportunity to present evidence, orally, in
8 writing, or both, on the question of the alleged violation
9 before an administrative law judge; and

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

12 The Department shall follow all rules regarding practice
13 and procedure for hearings conducted under this Section
14 pursuant to 77 Ill. Adm. Code 100. After an administrative
15 hearing before an administrative law judge or hearing officer,
16 the Director shall issue a final written decision, or a final
17 order, based on the administrative law judge's findings of
18 fact, conclusions of law, and recommendation. The final order
19 shall also include the monetary penalty against such hospital
20 or pediatric facility.

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

24 (a-10) The fines shall be deposited into the Sexual
25 Assault Survivor Treatment Regulation Fund, a special fund
26 that is created in the State treasury, and, subject to

1 appropriation and as directed by the Department of Public
2 Health, may be expended for any purpose under this Act and for
3 no other purpose. Any hospital or approved pediatric health
4 care facility violating any provisions of this Act other than
5 Section 7.5 shall be guilty of a petty offense for each
6 violation, and any fine imposed shall be paid into the general
7 corporate funds of the city, incorporated town or village in
8 which the hospital or approved pediatric health care facility
9 is located, or of the county, in case such hospital is outside
10 the limits of any incorporated municipality.

11 (b) (Blank). ~~The Attorney General may seek the assessment~~
12 ~~of one or more of the following civil monetary penalties in any~~
13 ~~action filed under this Act where the hospital, approved~~
14 ~~pediatric health care facility, health care professional,~~
15 ~~ambulance provider, laboratory, or pharmacy knowingly violates~~
16 ~~Section 7.5 of the Act:~~

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

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

25 ~~(3) For violations of paragraph (3) of subsection (a)~~
26 ~~of Section 7.5, the civil monetary penalty shall not~~

1 ~~exceed \$500 for each day the bill is with a collection~~
2 ~~agency.~~

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

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

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

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

15 (410 ILCS 70/10)

16 Sec. 10. Sexual Assault Nurse Examiner Program.

17 (a) The Sexual Assault Nurse Examiner Program is
18 established within the Office of the Attorney General. ~~The~~
19 ~~Sexual Assault Nurse Examiner Program shall maintain a list of~~
20 ~~sexual assault nurse examiners who have completed didactic and~~
21 ~~elinical training requirements consistent with the Sexual~~
22 ~~Assault Nurse Examiner Education Guidelines established by the~~
23 ~~International Association of Forensic Nurses.~~

24 (b) By March 1, 2019, the Sexual Assault Nurse Examiner
25 Program shall develop and make available to hospitals 2 hours

1 of online sexual assault training for emergency department
2 clinical staff to meet the training requirement established in
3 subsection (a) of Section 2. Notwithstanding any other law
4 regarding ongoing licensure requirements, such training shall
5 count toward the continuing medical education and continuing
6 nursing education credits for physicians, physician
7 assistants, advanced practice registered nurses, and
8 registered professional nurses.

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

21 The Sexual Assault Nurse Examiner Program shall assist
22 hospitals in establishing trainings to achieve the
23 requirements of this Act.

24 For the purpose of providing continuing medical education
25 credit in accordance with the Medical Practice Act of 1987 and
26 administrative rules adopted under the Medical Practice Act of

1 1987 and continuing education credit in accordance with the
2 Nurse Practice Act and administrative rules adopted under the
3 Nurse Practice Act to health care professionals for the
4 completion of sexual assault training provided by the Sexual
5 Assault Nurse Examiner Program under this Act, the Office of
6 the Attorney General shall be considered a State agency.

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

20 (d) 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 70/15 new)

25 Sec. 15. Qualified medical provider list; Sexual Assault

1 Nurse Examiner and Sexual Assault Forensic Examiner
2 qualifications.

3 (a) The Office of the Attorney General shall maintain a
4 list of qualified medical providers, which includes health
5 care professionals who have been qualified by the Sexual
6 Assault Nurse Examiner Program Coordinator at the Office of
7 the Attorney General to practice as an Adult/Adolescent or
8 Pediatric/Adolescent Sexual Assault Nurse Examiner, or
9 Adult/Adolescent or Pediatric/Adolescent Sexual Assault
10 Forensic Examiner. The list may also include Board-certified
11 and Board-eligible child abuse pediatricians.

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

16 (1) To be qualified as an Adult/Adolescent or
17 Pediatric/Adolescent Sexual Assault Forensic Examiner, a
18 physician or physician assistant shall submit
19 documentation of didactic and clinical training, and
20 clinical experience, that meets or is substantially
21 similar to the Sexual Assault Nurse Examiner Education
22 Guidelines, established by the International Association
23 of Forensic Nurses. Didactic and clinical training shall
24 be documented in the form and manner prescribed by the
25 Office of the Attorney General.

26 (2) To be qualified as an Adult/Adolescent or

1 Pediatric/Adolescent Sexual Assault Nurse Examiner, an
2 advanced practice registered nurse or registered
3 professional nurse shall complete didactic and clinical
4 training that is consistent with the Sexual Assault Nurse
5 Examiner Education Guidelines established by the
6 International Association of Forensic Nurses and approved
7 by the Sexual Assault Nurse Examiner Program Coordinator.
8 Didactic and clinical training shall be documented in the
9 form and manner prescribed by the Office of the Attorney
10 General.

11 A valid Sexual Assault Nurse Examiner certification by
12 the International Association of Forensic Nurses is
13 sufficient documentation for the Sexual Assault Nurse
14 Examiner Program Coordinator to qualify an advanced
15 practice registered nurse or registered professional nurse
16 as a qualified medical provider.

17 (3) If a board-certified or board-eligible child abuse
18 pediatrician is included in the current Directory of
19 Healthcare Providers for Child Abuse and Neglect
20 Investigations, published by the Pediatric Resource
21 Center, or the successor report of a different name, then
22 the Sexual Assault Nurse Examiner Program Coordinator may
23 add that person to the list of qualified medical
24 providers.

25 The Office of the Attorney General may require health care
26 professionals to meet additional standards to be on the list,

1 if it is determined necessary at the time to ensure
2 qualification is attained in accordance with applicable laws,
3 rules, regulations, protocols, standards of care, and Sexual
4 Assault Nurse Examiner Program goals.

5 (c) To remain on the Qualified Medical Provider List,
6 Sexual Assault Nurse Examiners and Sexual Assault Forensic
7 Examiners must verify their continuing education and
8 competency as a qualified medical provider every 3 years.
9 Sexual Assault Nurse Examiners and Sexual Assault Forensic
10 Examiners shall submit the following documentation to the
11 Sexual Assault Nurse Examiner Program Coordinator by April
12 30th of the verification year so the Sexual Assault Nurse
13 Examiner Program Coordinator can ascertain whether standards
14 to remain on the Qualified Medical Provider List have been
15 met.

16 A valid Sexual Assault Nurse Examiner certification by the
17 International Association of Forensic Nurses is sufficient
18 documentation to verify a sexual assault nurse examiner's
19 continued education and competency as a qualified medical
20 provider.

21 In lieu of an updated, valid International Association of
22 Forensic Nurses certification, the Sexual Assault Nurse
23 Examiner Coordinator, Emergency Department Director, or the
24 Director of the facility where the health care professional is
25 employed shall attest to the health care professional's
26 continuing education and competency as a qualified medical

1 provider. If the health care professional is contracted to
2 work as a Sexual Assault nurse examiner or sexual assault
3 forensic examiner, then the Sexual assault nurse examiner
4 Coordinator or Director of the staffing company shall attest
5 to the health care professional's continuing education and
6 competency as a qualified medical provider. The attestation
7 shall be in the form and manner prescribed by the Office of the
8 Illinois Attorney General.

9 If the health care professional has had more than a
10 one-year lapse in providing medical forensic services to
11 patients, then a mock medical forensic examination must be
12 completed for skill verification with a sexual assault nurse
13 examiner certified by the International Association of
14 Forensic Nursing.

15 If documentation is submitted by April 30, then the Sexual
16 Assault Nurse Examiner Program Coordinator shall provide
17 notice of whether standards to remain on the Qualified Medical
18 Provider list have been met by June 30th of the same year. If
19 the submission is insufficient, then the notice shall include
20 a statement of deficiencies and the standards for
21 qualification to be met. The health care professional shall
22 have 30 days after the notice is sent to cure a deficient
23 submission. If a health care professional does not meet the
24 standards to be on the Qualified Medical Provider List after a
25 period to cure an insufficient submission, then the health
26 care professional shall be notified and removed from the

1 Qualified Medical Provider List. If a sexual assault nurse
2 examiner or sexual assault forensic examiner on the Qualified
3 Medical Provider list does not verify continued education and
4 competency as a qualified medical provider after 3 years and
5 does not submit documentation to the Sexual Assault Nurse
6 Examiner Program Coordinator by April 30 of the verification
7 year, then the health care professional shall be notified that
8 they will be removed from the Qualified Medical Provider List
9 in 60 days. The health care professional shall submit
10 sufficient documentation to remain on the Qualified Medical
11 Provider list within the 60-day period or be removed from the
12 Qualified Medical Provider List.

13 (d) This Section is effective on and after January 1,
14 2026.

15 (410 ILCS 70/8.5 rep.)

16 Section 15. The Sexual Assault Survivors Emergency
17 Treatment Act is amended by repealing Section 8.5."