

1 AN ACT concerning health.

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

4 Section 5. The Sexual Assault Survivors Emergency
5 Treatment Act is amended by changing Sections 1a, 2, 2.05,
6 2.06, 2.1, 2.2, 3, 5, 5.1, 5.2, 5.3, 5.5, 6.1, 6.2, 6.4, 6.5,
7 6.6, 7, 7.5, 8, and 10 and by adding Sections 1a-1, 2-1,
8 2.05-1, 2.06-1, 2.1-1, 2.2-1, 3-1, 5-1, 5.1-1, 5.2-1, 5.3-1,
9 5.5-1, 6.1-1, 6.2-1, 6.4-1, 6.5-1, 6.6-1, 7-1, 7.5-1, 8-1, and
10 10-1 as follows:

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

12 Sec. 1a. Definitions.

13 (a) In this Act:

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

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

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

1 present with a complaint of sexual assault within a minimum of
2 the last 7 days or who have disclosed past sexual assault by a
3 specific individual and were in the care of that individual
4 within a minimum of the last 7 days.

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

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

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

19 "Department" means the Department of Public Health.

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

24 "Follow-up healthcare" means healthcare services related
25 to a sexual assault, including laboratory services and pharmacy
26 services, rendered within 90 days of the initial visit for

1 medical forensic services.

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

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

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

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

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

24 "Medical forensic services" means health care delivered to
25 patients within or under the care and supervision of personnel
26 working in a designated emergency department of a hospital or

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

14 "Pediatric health care facility" means a clinic or
15 physician's office that provides medical services to pediatric
16 patients.

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

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

23 "Physician" means a person licensed to practice medicine in
24 all its branches.

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

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

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

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

14 "Sexual assault" means:

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

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

24 "Sexual assault forensic examiner" means a physician or
25 physician assistant who has completed training that meets or is
26 substantially similar to the Sexual Assault Nurse Examiner

1 Education Guidelines established by the International
2 Association of Forensic Nurses.

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

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

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

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

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

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

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

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

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

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

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

3 (b) This Section is effective on and after July 1, 2021.

4 (Source: P.A. 100-513, eff. 1-1-18; 100-775, eff. 1-1-19;
5 101-81, eff. 7-12-19.)

6 (410 ILCS 70/1a-1 new)

7 Sec. 1a-1. Definitions.

8 (a) In this Act:

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

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

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

23 "Approved federally qualified health center" means a
24 facility as defined in Section 1905(1)(2)(B) of the federal
25 Social Security Act with a sexual assault treatment plan

1 approved by the Department to provide medical forensic services
2 to sexual assault survivors 13 years old or older who present
3 with a complaint of sexual assault within a minimum of the last
4 7 days or who have disclosed past sexual assault by a specific
5 individual and were in the care of that individual within a
6 minimum of the last 7 days.

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

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

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

22 "Department" means the Department of Public Health.

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

1 "Federally qualified health center" means a facility as
2 defined in Section 1905(1)(2)(B) of the federal Social Security
3 Act that provides primary care or sexual health services.

4 "Follow-up healthcare" means healthcare services related
5 to a sexual assault, including laboratory services and pharmacy
6 services, rendered within 90 days of the initial visit for
7 medical forensic services.

8 "Health care professional" means a physician, a physician
9 assistant, a sexual assault forensic examiner, an advanced
10 practice registered nurse, a registered professional nurse, a
11 licensed practical nurse, or a sexual assault nurse examiner.

12 "Hospital" means a hospital licensed under the Hospital
13 Licensing Act or operated under the University of Illinois
14 Hospital Act, any outpatient center included in the hospital's
15 sexual assault treatment plan where hospital employees provide
16 medical forensic services, and an out-of-state hospital that
17 has consented to the jurisdiction of the Department under
18 Section 2.06-1.

19 "Illinois State Police Sexual Assault Evidence Collection
20 Kit" means a prepackaged set of materials and forms to be used
21 for the collection of evidence relating to sexual assault. The
22 standardized evidence collection kit for the State of Illinois
23 shall be the Illinois State Police Sexual Assault Evidence
24 Collection Kit.

25 "Law enforcement agency having jurisdiction" means the law
26 enforcement agency in the jurisdiction where an alleged sexual

1 assault or sexual abuse occurred.

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

4 "Medical forensic services" means health care delivered to
5 patients within or under the care and supervision of personnel
6 working in a designated emergency department of a hospital,
7 approved pediatric health care facility, or an approved
8 federally qualified health centers.

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

22 "Pediatric health care facility" means a clinic or
23 physician's office that provides medical services to pediatric
24 patients.

25 "Pediatric sexual assault survivor" means a person under
26 the age of 13 who presents for medical forensic services in

1 relation to injuries or trauma resulting from a sexual assault.

2 "Photo documentation" means digital photographs or
3 colposcope videos stored and backed up securely in the original
4 file format.

5 "Physician" means a person licensed to practice medicine in
6 all its branches.

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

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

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

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

22 "Sexual assault" means:

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

26 (2) any act of sexual penetration; as used in this

1 paragraph, "sexual penetration" has the meaning provided
2 under Section 11-0.1 of the Criminal Code of 2012 and
3 includes, without limitation, acts prohibited under
4 Sections 11-1.20 through 11-1.60 of the Criminal Code of
5 2012.

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

11 "Sexual assault nurse examiner" means an advanced practice
12 registered nurse or registered professional nurse who has
13 completed a sexual assault nurse examiner training program that
14 meets the Sexual Assault Nurse Examiner Education Guidelines
15 established by the International Association of Forensic
16 Nurses.

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

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

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

7 "Sexual assault treatment plan" means a written plan that
8 describes the procedures and protocols for providing medical
9 forensic services to sexual assault survivors who present
10 themselves for such services, either directly or through
11 transfer from a hospital or an approved pediatric health care
12 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 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 assault
23 treatment plan approved by the Department to provide medical
24 forensic services to all sexual assault survivors who present
25 with a complaint of sexual assault within a minimum of the last
26 7 days or who have disclosed past sexual assault by a specific

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

3 "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 sexual assault within a minimum of the last 7 days
8 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 repealed on June 30, 2021.

12 (410 ILCS 70/2) (from Ch. 111 1/2, par. 87-2)

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

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

25 In addition, every such hospital, regardless of whether or

1 not a request is made for reimbursement, shall submit to the
2 Department a plan to provide either (i) transfer services to
3 all sexual assault survivors, (ii) medical forensic services to
4 all sexual assault survivors, or (iii) transfer services to
5 pediatric sexual assault survivors and medical forensic
6 services to sexual assault survivors 13 years old or older. The
7 Department shall approve such plan for either (i) transfer
8 services to all sexual assault survivors, (ii) medical forensic
9 services to all sexual assault survivors, or (iii) transfer
10 services to pediatric sexual assault survivors and medical
11 forensic services to sexual assault survivors 13 years old or
12 older, if it finds that the implementation of the proposed plan
13 would provide (i) transfer services or (ii) medical forensic
14 services for sexual assault survivors in accordance with the
15 requirements of this Act and provide sufficient protections
16 from the risk of pregnancy to sexual assault survivors.
17 Notwithstanding anything to the contrary in this paragraph, the
18 Department may approve a sexual assault transfer plan for the
19 provision of medical forensic services until January 1, 2022
20 if:

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

1 treatment hospital or another treatment hospital with
2 approved pediatric transfer and such transfer is not unduly
3 burdensome on the sexual assault survivor; and

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

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

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

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

24 A treatment hospital with approved pediatric transfer must
25 submit an areawide treatment plan under Section 3 of this Act
26 that includes a written agreement with a treatment hospital

1 stating that the treatment hospital will provide medical
2 forensic services to pediatric sexual assault survivors
3 transferred from the treatment hospital with approved
4 pediatric transfer. The areawide treatment plan may also
5 include an approved pediatric health care facility.

6 A transfer hospital must submit an areawide treatment plan
7 under Section 3 of this Act that includes a written agreement
8 with a treatment hospital stating that the treatment hospital
9 will provide medical forensic services to all sexual assault
10 survivors transferred from the transfer hospital. The areawide
11 treatment plan may also include an approved pediatric health
12 care facility. Notwithstanding anything to the contrary in this
13 paragraph, until January 1, 2022, the areawide treatment plan
14 may include a written agreement with a treatment hospital with
15 approved pediatric transfer that is geographically closer than
16 other hospitals providing medical forensic services to sexual
17 assault survivors 13 years of age or older stating that the
18 treatment hospital with approved pediatric transfer will
19 provide medical services to sexual assault survivors 13 years
20 of age or older who are transferred from the transfer hospital.
21 If the areawide treatment plan includes a written agreement
22 with a treatment hospital with approved pediatric transfer, it
23 must also include a written agreement with a treatment hospital
24 stating that the treatment hospital will provide medical
25 forensic services to sexual assault survivors under 13 years of
26 age who are transferred from the transfer hospital.

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

14 After July 1, 2020 or once a treatment hospital or a
15 treatment hospital with approved pediatric transfer certifies
16 compliance with subsection (a-7) of Section 5, whichever occurs
17 first, each treatment hospital and treatment hospital with
18 approved pediatric transfer shall ensure that emergency
19 department attending physicians, physician assistants,
20 advanced practice registered nurses, and registered
21 professional nurses providing clinical services, who do not
22 meet the definition of a qualified medical provider in Section
23 1a of this Act, receive a minimum of 2 hours of continuing
24 education on responding to sexual assault survivors every 2
25 years. Protocols for training shall be included in the
26 hospital's sexual assault treatment plan.

1 Sexual assault training provided under this subsection may
2 be provided in person or online and shall include, but not be
3 limited to:

4 (1) information provided on the provision of medical
5 forensic services;

6 (2) information on the use of the Illinois Sexual
7 Assault Evidence Collection Kit;

8 (3) information on sexual assault epidemiology,
9 neurobiology of trauma, drug-facilitated sexual assault,
10 child sexual abuse, and Illinois sexual assault-related
11 laws; and

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

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

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

23 A pediatric health care facility must participate in or
24 submit an areawide treatment plan under Section 3 of this Act
25 that includes a treatment hospital. If a pediatric health care
26 facility does not provide certain medical or surgical services

1 that are provided by hospitals, the areawide sexual assault
2 treatment plan must include a procedure for ensuring a sexual
3 assault survivor in need of such medical or surgical services
4 receives the services at the treatment hospital. The areawide
5 treatment plan may also include a treatment hospital with
6 approved pediatric transfer.

7 The Department shall review a proposed sexual assault
8 treatment plan submitted by a pediatric health care facility
9 within 60 days after receipt of the plan. If the Department
10 finds that the proposed plan meets the minimum requirements set
11 forth in Section 5 of this Act and that implementation of the
12 proposed plan would provide medical forensic services for
13 pediatric sexual assault survivors, then the Department shall
14 approve the plan. If the Department does not approve a plan,
15 then the Department shall notify the pediatric health care
16 facility that the proposed plan has not been approved. The
17 pediatric health care facility shall have 30 days to submit a
18 revised plan. The Department shall review the revised plan
19 within 30 days after receipt of the plan and notify the
20 pediatric health care facility whether the revised plan is
21 approved or rejected. A pediatric health care facility may not
22 provide medical forensic services to pediatric sexual assault
23 survivors who present with a complaint of sexual assault within
24 a minimum of the last 7 days or who have disclosed past sexual
25 assault by a specific individual and were in the care of that
26 individual within a minimum of the last 7 days until the

1 Department has approved a treatment plan.

2 If an approved pediatric health care facility is not open
3 24 hours a day, 7 days a week, it shall post signage at each
4 public entrance to its facility that:

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

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

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

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

13 (5) has a black background with white bold capital
14 lettering in a clear and easy to read font that is at least
15 72-point type, and with "call 911" in at least 125-point
16 type;

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

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

26 A copy of the proposed sign must be submitted to the

1 Department and approved as part of the approved pediatric
2 health care facility's sexual assault treatment plan.

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

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

21 (e) Each treatment hospital, treatment hospital with
22 approved pediatric transfer, and approved pediatric health
23 care facility shall submit to the Department every 6 months, in
24 a manner prescribed by the Department, the following
25 information:

26 (1) The total number of patients who presented with a

1 complaint of sexual assault.

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

4 (A) offered to (i) all sexual assault survivors and
5 (ii) pediatric sexual assault survivors pursuant to
6 paragraph (1.5) of subsection (a-5) of Section 5;

7 (B) completed for (i) all sexual assault survivors
8 and (ii) pediatric sexual assault survivors; and

9 (C) declined by (i) all sexual assault survivors
10 and (ii) pediatric sexual assault survivors.

11 This information shall be made available on the
12 Department's website.

13 (f) This Section is effective on and after July 1, 2021.

14 (Source: P.A. 100-775, eff. 1-1-19; 101-73, eff. 7-12-19.)

15 (410 ILCS 70/2-1 new)

16 Sec. 2-1. Hospital, approved pediatric health care
17 facility, and approved federally qualified health center
18 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 sexual assault survivors,
24 (ii) medical forensic services to all sexual assault survivors,
25 or (iii) transfer services to pediatric sexual assault

1 survivors and medical forensic services to sexual assault
2 survivors 13 years old or older, in accordance with rules
3 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 sexual assault survivors, (ii) medical forensic services to
8 all sexual assault survivors, or (iii) transfer services to
9 pediatric sexual assault survivors and medical forensic
10 services to sexual assault survivors 13 years old or older. The
11 Department shall approve such plan for either (i) transfer
12 services to all sexual assault survivors, (ii) medical forensic
13 services to all sexual assault survivors, or (iii) transfer
14 services to pediatric sexual assault survivors and medical
15 forensic services to sexual assault survivors 13 years old or
16 older, if it finds that the implementation of the proposed plan
17 would provide (i) transfer services or (ii) medical forensic
18 services for sexual assault survivors in accordance with the
19 requirements of this Act and provide sufficient protections
20 from the risk of pregnancy to sexual assault survivors.
21 Notwithstanding anything to the contrary in this paragraph, the
22 Department may approve a sexual assault transfer plan for the
23 provision of medical forensic services until January 1, 2022
24 if:

25 (1) a treatment hospital with approved pediatric
26 transfer has agreed, as part of an areawide treatment plan,

1 to accept sexual assault survivors 13 years of age or older
2 from the proposed transfer hospital, if the treatment
3 hospital with approved pediatric transfer is
4 geographically closer to the transfer hospital than a
5 treatment hospital or another treatment hospital with
6 approved pediatric transfer and such transfer is not unduly
7 burdensome on the sexual assault survivor; and

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

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

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

26 A transfer must be in accordance with federal and State

1 laws and local ordinances.

2 A treatment hospital with approved pediatric transfer must
3 submit an areawide treatment plan under Section 3-1 of this Act
4 that includes a written agreement with a treatment hospital
5 stating that the treatment hospital will provide medical
6 forensic services to pediatric sexual assault survivors
7 transferred from the treatment hospital with approved
8 pediatric transfer. The areawide treatment plan may also
9 include an approved pediatric health care facility.

10 A transfer hospital must submit an areawide treatment plan
11 under Section 3-1 of this Act that includes a written agreement
12 with a treatment hospital stating that the treatment hospital
13 will provide medical forensic services to all sexual assault
14 survivors transferred from the transfer hospital. The areawide
15 treatment plan may also include an approved pediatric health
16 care facility. Notwithstanding anything to the contrary in this
17 paragraph, until January 1, 2022, the areawide treatment plan
18 may include a written agreement with a treatment hospital with
19 approved pediatric transfer that is geographically closer than
20 other hospitals providing medical forensic services to sexual
21 assault survivors 13 years of age or older stating that the
22 treatment hospital with approved pediatric transfer will
23 provide medical services to sexual assault survivors 13 years
24 of age or older who are transferred from the transfer hospital.
25 If the areawide treatment plan includes a written agreement
26 with a treatment hospital with approved pediatric transfer, it

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

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

18 After July 1, 2020 or once a treatment hospital or a
19 treatment hospital with approved pediatric transfer certifies
20 compliance with subsection (a-7) of Section 5-1, whichever
21 occurs first, each treatment hospital and treatment hospital
22 with approved pediatric transfer shall ensure that emergency
23 department attending physicians, physician assistants,
24 advanced practice registered nurses, and registered
25 professional nurses providing clinical services, who do not
26 meet the definition of a qualified medical provider in Section

1 1a-1 of this Act, receive a minimum of 2 hours of continuing
2 education on responding to sexual assault survivors every 2
3 years. Protocols for training shall be included in the
4 hospital's sexual assault treatment plan.

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

8 (1) information provided on the provision of medical
9 forensic services;

10 (2) information on the use of the Illinois Sexual
11 Assault Evidence Collection Kit;

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

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

18 The online training made available by the Office of the
19 Attorney General under subsection (b) of Section 10-1 may be
20 used to comply with this subsection.

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

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

11 The Department shall review a proposed sexual assault
12 treatment plan submitted by a pediatric health care facility
13 within 60 days after receipt of the plan. If the Department
14 finds that the proposed plan meets the minimum requirements set
15 forth in Section 5-1 of this Act and that implementation of the
16 proposed plan would provide medical forensic services for
17 pediatric sexual assault survivors, then the Department shall
18 approve the plan. If the Department does not approve a plan,
19 then the Department shall notify the pediatric health care
20 facility that the proposed plan has not been approved. The
21 pediatric health care facility shall have 30 days to submit a
22 revised plan. The Department shall review the revised plan
23 within 30 days after receipt of the plan and notify the
24 pediatric health care facility whether the revised plan is
25 approved or rejected. A pediatric health care facility may not
26 provide medical forensic services to pediatric sexual assault

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

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

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

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

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

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

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

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

1 and

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

4 (b-5) An approved federally qualified health center may
5 provide medical forensic services, in accordance with rules
6 adopted by the Department, to all sexual assault survivors 13
7 years old or older who present for medical forensic services in
8 relation to injuries or trauma resulting from a sexual assault
9 during the duration, and 90 days thereafter, of a proclamation
10 issued by the Governor declaring a disaster, or a successive
11 proclamation regarding the same disaster, in all 102 counties
12 due to a public health emergency. These services shall be
13 provided by (i) a qualified medical provider, physician,
14 physician assistant, or advanced practice registered nurse who
15 has received a minimum of 10 hours of sexual assault training
16 provided by a qualified medical provider on current Illinois
17 legislation, how to properly perform a medical forensic
18 examination, evidence collection, drug and alcohol facilitated
19 sexual assault, and forensic photography and has all
20 documentation and photos peer reviewed by a qualified medical
21 provider or (ii) until the federally qualified health care
22 center certifies to the Department, in a form and manner
23 prescribed by the Department, that it employs or contracts with
24 a qualified medical provider in accordance with subsection
25 (a-7) of Section 5-1, whichever occurs first.

26 A federally qualified health center must participate in or

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

11 The Department shall review a proposed sexual assault
12 treatment plan submitted by a federally qualified health center
13 within 14 days after receipt of the plan. If the Department
14 finds that the proposed plan meets the minimum requirements set
15 forth in Section 5-1 and that implementation of the proposed
16 plan would provide medical forensic services for sexual assault
17 survivors 13 years old or older, then the Department shall
18 approve the plan. If the Department does not approve a plan,
19 then the Department shall notify the federally qualified health
20 center that the proposed plan has not been approved. The
21 federally qualified health center shall have 14 days to submit
22 a revised plan. The Department shall review the revised plan
23 within 14 days after receipt of the plan and notify the
24 federally qualified health center whether the revised plan is
25 approved or rejected. A federally qualified health center may
26 not (i) provide medical forensic services to sexual assault

1 survivors 13 years old or older who present with a complaint of
2 sexual assault within a minimum of the previous 7 days or (ii)
3 who have disclosed past sexual assault by a specific individual
4 and were in the care of that individual within a minimum of the
5 previous 7 days until the Department has approved a treatment
6 plan.

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

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

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

15 (3) lists the approved federally qualified health
16 center's hours of operation;

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

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

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

1 non-removable, and adhered permanently to the building;
2 and

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

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

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

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

1 the Criminal Identification Act.

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

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

9 (2) The total number of Illinois Sexual Assault
10 Evidence Collection Kits:

11 (A) offered to (i) all sexual assault survivors and
12 (ii) pediatric sexual assault survivors pursuant to
13 paragraph (1.5) of subsection (a-5) of Section 5-1;

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

16 (C) declined by (i) all sexual assault survivors
17 and (ii) pediatric sexual assault survivors.

18 This information shall be made available on the
19 Department's website.

20 (f) This Section is repealed on June 30, 2021.

21 (410 ILCS 70/2.05)

22 Sec. 2.05. Department requirements.

23 (a) The Department shall periodically conduct on-site
24 reviews of approved sexual assault treatment plans with
25 hospital and approved pediatric health care facility personnel

1 to ensure that the established procedures are being followed.
2 Department personnel conducting the on-site reviews shall
3 attend 4 hours of sexual assault training conducted by a
4 qualified medical provider that includes, but is not limited
5 to, forensic evidence collection provided to sexual assault
6 survivors of any age and Illinois sexual assault-related laws
7 and administrative rules.

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

22 (1) Each hospital and pediatric care facility that has
23 submitted a plan, including the submission date of the
24 plan, type of plan submitted, and the date the plan was
25 approved or denied. If a pediatric health care facility
26 withdraws its plan, the Department shall immediately

1 update the report on its Internet website to remove the
2 pediatric health care facility's name and information.

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

5 (3) Each hospital and approved pediatric care facility
6 that has to submit an acceptable Plan of Correction within
7 the time required by Section 2.1, including the date the
8 Plan of Correction was required to be submitted. Once a
9 hospital or approved pediatric health care facility
10 submits and implements the required Plan of Correction, the
11 Department shall immediately update the report on its
12 Internet website to reflect that hospital or approved
13 pediatric health care facility's compliance.

14 (4) Each hospital and approved pediatric care facility
15 at which the periodic on-site review required by Section
16 2.05 of this Act has been conducted, including the date of
17 the on-site review and whether the hospital or approved
18 pediatric care facility was found to be in compliance with
19 its approved plan.

20 (5) Each areawide treatment plan submitted to the
21 Department pursuant to Section 3 of this Act, including
22 which treatment hospitals, treatment hospitals with
23 approved pediatric transfer, transfer hospitals and
24 approved pediatric health care facilities are identified
25 in each areawide treatment plan.

26 (c) The Department, in consultation with the Office of the

1 Attorney General, shall adopt administrative rules by January
2 1, 2020 establishing a process for physicians and physician
3 assistants to provide documentation of training and clinical
4 experience that meets or is substantially similar to the Sexual
5 Assault Nurse Examiner Education Guidelines established by the
6 International Association of Forensic Nurses in order to
7 qualify as a sexual assault forensic examiner.

8 (d) This Section is effective on and after July 1, 2021.

9 (Source: P.A. 100-775, eff. 1-1-19.)

10 (410 ILCS 70/2.05-1 new)

11 Sec. 2.05-1. Department requirements.

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

23 (b) On July 1, 2019 and each July 1 thereafter, the
24 Department shall submit a report to the General Assembly
25 containing information on the hospitals, pediatric health care

1 facilities, and federally qualified health centers in this
2 State that have submitted a plan to provide: (i) transfer
3 services to all sexual assault survivors, (ii) medical forensic
4 services to all sexual assault survivors, (iii) transfer
5 services to pediatric sexual assault survivors and medical
6 forensic services to sexual assault survivors 13 years old or
7 older, or (iv) medical forensic services to pediatric sexual
8 assault survivors. The Department shall post the report on its
9 Internet website on or before October 1, 2019 and, except as
10 otherwise provided in this Section, update the report every
11 quarter thereafter. The report shall include all of the
12 following:

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

21 (2) Each hospital that has failed to submit a plan as
22 required in subsection (a) of Section 2-1.

23 (3) Each hospital, approved pediatric care facility,
24 and federally qualified health center that has to submit an
25 acceptable Plan of Correction within the time required by
26 Section 2.1-1, including the date the Plan of Correction

1 was required to be submitted. Once a hospital, approved
2 pediatric health care facility, or approved federally
3 qualified health center submits and implements the
4 required Plan of Correction, the Department shall
5 immediately update the report on its Internet website to
6 reflect that hospital, approved pediatric health care
7 facility, or federally qualified health center's
8 compliance.

9 (4) Each hospital, approved pediatric care facility,
10 and federally qualified health center at which the periodic
11 on-site review required by Section 2.05-1 of this Act has
12 been conducted, including the date of the on-site review
13 and whether the hospital, approved pediatric care
14 facility, and federally qualified health center was found
15 to be in compliance with its approved plan.

16 (5) Each areawide treatment plan submitted to the
17 Department pursuant to Section 3-1 of this Act, including
18 which treatment hospitals, treatment hospitals with
19 approved pediatric transfer, transfer hospitals, approved
20 pediatric health care facilities, and approved federally
21 qualified health centers are identified in each areawide
22 treatment plan.

23 (6) During the duration, and 90 days thereafter, of a
24 proclamation issued by the Governor declaring a disaster,
25 or a successive proclamation regarding the same disaster,
26 in all 102 counties due to a public health emergency, the

1 Department shall immediately update the report on its
2 website to reflect each federally qualified health center
3 that has submitted a plan, including the submission date of
4 the plan, type of plan submitted, and the date the plan was
5 approved.

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

14 (d) This Section is repealed on June 30, 2021.

15 (410 ILCS 70/2.06)

16 Sec. 2.06. Consent to jurisdiction.

17 (a) A pediatric health care facility that submits a plan to
18 the Department for approval under Section 2 or an out-of-state
19 hospital that submits an areawide treatment plan in accordance
20 with subsection (b) of Section 5.4 consents to the jurisdiction
21 and oversight of the Department, including, but not limited to,
22 inspections, investigations, and evaluations arising out of
23 complaints relevant to this Act made to the Department. A
24 pediatric health care facility that submits a plan to the
25 Department for approval under Section 2 or an out-of-state

1 hospital that submits an areawide treatment plan in accordance
2 with subsection (b) of Section 5.4 shall be deemed to have
3 given consent to annual inspections, surveys, or evaluations
4 relevant to this Act by properly identified personnel of the
5 Department or by such other properly identified persons,
6 including local health department staff, as the Department may
7 designate. In addition, representatives of the Department
8 shall have access to and may reproduce or photocopy any books,
9 records, and other documents maintained by the pediatric health
10 care facility or the facility's representatives or the
11 out-of-state hospital or the out-of-state hospital's
12 representative to the extent necessary to carry out this Act.
13 No representative, agent, or person acting on behalf of the
14 pediatric health care facility or out-of-state hospital in any
15 manner shall intentionally prevent, interfere with, or attempt
16 to impede in any way any duly authorized investigation and
17 enforcement of this Act. The Department shall have the power to
18 adopt rules to carry out the purpose of regulating a pediatric
19 health care facility or out-of-state hospital. In carrying out
20 oversight of a pediatric health care facility or an
21 out-of-state hospital, the Department shall respect the
22 confidentiality of all patient records, including by complying
23 with the patient record confidentiality requirements set out in
24 Section 6.14b of the Hospital Licensing Act.

25 (b) This Section is effective on and after July 1, 2021.

26 (Source: P.A. 100-775, eff. 1-1-19.)

1 (410 ILCS 70/2.06-1 new)

2 Sec. 2.06-1. Consent to jurisdiction.

3 (a) A pediatric health care facility or federally qualified
4 health center that submits a plan to the Department for
5 approval under Section 2-1 or an out-of-state hospital that
6 submits an areawide treatment plan in accordance with
7 subsection (b) of Section 5.4 consents to the jurisdiction and
8 oversight of the Department, including, but not limited to,
9 inspections, investigations, and evaluations arising out of
10 complaints relevant to this Act made to the Department. A
11 pediatric health care facility or federally qualified health
12 center that submits a plan to the Department for approval under
13 Section 2-1 or an out-of-state hospital that submits an
14 areawide treatment plan in accordance with subsection (b) of
15 Section 5.4 shall be deemed to have given consent to annual
16 inspections, surveys, or evaluations relevant to this Act by
17 properly identified personnel of the Department or by such
18 other properly identified persons, including local health
19 department staff, as the Department may designate. In addition,
20 representatives of the Department shall have access to and may
21 reproduce or photocopy any books, records, and other documents
22 maintained by the pediatric health care facility or the
23 facility's representatives or the out-of-state hospital or the
24 out-of-state hospital's representative to the extent necessary
25 to carry out this Act. No representative, agent, or person

1 acting on behalf of the pediatric health care facility,
2 federally qualified health center, or out-of-state hospital in
3 any manner shall intentionally prevent, interfere with, or
4 attempt to impede in any way any duly authorized investigation
5 and enforcement of this Act. The Department shall have the
6 power to adopt rules to carry out the purpose of regulating a
7 pediatric health care facility or out-of-state hospital. In
8 carrying out oversight of a pediatric health care facility,
9 federally qualified health center, or an out-of-state
10 hospital, the Department shall respect the confidentiality of
11 all patient records, including by complying with the patient
12 record confidentiality requirements set out in Section 6.14b of
13 the Hospital Licensing Act.

14 (b) This Section is repealed on June 30, 2021.

16 (410 ILCS 70/2.1) (from Ch. 111 1/2, par. 87-2.1)

17 Sec. 2.1. Plan of correction; penalties.

18 (a) If the Department surveyor determines that the hospital
19 or approved pediatric health care facility is not in compliance
20 with its approved plan, the surveyor shall provide the hospital
21 or approved pediatric health care facility with a written list
22 of the specific items of noncompliance within 10 working days
23 after the conclusion of the on-site review. The hospital shall
24 have 10 working days to submit to the Department a plan of
25 correction which contains the hospital's or approved pediatric

1 health care facility's specific proposals for correcting the
2 items of noncompliance. The Department shall review the plan of
3 correction and notify the hospital in writing within 10 working
4 days as to whether the plan is acceptable or unacceptable.

5 If the Department finds the Plan of Correction
6 unacceptable, the hospital or approved pediatric health care
7 facility shall have 10 working days to resubmit an acceptable
8 Plan of Correction. Upon notification that its Plan of
9 Correction is acceptable, a hospital or approved pediatric
10 health care facility shall implement the Plan of Correction
11 within 60 days.

12 (b) The failure of a hospital to submit an acceptable Plan
13 of Correction or to implement the Plan of Correction, within
14 the time frames required in this Section, will subject a
15 hospital to the imposition of a fine by the Department. The
16 Department may impose a fine of up to \$500 per day until a
17 hospital complies with the requirements of this Section.

18 If an approved pediatric health care facility fails to
19 submit an acceptable Plan of Correction or to implement the
20 Plan of Correction within the time frames required in this
21 Section, then the Department shall notify the approved
22 pediatric health care facility that the approved pediatric
23 health care facility may not provide medical forensic services
24 under this Act. The Department may impose a fine of up to \$500
25 per patient provided services in violation of this Act.

26 (c) Before imposing a fine pursuant to this Section, the

1 Department shall provide the hospital or approved pediatric
2 health care facility via certified mail with written notice and
3 an opportunity for an administrative hearing. Such hearing must
4 be requested within 10 working days after receipt of the
5 Department's Notice. All hearings shall be conducted in
6 accordance with the Department's rules in administrative
7 hearings.

8 (d) This Section is effective on and after July 1, 2031.

9 (Source: P.A. 100-775, eff. 1-1-19; 101-81, eff. 7-12-19.)

10 (410 ILCS 70/2.1-1 new)

11 Sec. 2.1-1. Plan of correction; penalties.

12 (a) If the Department surveyor determines that the
13 hospital, approved pediatric health care facility, or approved
14 federally qualified health center is not in compliance with its
15 approved plan, the surveyor shall provide the hospital,
16 approved pediatric health care facility, or approved federally
17 qualified health center with a written list of the specific
18 items of noncompliance within 10 working days after the
19 conclusion of the on-site review. The hospital, approved
20 pedsiatric health care facility, or approved federally
21 qualified health center shall have 10 working days to submit to
22 the Department a plan of correction which contains the
23 hospital's, approved pediatric health care facility's, or
24 approved federally qualified health center's specific
25 proposals for correcting the items of noncompliance. The

1 Department shall review the plan of correction and notify the
2 hospital, approved pediatric health care facility, or approved
3 federally qualified health center in writing within 10 working
4 days as to whether the plan is acceptable or unacceptable.

5 If the Department finds the Plan of Correction
6 unacceptable, the hospital, approved pediatric health care
7 facility, or approved federally qualified health center shall
8 have 10 working days to resubmit an acceptable Plan of
9 Correction. Upon notification that its Plan of Correction is
10 acceptable, a hospital, approved pediatric health care
11 facility, or approved federally qualified health center shall
12 implement the Plan of Correction within 60 days.

13 (b) The failure of a hospital to submit an acceptable Plan
14 of Correction or to implement the Plan of Correction, within
15 the time frames required in this Section, will subject a
16 hospital to the imposition of a fine by the Department. The
17 Department may impose a fine of up to \$500 per day until a
18 hospital complies with the requirements of this Section.

19 If an approved pediatric health care facility or approved
20 federally qualified health center fails to submit an acceptable
21 Plan of Correction or to implement the Plan of Correction
22 within the time frames required in this Section, then the
23 Department shall notify the approved pediatric health care
24 facility or approved federally qualified health center that the
25 approved pediatric health care facility or approved federally
26 qualified health center may not provide medical forensic

1 services under this Act. The Department may impose a fine of up
2 to \$500 per patient provided services in violation of this Act.

3 (c) Before imposing a fine pursuant to this Section, the
4 Department shall provide the hospital, or approved pediatric
5 health care facility, or approved federally qualified health
6 center via certified mail with written notice and an
7 opportunity for an administrative hearing. Such hearing must be
8 requested within 10 working days after receipt of the
9 Department's Notice. All hearings shall be conducted in
10 accordance with the Department's rules in administrative
11 hearings.

12 (d) This Section is repealed on June 30, 2021.

13 (410 ILCS 70/2.2)

14 Sec. 2.2. Emergency contraception.

15 (a) The General Assembly finds:

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

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

24 (3) As approved for use by the Federal Food and Drug
25 Administration (FDA), emergency contraception can

1 significantly reduce the risk of pregnancy if taken within
2 72 hours after the sexual assault.

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

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

21 The hospital or approved pediatric health care facility
22 shall implement the protocol upon approval by the Department.
23 The Department shall adopt rules and regulations establishing
24 one or more safe harbor protocols and setting minimum
25 acceptable protocol standards that hospitals may develop and
26 implement. The Department shall approve any protocol that meets

1 those standards. The Department may provide a sample acceptable
2 protocol upon request.

3 (c) This Section is effective on and after July 1, 2021.

4 (Source: P.A. 99-173, eff. 7-29-15; 100-513, eff. 1-1-18;
5 100-775, eff. 1-1-19.)

6 (410 ILCS 70/2.2-1 new)

7 Sec. 2.2-1. Emergency contraception.

8 (a) The General Assembly finds:

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

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

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

21 (4) By providing emergency contraception to rape
22 victims in a timely manner, the trauma of rape can be
23 significantly reduced.

24 (b) Every hospital, approved pediatric health care
25 facility, or approved federally qualified health center

1 providing services to sexual assault survivors in accordance
2 with a plan approved under Section 2-1 must develop a protocol
3 that ensures that each survivor of sexual assault will receive
4 medically and factually accurate and written and oral
5 information about emergency contraception; the indications and
6 contraindications and risks associated with the use of
7 emergency contraception; and a description of how and when
8 victims may be provided emergency contraception at no cost upon
9 the written order of a physician licensed to practice medicine
10 in all its branches, a licensed advanced practice registered
11 nurse, or a licensed physician assistant. The Department shall
12 approve the protocol if it finds that the implementation of the
13 protocol would provide sufficient protection for survivors of
14 sexual assault.

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

24 (c) This Section is repealed on June 30, 2021.

25 (410 ILCS 70/3) (from Ch. 111 1/2, par. 87-3)

1 Sec. 3. Areawide sexual assault treatment plans;
2 submission.

3 (a) Hospitals and approved pediatric health care
4 facilities in the area to be served may develop and participate
5 in areawide plans that shall describe the medical forensic
6 services to sexual assault survivors that each participating
7 hospital and approved pediatric health care facility has agreed
8 to make available. Each hospital and approved pediatric health
9 care facility participating in such a plan shall provide such
10 services as it is designated to provide in the plan agreed upon
11 by the participants. An areawide plan may include treatment
12 hospitals, treatment hospitals with approved pediatric
13 transfer, transfer hospitals, approved pediatric health care
14 facilities, or out-of-state hospitals as provided in Section
15 5.4. All areawide plans shall be submitted to the Department
16 for approval, prior to becoming effective. The Department shall
17 approve a proposed plan if it finds that the minimum
18 requirements set forth in Section 5 and implementation of the
19 plan would provide for appropriate medical forensic services
20 for the people of the area to be served.

21 (b) This Section is effective on and after July 1, 2021.

22 (Source: P.A. 100-775, eff. 1-1-19.)

23 (410 ILCS 70/3-1 new)

24 Sec. 3-1. Areawide sexual assault treatment plans;
25 submission.

1 (a) Hospitals, approved pediatric health care facilities,
2 and approved federally qualified health centers in the area to
3 be served may develop and participate in areawide plans that
4 shall describe the medical forensic services to sexual assault
5 survivors that each participating hospital, approved pediatric
6 health care facility, and approved federally qualified health
7 centers has agreed to make available. Each hospital, approved
8 pediatric health care facility, and approved federally
9 qualified health center participating in such a plan shall
10 provide such services as it is designated to provide in the
11 plan agreed upon by the participants. An areawide plan may
12 include treatment hospitals, treatment hospitals with approved
13 pediatric transfer, transfer hospitals, approved pediatric
14 health care facilities, approved federally qualified health
15 centers, or out-of-state hospitals as provided in Section 5.4.
16 All areawide plans shall be submitted to the Department for
17 approval, prior to becoming effective. The Department shall
18 approve a proposed plan if it finds that the minimum
19 requirements set forth in Section 5-1 and implementation of the
20 plan would provide for appropriate medical forensic services
21 for the people of the area to be served.

22 (b) This Section is repealed on June 30, 2021.

23 (410 ILCS 70/5) (from Ch. 111 1/2, par. 87-5)

24 Sec. 5. Minimum requirements for medical forensic services
25 provided to sexual assault survivors by hospitals and approved

1 pediatric health care facilities.

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

9 Beginning January 1, 2022, a qualified medical provider
10 must provide the services set forth in subsection (a-5).

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

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

24 Records of medical forensic services, including
25 results of examinations and tests, the Illinois State
26 Police Medical Forensic Documentation Forms, the Illinois

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

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

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

16 (1.5) An offer to complete the Illinois Sexual Assault
17 Evidence Collection Kit for any sexual assault survivor who
18 presents within a minimum of the last 7 days of the assault
19 or who has disclosed past sexual assault by a specific
20 individual and was in the care of that individual within a
21 minimum of the last 7 days.

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

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

7 Before January 1, 2022, the information required
8 under this subparagraph shall be provided in person by
9 the health care professional providing medical
10 forensic services directly to the sexual assault
11 survivor.

12 On and after January 1, 2022, the information
13 required under this subparagraph shall be provided in
14 person by the qualified medical provider providing
15 medical forensic services directly to the sexual
16 assault survivor.

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 written
3 documentation of physical findings and evidence beginning
4 July 1, 2019. Photo documentation does not replace written
5 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 crisis
13 counselor whose communications are protected under Section
14 8-802.1 of the Code of Civil Procedure, if there is a
15 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 Department of State Police under Section 50 of the
3 Sexual Assault Evidence Submission Act.

4 (a-7) By January 1, 2022, every hospital with a treatment
5 plan approved by the Department shall employ or contract with a
6 qualified medical provider to initiate medical forensic
7 services to a sexual assault survivor within 90 minutes of the
8 patient presenting to the treatment hospital or treatment
9 hospital with approved pediatric transfer. The provision of
10 medical forensic services by a qualified medical provider shall
11 not delay the provision of life-saving medical care.

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

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

1 assault survivor after discharge upon request.

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

5 (d) This Section is effective on and after July 1, 2021.

6 (Source: P.A. 100-513, eff. 1-1-18; 100-775, eff. 1-1-19;
7 100-1087, eff. 1-1-19; 101-81, eff. 7-12-19; 101-377, eff.
8 8-16-19.)

9 (410 ILCS 70/5-1 new)

10 Sec. 5-1. Minimum requirements for medical forensic
11 services provided to sexual assault survivors by hospitals,
12 approved pediatric health care facilities, and approved
13 federally qualified health centers.

14 (a) Every hospital, approved pediatric health care
15 facility, and approved federally qualified health center
16 providing medical forensic services to sexual assault
17 survivors under this Act shall, as minimum requirements for
18 such services, provide, with the consent of the sexual assault
19 survivor, and as ordered by the attending physician, an
20 advanced practice registered nurse, or a physician assistant,
21 the services set forth in subsection (a-5).

22 Beginning January 1, 2022, a qualified medical provider
23 must provide the services set forth in subsection (a-5).

24 (a-5) A treatment hospital, a treatment hospital with
25 approved pediatric transfer, or an approved pediatric health

1 care facility, or an approved federally qualified health center
2 shall provide the following services in accordance with
3 subsection (a):

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

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

21 Records of medical forensic services of sexual assault
22 survivors under the age of 18 shall be retained by the
23 hospital for a period of 60 years after the sexual assault
24 survivor reaches the age of 18. Records of medical forensic
25 services of sexual assault survivors 18 years of age or
26 older shall be retained by the hospital for a period of 20

1 years after the date the record was created.

2 Records of medical forensic services may only be
3 disseminated in accordance with Section 6.5-1 of this Act
4 and other State and federal law.

5 (1.5) An offer to complete the Illinois Sexual Assault
6 Evidence Collection Kit for any sexual assault survivor who
7 presents within a minimum of the last 7 days of the assault
8 or who has disclosed past sexual assault by a specific
9 individual and was in the care of that individual within a
10 minimum of the last 7 days.

11 (A) Appropriate oral and written information
12 concerning evidence-based guidelines for the
13 appropriateness of evidence collection depending on
14 the sexual development of the sexual assault survivor,
15 the type of sexual assault, and the timing of the
16 sexual assault shall be provided to the sexual assault
17 survivor. Evidence collection is encouraged for
18 prepubescent sexual assault survivors who present to a
19 hospital or approved pediatric health care facility
20 with a complaint of sexual assault within a minimum of
21 96 hours after the sexual assault.

22 Before January 1, 2022, the information required
23 under this subparagraph shall be provided in person by
24 the health care professional providing medical
25 forensic services directly to the sexual assault
26 survivor.

1 On and after January 1, 2022, the information
2 required under this subparagraph shall be provided in
3 person by the qualified medical provider providing
4 medical forensic services directly to the sexual
5 assault survivor.

6 The written information provided shall be the
7 information created in accordance with Section 10-1 of
8 this Act.

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

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

23 (3) Appropriate oral and written information
24 concerning accepted medical procedures, laboratory tests,
25 medication, and possible contraindications of such
26 medication available for the prevention or treatment of

1 infection or disease resulting from sexual assault.

2 (3.5) After a medical evidentiary or physical
3 examination, access to a shower at no cost, unless
4 showering facilities are unavailable.

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

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

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

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

1 (8) Medical advocacy services provided by a rape crisis
2 counselor whose communications are protected under Section
3 8-802.1 of the Code of Civil Procedure, if there is a
4 memorandum of understanding between the hospital or
5 approved pediatric health care facility and a rape crisis
6 center. With the consent of the sexual assault survivor, a
7 rape crisis counselor shall remain in the exam room during
8 the medical forensic examination.

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

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

19 (a-7) By January 1, 2022, every hospital with a treatment
20 plan approved by the Department shall employ or contract with a
21 qualified medical provider to initiate medical forensic
22 services to a sexual assault survivor within 90 minutes of the
23 patient presenting to the treatment hospital or treatment
24 hospital with approved pediatric transfer. The provision of
25 medical forensic services by a qualified medical provider shall
26 not delay the provision of life-saving medical care.

1 (b) Any person who is a sexual assault survivor who seeks
2 medical forensic services or follow-up healthcare under this
3 Act shall be provided such services without the consent of any
4 parent, guardian, custodian, surrogate, or agent. If a sexual
5 assault survivor is unable to consent to medical forensic
6 services, the services may be provided under the Consent by
7 Minors to Medical Procedures Act, the Health Care Surrogate
8 Act, or other applicable State and federal laws.

9 (b-5) Every hospital, approved pediatric health care
10 facility, or approved federally qualified health center
11 providing medical forensic services to sexual assault
12 survivors shall issue a voucher to any sexual assault survivor
13 who is eligible to receive one in accordance with Section 5.2-1
14 of this Act. The hospital, approved pediatric health care
15 facility, or approved federally qualified health center shall
16 make a copy of the voucher and place it in the medical record
17 of the sexual assault survivor. The hospital, approved
18 pediatric health care facility, or approved federally
19 qualified health center shall provide a copy of the voucher to
20 the sexual assault survivor after discharge upon request.

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

25 (d) This Section is repealed on June 30, 2021.

1 (410 ILCS 70/5.1)

2 Sec. 5.1. Storage, retention, and dissemination of photo
3 documentation relating to medical forensic services.

4 (a) Photo documentation taken during a medical forensic
5 examination shall be maintained by the hospital or approved
6 pediatric health care facility as part of the patient's medical
7 record.

8 Photo documentation shall be stored and backed up securely
9 in its original file format in accordance with facility
10 protocol. The facility protocol shall require limited access to
11 the images and be included in the sexual assault treatment plan
12 submitted to the Department.

13 Photo documentation of a sexual assault survivor under the
14 age of 18 shall be retained for a period of 60 years after the
15 sexual assault survivor reaches the age of 18. Photo
16 documentation of a sexual assault survivor 18 years of age or
17 older shall be retained for a period of 20 years after the
18 record was created.

19 Photo documentation of the sexual assault survivor's
20 injuries, anatomy involved in the assault, or other visible
21 evidence on the sexual assault survivor's body may be used for
22 peer review, expert second opinion, or in a criminal proceeding
23 against a person accused of sexual assault, a proceeding under
24 the Juvenile Court Act of 1987, or in an investigation under
25 the Abused and Neglected Child Reporting Act. Any dissemination
26 of photo documentation, including for peer review, an expert

1 second opinion, or in any court or administrative proceeding or
2 investigation, must be in accordance with State and federal
3 law.

4 (b) This Section is effective on and after July 1, 2021.

5 (Source: P.A. 100-775, eff. 1-1-19.)

6 (410 ILCS 70/5.1-1 new)

7 Sec. 5.1-1. Storage, retention, and dissemination of photo
8 documentation relating to medical forensic services.

9 (a) Photo documentation taken during a medical forensic
10 examination shall be maintained by the hospital, approved
11 pediatric health care facility, or approved federally
12 qualified health center as part of the patient's medical
13 record.

14 Photo documentation shall be stored and backed up securely
15 in its original file format in accordance with facility
16 protocol. The facility protocol shall require limited access to
17 the images and be included in the sexual assault treatment plan
18 submitted to the Department.

19 Photo documentation of a sexual assault survivor under the
20 age of 18 shall be retained for a period of 60 years after the
21 sexual assault survivor reaches the age of 18. Photo
22 documentation of a sexual assault survivor 18 years of age or
23 older shall be retained for a period of 20 years after the
24 record was created.

25 Photo documentation of the sexual assault survivor's

1 injuries, anatomy involved in the assault, or other visible
2 evidence on the sexual assault survivor's body may be used for
3 peer review, expert second opinion, or in a criminal proceeding
4 against a person accused of sexual assault, a proceeding under
5 the Juvenile Court Act of 1987, or in an investigation under
6 the Abused and Neglected Child Reporting Act. Any dissemination
7 of photo documentation, including for peer review, an expert
8 second opinion, or in any court or administrative proceeding or
9 investigation, must be in accordance with State and federal
10 law.

11 (b) This Section is repealed on June 30, 2021.

12 (410 ILCS 70/5.2)

13 Sec. 5.2. Sexual assault services voucher.

14 (a) A sexual assault services voucher shall be issued by a
15 treatment hospital, treatment hospital with approved pediatric
16 transfer, or approved pediatric health care facility at the
17 time a sexual assault survivor receives medical forensic
18 services.

19 (b) Each treatment hospital, treatment hospital with
20 approved pediatric transfer, and approved pediatric health
21 care facility must include in its sexual assault treatment plan
22 submitted to the Department in accordance with Section 2 of
23 this Act a protocol for issuing sexual assault services
24 vouchers. The protocol shall, at a minimum, include the
25 following:

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

3 (2) Identification of employee positions with access
4 to the Medical Electronic Data Interchange or successor
5 system.

6 (3) A statement to be signed by each employee of an
7 approved pediatric health care facility with access to the
8 Medical Electronic Data Interchange or successor system
9 affirming that the Medical Electronic Data Interchange or
10 successor system will only be used for the purpose of
11 issuing sexual assault services vouchers.

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

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

23 (1) the name and date of birth of the sexual assault
24 survivor;

25 (2) the service provided;

26 (3) the charge of service;

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

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

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

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

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

20 (e) This Section is effective on and after July 1, 2021.

21 (Source: P.A. 100-775, eff. 1-1-19.)

22 (410 ILCS 70/5.2-1 new)

23 Sec. 5.2-1. Sexual assault services voucher.

24 (a) A sexual assault services voucher shall be issued by a
25 treatment hospital, treatment hospital with approved pediatric

1 transfer, approved pediatric health care facility, or approved
2 federally qualified health center at the time a sexual assault
3 survivor receives medical forensic services.

4 (b) Each treatment hospital, treatment hospital with
5 approved pediatric transfer, approved pediatric health care
6 facility, and approved federally qualified health center must
7 include in its sexual assault treatment plan submitted to the
8 Department in accordance with Section 2-1 of this Act a
9 protocol for issuing sexual assault services vouchers. The
10 protocol shall, at a minimum, include the following:

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

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

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

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

1 (d) Any treatment hospital, treatment hospital with
2 approved pediatric transfer, approved pediatric health care
3 facility, approved federally qualified health center, health
4 care professional, ambulance provider, laboratory, or pharmacy
5 may submit a bill for services provided to a sexual assault
6 survivor as a result of a sexual assault to the Department of
7 Healthcare and Family Services Sexual Assault Emergency
8 Treatment Program. The bill shall include:

9 (1) the name and date of birth of the sexual assault
10 survivor;

11 (2) the service provided;

12 (3) the charge of service;

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

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

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

18 The Department of Healthcare and Family Services Sexual
19 Assault Emergency Treatment Program shall electronically
20 verify, using the Medical Electronic Data Interchange or a
21 successor system, that a sexual assault services voucher was
22 issued to a sexual assault survivor prior to issuing payment
23 for the services.

24 If a sexual assault services voucher was not issued to a
25 sexual assault survivor by the treatment hospital, treatment
26 hospital with approved pediatric transfer, approved pediatric

1 health care facility, or approved federally qualified health
2 center, then a health care professional, ambulance provider,
3 laboratory, or pharmacy may submit a request to the Department
4 of Healthcare and Family Services Sexual Assault Emergency
5 Treatment Program to issue a sexual assault services voucher.

6 (e) This Section is repealed on June 30, 2021.

7 (410 ILCS 70/5.3)

8 Sec. 5.3. Pediatric sexual assault care.

9 (a) The General Assembly finds:

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

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

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

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

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

17 If the transferring hospital confirms that medical
18 forensic services can be initiated within 90 minutes of the
19 patient's arrival at the approved pediatric health care
20 facility following an immediate transfer, then the hospital
21 emergency department staff shall notify the patient and
22 non-offending parent or legal guardian that the patient will be
23 transferred for medical forensic services and shall provide the
24 patient and non-offending parent or legal guardian the option
25 of being transferred to the approved pediatric health care
26 facility or the treatment hospital designated in the hospital's

1 plan. The pediatric sexual assault survivor may be transported
2 by ambulance, law enforcement, or personal vehicle.

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

18 (c) If a medically stable pediatric sexual assault survivor
19 presents at a treatment hospital that has a plan approved by
20 the Department requesting medical forensic services, then the
21 hospital emergency department staff shall contact an approved
22 pediatric health care facility, if one is designated in the
23 treatment hospital's areawide treatment plan.

24 If medical forensic services can be initiated within 90
25 minutes after the patient's arrival at the approved pediatric
26 health care facility following an immediate transfer, the

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

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

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

1 in the approved pediatric health care facility's plan for
2 medical forensic services. The pediatric sexual assault
3 survivor may be transported by ambulance, law enforcement, or
4 personal vehicle.

5 (e) This Section is effective on and after July 1, 2021.

6 (Source: P.A. 100-775, eff. 1-1-19.)

7 (410 ILCS 70/5.3-1 new)

8 Sec. 5.3-1. Pediatric sexual assault care.

9 (a) The General Assembly finds:

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

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

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

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

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

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

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

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

26 (c) If a medically stable pediatric sexual assault survivor

1 presents at a treatment hospital that has a plan approved by
2 the Department requesting medical forensic services, then the
3 hospital emergency department staff shall contact an approved
4 pediatric health care facility, if one is designated in the
5 treatment hospital's areawide treatment plan.

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

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

24 (d) If a pediatric sexual assault survivor presents at an
25 approved pediatric health care facility requesting medical
26 forensic services or the facility is contacted by law

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

13 (e) This Section is repealed on June 30, 2021.

14 (410 ILCS 70/5.5)

15 Sec. 5.5. Minimum reimbursement requirements for follow-up
16 healthcare.

17 (a) Every hospital, pediatric health care facility, health
18 care professional, laboratory, or pharmacy that provides
19 follow-up healthcare to a sexual assault survivor, with the
20 consent of the sexual assault survivor and as ordered by the
21 attending physician, an advanced practice registered nurse, or
22 physician assistant shall be reimbursed for the follow-up
23 healthcare services provided. Follow-up healthcare services
24 include, but are not limited to, the following:

25 (1) a physical examination;

1 (2) laboratory tests to determine the presence or
2 absence of sexually transmitted infection; and

3 (3) appropriate medications, including HIV
4 prophylaxis, in accordance with the Centers for Disease
5 Control and Prevention's guidelines.

6 (b) Reimbursable follow-up healthcare is limited to office
7 visits with a physician, advanced practice registered nurse, or
8 physician assistant within 90 days after an initial visit for
9 hospital medical forensic services.

10 (c) Nothing in this Section requires a hospital, pediatric
11 health care facility, health care professional, laboratory, or
12 pharmacy to provide follow-up healthcare to a sexual assault
13 survivor.

14 (d) This Section is effective on and after July 1, 2021.

15 (Source: P.A. 99-173, eff. 7-29-15; 100-513, eff. 1-1-18;
16 100-775, eff. 1-1-19.)

17 (410 ILCS 70/5.5-1 new)

18 Sec. 5.5-1. Minimum reimbursement requirements for
19 follow-up healthcare.

20 (a) Every hospital, pediatric health care facility,
21 federally qualified health center, health care professional,
22 laboratory, or pharmacy that provides follow-up healthcare to a
23 sexual assault survivor, with the consent of the sexual assault
24 survivor and as ordered by the attending physician, an advanced
25 practice registered nurse, or physician assistant shall be

1 reimbursed for the follow-up healthcare services provided.
2 Follow-up healthcare services include, but are not limited to,
3 the following:

4 (1) a physical examination;

5 (2) laboratory tests to determine the presence or
6 absence of sexually transmitted infection; and

7 (3) appropriate medications, including HIV
8 prophylaxis, in accordance with the Centers for Disease
9 Control and Prevention's guidelines.

10 (b) Reimbursable follow-up healthcare is limited to office
11 visits with a physician, advanced practice registered nurse, or
12 physician assistant within 90 days after an initial visit for
13 hospital medical forensic services.

14 (c) Nothing in this Section requires a hospital, pediatric
15 health care facility, federally qualified health center,
16 health care professional, laboratory, or pharmacy to provide
17 follow-up healthcare to a sexual assault survivor.

18 (d) This Section is repealed on June 30, 2021.

19 (410 ILCS 70/6.1) (from Ch. 111 1/2, par. 87-6.1)

20 Sec. 6.1. Minimum standards.

21 (a) The Department shall prescribe minimum standards,
22 rules, and regulations necessary to implement this Act and the
23 changes made by this amendatory Act of the 100th General
24 Assembly, which shall apply to every hospital required to be
25 licensed by the Department that provides general medical and

1 surgical hospital services and to every approved pediatric
2 health care facility. Such standards shall include, but not be
3 limited to, a uniform system for recording results of medical
4 examinations and all diagnostic tests performed in connection
5 therewith to determine the condition and necessary treatment of
6 sexual assault survivors, which results shall be preserved in a
7 confidential manner as part of the hospital's or approved
8 pediatric health care facility's record of the sexual assault
9 survivor.

10 (b) This Section is effective on and after July 1, 2021.

11 (Source: P.A. 100-775, eff. 1-1-19.)

12 (410 ILCS 70/6.1-1 new)

13 Sec. 6.1-1. Minimum standards.

14 (a) The Department shall prescribe minimum standards,
15 rules, and regulations necessary to implement this Act and the
16 changes made by this amendatory Act of the 101st General
17 Assembly, which shall apply to every hospital required to be
18 licensed by the Department that provides general medical and
19 surgical hospital services and to every approved pediatric
20 health care facility and approved federally qualified health
21 center. Such standards shall include, but not be limited to, a
22 uniform system for recording results of medical examinations
23 and all diagnostic tests performed in connection therewith to
24 determine the condition and necessary treatment of sexual
25 assault survivors, which results shall be preserved in a

1 confidential manner as part of the hospital's, approved
2 pediatric health care facility's, or approved federally
3 qualified health center's record of the sexual assault
4 survivor.

5 (b) This Section is repealed on June 30, 2021.

6 (410 ILCS 70/6.2) (from Ch. 111 1/2, par. 87-6.2)

7 Sec. 6.2. Assistance and grants.

8 (a) The Department shall assist in the development and
9 operation of programs which provide medical forensic services
10 to sexual assault survivors, and, where necessary, to provide
11 grants to hospitals and approved pediatric health care
12 facilities for this purpose.

13 (b) This Section is effective on and after July 1, 2021.

14 (Source: P.A. 100-775, eff. 1-1-19.)

15 (410 ILCS 70/6.2-1 new)

16 Sec. 6.2-1. Assistance and grants.

17 (a) The Department shall assist in the development and
18 operation of programs which provide medical forensic services
19 to sexual assault survivors, and, where necessary, to provide
20 grants to hospitals, approved pediatric health care
21 facilities, and approved federally qualified health centers
22 for this purpose.

23 (b) This Section is repealed on June 30, 2021.

1 (410 ILCS 70/6.4) (from Ch. 111 1/2, par. 87-6.4)

2 Sec. 6.4. Sexual assault evidence collection program.

3 (a) There is created a statewide sexual assault evidence
4 collection program to facilitate the prosecution of persons
5 accused of sexual assault. This program shall be administered
6 by the Illinois State Police. The program shall consist of the
7 following: (1) distribution of sexual assault evidence
8 collection kits which have been approved by the Illinois State
9 Police to hospitals and approved pediatric health care
10 facilities that request them, or arranging for such
11 distribution by the manufacturer of the kits, (2) collection of
12 the kits from hospitals and approved pediatric health care
13 facilities after the kits have been used to collect evidence,
14 (3) analysis of the collected evidence and conducting of
15 laboratory tests, (4) maintaining the chain of custody and
16 safekeeping of the evidence for use in a legal proceeding, and
17 (5) the comparison of the collected evidence with the genetic
18 marker grouping analysis information maintained by the
19 Department of State Police under Section 5-4-3 of the Unified
20 Code of Corrections and with the information contained in the
21 Federal Bureau of Investigation's National DNA database;
22 provided the amount and quality of genetic marker grouping
23 results obtained from the evidence in the sexual assault case
24 meets the requirements of both the Department of State Police
25 and the Federal Bureau of Investigation's Combined DNA Index
26 System (CODIS) policies. The standardized evidence collection

1 kit for the State of Illinois shall be the Illinois State
2 Police Sexual Assault Evidence Kit and shall include a written
3 consent form authorizing law enforcement to test the sexual
4 assault evidence and to provide law enforcement with details of
5 the sexual assault.

6 (a-5) (Blank).

7 (b) The Illinois State Police shall administer a program to
8 train hospital and approved pediatric health care facility
9 personnel participating in the sexual assault evidence
10 collection program, in the correct use and application of the
11 sexual assault evidence collection kits. The Department shall
12 cooperate with the Illinois State Police in this program as it
13 pertains to medical aspects of the evidence collection.

14 (c) (Blank).

15 (d) This Section is effective on and after July 1, 2021.

16 (Source: P.A. 99-801, eff. 1-1-17; 100-775, eff. 1-1-19.)

17 (410 ILCS 70/6.4-1 new)

18 Sec. 6.4-1. Sexual assault evidence collection program.

19 (a) There is created a statewide sexual assault evidence
20 collection program to facilitate the prosecution of persons
21 accused of sexual assault. This program shall be administered
22 by the Illinois State Police. The program shall consist of the
23 following: (1) distribution of sexual assault evidence
24 collection kits which have been approved by the Illinois State
25 Police to hospitals, approved pediatric health care

1 facilities, and approved federally qualified health centers
2 that request them, or arranging for such distribution by the
3 manufacturer of the kits, (2) collection of the kits from
4 hospitals and approved pediatric health care facilities after
5 the kits have been used to collect evidence, (3) analysis of
6 the collected evidence and conducting of laboratory tests, (4)
7 maintaining the chain of custody and safekeeping of the
8 evidence for use in a legal proceeding, and (5) the comparison
9 of the collected evidence with the genetic marker grouping
10 analysis information maintained by the Department of State
11 Police under Section 5-4-3 of the Unified Code of Corrections
12 and with the information contained in the Federal Bureau of
13 Investigation's National DNA database; provided the amount and
14 quality of genetic marker grouping results obtained from the
15 evidence in the sexual assault case meets the requirements of
16 both the Department of State Police and the Federal Bureau of
17 Investigation's Combined DNA Index System (CODIS) policies.
18 The standardized evidence collection kit for the State of
19 Illinois shall be the Illinois State Police Sexual Assault
20 Evidence Kit and shall include a written consent form
21 authorizing law enforcement to test the sexual assault evidence
22 and to provide law enforcement with details of the sexual
23 assault.

24 (a-5) (Blank).

25 (b) The Illinois State Police shall administer a program to
26 train hospital, and approved pediatric health care facility,

1 and approved federally qualified health center personnel
2 participating in the sexual assault evidence collection
3 program, in the correct use and application of the sexual
4 assault evidence collection kits. The Department shall
5 cooperate with the Illinois State Police in this program as it
6 pertains to medical aspects of the evidence collection.

7 (c) (Blank).

8 (d) This Section is repealed on June 30, 2021.

9 (410 ILCS 70/6.5)

10 Sec. 6.5. Written consent to the release of sexual assault
11 evidence for testing.

12 (a) Upon the completion of medical forensic services, the
13 health care professional providing the medical forensic
14 services shall provide the patient the opportunity to sign a
15 written consent to allow law enforcement to submit the sexual
16 assault evidence for testing, if collected. The written consent
17 shall be on a form included in the sexual assault evidence
18 collection kit and posted on the Illinois State Police website.
19 The consent form shall include whether the survivor consents to
20 the release of information about the sexual assault to law
21 enforcement.

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

24 (2) If the survivor is a minor who is under 13 years of
25 age, the written consent to release the sexual assault

1 evidence for testing may be signed by the parent, guardian,
2 investigating law enforcement officer, or Department of
3 Children and Family Services.

4 (3) If the survivor is an adult who has a guardian of
5 the person, a health care surrogate, or an agent acting
6 under a health care power of attorney, the consent of the
7 guardian, surrogate, or agent is not required to release
8 evidence and information concerning the sexual assault or
9 sexual abuse. If the adult is unable to provide consent for
10 the release of evidence and information and a guardian,
11 surrogate, or agent under a health care power of attorney
12 is unavailable or unwilling to release the information,
13 then an investigating law enforcement officer may
14 authorize the release.

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

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

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

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

10 (2) a person authorized to consent to the testing of
11 the sexual assault evidence may sign a written consent to
12 allow law enforcement to test the sexual assault evidence
13 at any time during that 10-year period for an adult victim,
14 or until a minor victim turns 28 years of age by (A)
15 contacting the law enforcement agency having jurisdiction,
16 or if unknown, the law enforcement agency contacted by the
17 hospital or approved pediatric health care facility under
18 Section 3.2 of the Criminal Identification Act; or (B) by
19 working with an advocate at a rape crisis center;

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

26 (4) the name and phone number of a local rape crisis

1 center.

2 (d) This Section is effective on and after July 1, 2021.

3 (Source: P.A. 100-513, eff. 1-1-18; 100-775, eff. 1-1-19;
4 100-1087, eff. 1-1-19; 101-81, eff. 7-12-19.)

5 (410 ILCS 70/6.5-1 new)

6 Sec. 6.5-1. Written consent to the release of sexual
7 assault evidence for testing.

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

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

20 (2) If the survivor is a minor who is under 13 years of
21 age, the written consent to release the sexual assault
22 evidence for testing may be signed by the parent, guardian,
23 investigating law enforcement officer, or Department of
24 Children and Family Services.

25 (3) If the survivor is an adult who has a guardian of

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

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

21 (b) The hospital, approved pediatric health care facility,
22 or approved federally qualified health center shall keep a copy
23 of a signed or unsigned written consent form in the patient's
24 medical record.

25 (c) If a written consent to allow law enforcement to hold
26 the sexual assault evidence is signed at the completion of

1 medical forensic services, the hospital, approved pediatric
2 health care facility, or approved federally qualified health
3 center shall include the following information in its discharge
4 instructions:

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

9 (2) A person authorized to consent to the testing of
10 the sexual assault evidence may sign a written consent to
11 allow law enforcement to test the sexual assault evidence
12 at any time during that 10-year period for an adult victim,
13 or until a minor victim turns 28 years of age by (A)
14 contacting the law enforcement agency having jurisdiction,
15 or if unknown, the law enforcement agency contacted by the
16 hospital, approved pediatric health care facility, or
17 approved federally qualified health center under Section
18 3.2 of the Criminal Identification Act; or (B) by working
19 with an advocate at a rape crisis center;

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

26 (4) the name and phone number of a local rape crisis

1 center.

2 (d) This Section is repealed on June 30, 2021.

3 (410 ILCS 70/6.6)

4 Sec. 6.6. Submission of sexual assault evidence.

5 (a) As soon as practicable, but in no event more than 4
6 hours after the completion of medical forensic services, the
7 hospital or approved pediatric health care facility shall make
8 reasonable efforts to determine the law enforcement agency
9 having jurisdiction where the sexual assault occurred, if
10 sexual assault evidence was collected. The hospital or approved
11 pediatric health care facility may obtain the name of the law
12 enforcement agency with jurisdiction from the local law
13 enforcement agency.

14 (b) Within 4 hours after the completion of medical forensic
15 services, the hospital or approved pediatric health care
16 facility shall notify the law enforcement agency having
17 jurisdiction that the hospital or approved pediatric health
18 care facility is in possession of sexual assault evidence and
19 the date and time the collection of evidence was completed. The
20 hospital or approved pediatric health care facility shall
21 document the notification in the patient's medical records and
22 shall include the agency notified, the date and time of the
23 notification and the name of the person who received the
24 notification. This notification to the law enforcement agency
25 having jurisdiction satisfies the hospital's or approved

1 pediatric health care facility's requirement to contact its
2 local law enforcement agency under Section 3.2 of the Criminal
3 Identification Act.

4 (c) If the law enforcement agency having jurisdiction has
5 not taken physical custody of sexual assault evidence within 5
6 days of the first contact by the hospital or approved pediatric
7 health care facility, the hospital or approved pediatric health
8 care facility shall renotify the law enforcement agency having
9 jurisdiction that the hospital or approved pediatric health
10 care facility is in possession of sexual assault evidence and
11 the date the sexual assault evidence was collected. The
12 hospital or approved pediatric health care facility shall
13 document the renotification in the patient's medical records
14 and shall include the agency notified, the date and time of the
15 notification and the name of the person who received the
16 notification.

17 (d) If the law enforcement agency having jurisdiction has
18 not taken physical custody of the sexual assault evidence
19 within 10 days of the first contact by the hospital or approved
20 pediatric health care facility and the hospital or approved
21 pediatric health care facility has provided renotification
22 under subsection (c) of this Section, the hospital or approved
23 pediatric health care facility shall contact the State's
24 Attorney of the county where the law enforcement agency having
25 jurisdiction is located. The hospital or approved pediatric
26 health care facility shall inform the State's Attorney that the

1 hospital or approved pediatric health care facility is in
2 possession of sexual assault evidence, the date the sexual
3 assault evidence was collected, the law enforcement agency
4 having jurisdiction, the dates, times and names of persons
5 notified under subsections (b) and (c) of this Section. The
6 notification shall be made within 14 days of the collection of
7 the sexual assault evidence.

8 (e) This Section is effective on and after July 1, 2021.

9 (Source: P.A. 99-801, eff. 1-1-17; 100-201, eff. 8-18-17;
10 100-775, eff. 1-1-19.)

11 (410 ILCS 70/6.6-1 new)

12 Sec. 6.6-1. Submission of sexual assault evidence.

13 (a) As soon as practicable, but in no event more than 4
14 hours after the completion of medical forensic services, the
15 hospital, approved pediatric health care facility, or approved
16 federally qualified health center shall make reasonable
17 efforts to determine the law enforcement agency having
18 jurisdiction where the sexual assault occurred, if sexual
19 assault evidence was collected. The hospital, approved
20 pedsiatric health care facility, or approved federally
21 qualified health center may obtain the name of the law
22 enforcement agency with jurisdiction from the local law
23 enforcement agency.

24 (b) Within 4 hours after the completion of medical forensic
25 services, the hospital, approved pediatric health care

1 facility, or approved federally qualified health center shall
2 notify the law enforcement agency having jurisdiction that the
3 hospital, approved pediatric health care facility, or approved
4 federally qualified health center is in possession of sexual
5 assault evidence and the date and time the collection of
6 evidence was completed. The hospital, approved pediatric
7 health care facility, or approved federally qualified health
8 center shall document the notification in the patient's medical
9 records and shall include the agency notified, the date and
10 time of the notification and the name of the person who
11 received the notification. This notification to the law
12 enforcement agency having jurisdiction satisfies the
13 hospital's, approved pediatric health care facility's, or
14 approved federally qualified health center's requirement to
15 contact its local law enforcement agency under Section 3.2 of
16 the Criminal Identification Act.

17 (c) If the law enforcement agency having jurisdiction has
18 not taken physical custody of sexual assault evidence within 5
19 days of the first contact by the hospital, approved pediatric
20 health care facility, or approved federally qualified health
21 center, the hospital, approved pediatric health care facility,
22 or approved federally qualified health center shall renotify
23 the law enforcement agency having jurisdiction that the
24 hospital, approved pediatric health care facility, or approved
25 federally qualified health center is in possession of sexual
26 assault evidence and the date the sexual assault evidence was

1 collected. The hospital, approved pediatric health care
2 facility, or approved federally qualified health center shall
3 document the renotification in the patient's medical records
4 and shall include the agency notified, the date and time of the
5 notification and the name of the person who received the
6 notification.

7 (d) If the law enforcement agency having jurisdiction has
8 not taken physical custody of the sexual assault evidence
9 within 10 days of the first contact by the hospital, approved
10 pediatric health care facility, or approved federally
11 qualified health center and the hospital, approved pediatric
12 health care facility, or approved federally qualified health
13 center has provided renotification under subsection (c) of this
14 Section, the hospital, approved pediatric health care
15 facility, or approved federally qualified health center shall
16 contact the State's Attorney of the county where the law
17 enforcement agency having jurisdiction is located. The
18 hospital, approved pediatric health care facility shall inform
19 the State's Attorney that the hospital, approved pediatric
20 health care facility, or approved federally qualified health
21 center is in possession of sexual assault evidence, the date
22 the sexual assault evidence was collected, the law enforcement
23 agency having jurisdiction, the dates, times and names of
24 persons notified under subsections (b) and (c) of this Section.
25 The notification shall be made within 14 days of the collection
26 of the sexual assault evidence.

1 (e) This Section is repealed on June 30, 2021.

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

3 Sec. 7. Reimbursement.

4 (a) A hospital, approved pediatric health care facility, or
5 health care professional furnishing medical forensic services,
6 an ambulance provider furnishing transportation to a sexual
7 assault survivor, a hospital, health care professional, or
8 laboratory providing follow-up healthcare, or a pharmacy
9 dispensing prescribed medications to any sexual assault
10 survivor shall furnish such services or medications to that
11 person without charge and shall seek payment as follows:

12 (1) If a sexual assault survivor is eligible to receive
13 benefits under the medical assistance program under
14 Article V of the Illinois Public Aid Code, the ambulance
15 provider, hospital, approved pediatric health care
16 facility, health care professional, laboratory, or
17 pharmacy must submit the bill to the Department of
18 Healthcare and Family Services or the appropriate Medicaid
19 managed care organization and accept the amount paid as
20 full payment.

21 (2) If a sexual assault survivor is covered by one or
22 more policies of health insurance or is a beneficiary under
23 a public or private health coverage program, the ambulance
24 provider, hospital, approved pediatric health care
25 facility, health care professional, laboratory, or

1 pharmacy shall bill the insurance company or program. With
2 respect to such insured patients, applicable deductible,
3 co-pay, co-insurance, denial of claim, or any other
4 out-of-pocket insurance-related expense may be submitted
5 to the Illinois Sexual Assault Emergency Treatment Program
6 of the Department of Healthcare and Family Services in
7 accordance with 89 Ill. Adm. Code 148.510 for payment at
8 the Department of Healthcare and Family Services'
9 allowable rates under the Illinois Public Aid Code. The
10 ambulance provider, hospital, approved pediatric health
11 care facility, health care professional, laboratory, or
12 pharmacy shall accept the amounts paid by the insurance
13 company or health coverage program and the Illinois Sexual
14 Assault Treatment Program as full payment.

15 (3) If a sexual assault survivor is neither eligible to
16 receive benefits under the medical assistance program
17 under Article V of the Illinois Public Aid Code nor covered
18 by a policy of insurance or a public or private health
19 coverage program, the ambulance provider, hospital,
20 approved pediatric health care facility, health care
21 professional, laboratory, or pharmacy shall submit the
22 request for reimbursement to the Illinois Sexual Assault
23 Emergency Treatment Program under the Department of
24 Healthcare and Family Services in accordance with 89 Ill.
25 Adm. Code 148.510 at the Department of Healthcare and
26 Family Services' allowable rates under the Illinois Public

1 Aid Code.

2 (4) If a sexual assault survivor presents a sexual
3 assault services voucher for follow-up healthcare, the
4 healthcare professional, pediatric health care facility,
5 or laboratory that provides follow-up healthcare or the
6 pharmacy that dispenses prescribed medications to a sexual
7 assault survivor shall submit the request for
8 reimbursement for follow-up healthcare, pediatric health
9 care facility, laboratory, or pharmacy services to the
10 Illinois Sexual Assault Emergency Treatment Program under
11 the Department of Healthcare and Family Services in
12 accordance with 89 Ill. Adm. Code 148.510 at the Department
13 of Healthcare and Family Services' allowable rates under
14 the Illinois Public Aid Code. Nothing in this subsection
15 (a) precludes hospitals or approved pediatric health care
16 facilities from providing follow-up healthcare and
17 receiving reimbursement under this Section.

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

22 (c) (Blank).

23 (d) On and after July 1, 2012, the Department shall reduce
24 any rate of reimbursement for services or other payments or
25 alter any methodologies authorized by this Act or the Illinois
26 Public Aid Code to reduce any rate of reimbursement for

1 services or other payments in accordance with Section 5-5e of
2 the Illinois Public Aid Code.

3 (e) The Department of Healthcare and Family Services shall
4 establish standards, rules, and regulations to implement this
5 Section.

6 (f) This Section is effective on and after July 1, 2021.

7 (Source: P.A. 99-454, eff. 1-1-16; 100-775, eff. 1-1-19;
8 revised 7-23-19.)

9 (410 ILCS 70/7-1 new)

10 Sec. 7-1. Reimbursement

11 (a) A hospital, approved pediatric health care facility,
12 approved federally qualified health center, or health care
13 professional furnishing medical forensic services, an
14 ambulance provider furnishing transportation to a sexual
15 assault survivor, a hospital, health care professional, or
16 laboratory providing follow-up healthcare, or a pharmacy
17 dispensing prescribed medications to any sexual assault
18 survivor shall furnish such services or medications to that
19 person without charge and shall seek payment as follows:

20 (1) If a sexual assault survivor is eligible to receive
21 benefits under the medical assistance program under
22 Article V of the Illinois Public Aid Code, the ambulance
23 provider, hospital, approved pediatric health care
24 facility, approved federally qualified health center,
25 health care professional, laboratory, or pharmacy must

1 submit the bill to the Department of Healthcare and Family
2 Services or the appropriate Medicaid managed care
3 organization and accept the amount paid as full payment.

4 (2) If a sexual assault survivor is covered by one or
5 more policies of health insurance or is a beneficiary under
6 a public or private health coverage program, the ambulance
7 provider, hospital, approved pediatric health care
8 facility, approved federally qualified health center,
9 health care professional, laboratory, or pharmacy shall
10 bill the insurance company or program. With respect to such
11 insured patients, applicable deductible, co-pay,
12 co-insurance, denial of claim, or any other out-of-pocket
13 insurance-related expense may be submitted to the Illinois
14 Sexual Assault Emergency Treatment Program of the
15 Department of Healthcare and Family Services in accordance
16 with 89 Ill. Adm. Code 148.510 for payment at the
17 Department of Healthcare and Family Services' allowable
18 rates under the Illinois Public Aid Code. The ambulance
19 provider, hospital, approved pediatric health care
20 facility, approved federally qualified health center,
21 health care professional, laboratory, or pharmacy shall
22 accept the amounts paid by the insurance company or health
23 coverage program and the Illinois Sexual Assault Treatment
24 Program as full payment.

25 (3) If a sexual assault survivor is neither eligible to
26 receive benefits under the medical assistance program

1 under Article V of the Illinois Public Aid Code nor covered
2 by a policy of insurance or a public or private health
3 coverage program, the ambulance provider, hospital,
4 approved pediatric health care facility, approved
5 federally qualified health center, health care
6 professional, laboratory, or pharmacy shall submit the
7 request for reimbursement to the Illinois Sexual Assault
8 Emergency Treatment Program under the Department of
9 Healthcare and Family Services in accordance with 89 Ill.
10 Adm. Code 148.510 at the Department of Healthcare and
11 Family Services' allowable rates under the Illinois Public
12 Aid Code.

13 (4) If a sexual assault survivor presents a sexual
14 assault services voucher for follow-up healthcare, the
15 healthcare professional, pediatric health care facility,
16 federally qualified health center, or laboratory that
17 provides follow-up healthcare or the pharmacy that
18 dispenses prescribed medications to a sexual assault
19 survivor shall submit the request for reimbursement for
20 follow-up healthcare, pediatric health care facility,
21 laboratory, or pharmacy services to the Illinois Sexual
22 Assault Emergency Treatment Program under the Department
23 of Healthcare and Family Services in accordance with 89
24 Ill. Adm. Code 148.510 at the Department of Healthcare and
25 Family Services' allowable rates under the Illinois Public
26 Aid Code. Nothing in this subsection (a) precludes

1 hospitals, or approved pediatric health care facilities or
2 approved federally qualified health centers from providing
3 follow-up healthcare and receiving reimbursement under
4 this Section.

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

9 (c) (Blank).

10 (d) On and after July 1, 2012, the Department shall reduce
11 any rate of reimbursement for services or other payments or
12 alter any methodologies authorized by this Act or the Illinois
13 Public Aid Code to reduce any rate of reimbursement for
14 services or other payments in accordance with Section 5-5e of
15 the Illinois Public Aid Code.

16 (e) The Department of Healthcare and Family Services shall
17 establish standards, rules, and regulations to implement this
18 Section.

19 (f) This Section is repealed on June 30, 2021.

20 (410 ILCS 70/7.5)

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

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

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

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

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

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

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

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

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

26 (c) Every hospital and approved pediatric health care

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

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

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

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

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

25 (5) a phone number the sexual assault survivor may call
26 should the sexual assault survivor receive a bill from the

1 hospital or approved pediatric health care facility for
2 medical forensic services;

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

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

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

1 the University of Illinois Hospital Act, who bills separately
2 for medical or forensic services must develop a billing
3 protocol that ensures that no survivor of sexual assault is
4 sent a bill for any medical forensic services and submit the
5 billing protocol to the Crime Victim Services Division of the
6 Office of the Attorney General for approval. Health care
7 professionals who bill as a legal entity may submit a single
8 billing protocol for the billing entity.

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

17 The billing protocol must include at a minimum:

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

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

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

26 (4) prohibitions on taking any action that would

1 adversely affect the credit of the survivor of sexual
2 assault;

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

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

8 The Crime Victim Services Division of the Office of the
9 Attorney General may provide a sample acceptable billing
10 protocol upon request.

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

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

1 Office of the Attorney General.

2 The health care professional or approved pediatric health
3 care facility shall submit any proposed revision to or
4 modification of an approved billing protocol to the Crime
5 Victim Services Division of the Office of the Attorney General
6 for approval. The health care professional or approved
7 pediatric health care facility shall implement the revised or
8 modified billing protocol upon approval by the Crime Victim
9 Services Division of the Office of the Illinois Attorney
10 General.

11 (e) This Section is effective on and after July 1, 2021.

12 (Source: P.A. 99-454, eff. 1-1-16; 100-775, eff. 1-1-19.)

13 (410 ILCS 70/7.5-1 new)

14 Sec. 7.5-1. Prohibition on billing sexual assault
15 survivors directly for certain services; written notice;
16 billing protocols.

17 (a) A hospital, approved pediatric health care facility,
18 approved federally qualified health center, health care
19 professional, ambulance provider, laboratory, or pharmacy
20 furnishing medical forensic services, transportation,
21 follow-up healthcare, or medication to a sexual assault
22 survivor shall not:

23 (1) charge or submit a bill for any portion of the
24 costs of the services, transportation, or medications to
25 the sexual assault survivor, including any insurance

1 deductible, co-pay, co-insurance, denial of claim by an
2 insurer, spenddown, or any other out-of-pocket expense;

3 (2) communicate with, harass, or intimidate the sexual
4 assault survivor for payment of services, including, but
5 not limited to, repeatedly calling or writing to the sexual
6 assault survivor and threatening to refer the matter to a
7 debt collection agency or to an attorney for collection,
8 enforcement, or filing of other process;

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

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

13 (5) take any other action adverse to the sexual assault
14 survivor or his or her family on account of providing
15 services to the sexual assault survivor.

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

20 (c) Every hospital, approved pediatric health care
21 facility, and approved federally qualified health center
22 providing treatment services to sexual assault survivors in
23 accordance with a plan approved under Section 2-1 of this Act
24 shall provide a written notice to a sexual assault survivor.
25 The written notice must include, but is not limited to, the
26 following:

1 (1) a statement that the sexual assault survivor should
2 not be directly billed by any ambulance provider providing
3 transportation services, or by any hospital, approved
4 pediatric health care facility, approved federally
5 qualified health center, health care professional,
6 laboratory, or pharmacy for the services the sexual assault
7 survivor received as an outpatient at the hospital,
8 approved pediatric health care facility, or approved
9 federally qualified health center;

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

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

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

24 (5) a phone number the sexual assault survivor may call
25 should the sexual assault survivor receive a bill from the
26 hospital, approved pediatric health care facility, or

1 approved federally qualified health center for medical
2 forensic services;

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

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

13 (d) Within 60 days after the effective date of this
14 amendatory Act of the 101st General Assembly, every health care
15 professional, except for those employed by a hospital or
16 hospital affiliate, as defined in the Hospital Licensing Act,
17 or those employed by a hospital operated under the University
18 of Illinois Hospital Act, who bills separately for medical or
19 forensic services must develop a billing protocol that ensures
20 that no survivor of sexual assault will be sent a bill for any
21 medical forensic services and submit the billing protocol to
22 the Crime Victim Services Division of the Office of the
23 Attorney General for approval. Within 60 days after the
24 commencement of the provision of medical forensic services,
25 every health care professional, except for those employed by a
26 hospital or hospital affiliate, as defined in the Hospital

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

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

18 Within 14 days after the Department's approval of a
19 treatment plan, an approved federally qualified health center
20 and any health care professional employed by an approved
21 federally qualified health center must develop a billing
22 protocol that ensures that no survivor of sexual assault is
23 sent a bill for any medical forensic services and submit the
24 billing protocol to the Crime Victim Services Division of the
25 Office of the Attorney General for approval.

26 The billing protocol must include at a minimum:

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

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

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

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

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

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

17 The Crime Victim Services Division of the Office of the
18 Attorney General may provide a sample acceptable billing
19 protocol upon request.

20 The Office of the Attorney General shall approve a proposed
21 protocol if it finds that the implementation of the protocol
22 would result in no survivor of sexual assault being billed or
23 sent a bill for medical forensic services.

24 If the Office of the Attorney General determines that
25 implementation of the protocol could result in the billing of a
26 survivor of sexual assault for medical forensic services, the

1 Office of the Attorney General shall provide the health care
2 professional or approved pediatric health care facility with a
3 written statement of the deficiencies in the protocol. The
4 health care professional or approved pediatric health care
5 facility shall have 30 days to submit a revised billing
6 protocol addressing the deficiencies to the Office of the
7 Attorney General. The health care professional or approved
8 pediatric health care facility shall implement the protocol
9 upon approval by the Crime Victim Services Division of the
10 Office of the Attorney General.

11 The health care professional, approved pediatric health
12 care facility, or approved federally qualified health center
13 shall submit any proposed revision to or modification of an
14 approved billing protocol to the Crime Victim Services Division
15 of the Office of the Attorney General for approval. The health
16 care professional, approved pediatric health care facility, or
17 approved federally qualified health center shall implement the
18 revised or modified billing protocol upon approval by the Crime
19 Victim Services Division of the Office of the Illinois Attorney
20 General.

21 (e) This Section is repealed on June 30, 2021.

22 (410 ILCS 70/8) (from Ch. 111 1/2, par. 87-8)

23 Sec. 8. Penalties.

24 (a) Any hospital or approved pediatric health care facility
25 violating any provisions of this Act other than Section 7.5

1 shall be guilty of a petty offense for each violation, and any
2 fine imposed shall be paid into the general corporate funds of
3 the city, incorporated town or village in which the hospital or
4 approved pediatric health care facility is located, or of the
5 county, in case such hospital is outside the limits of any
6 incorporated municipality.

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

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

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

21 (3) For violations of paragraph (3) of subsection (a)
22 of Section 7.5, the civil monetary penalty shall not exceed
23 \$500 for each day the bill is with a collection agency.

24 (4) For violations involving the failure to submit
25 billing protocols within the time period required under
26 subsection (d) of Section 7.5, the civil monetary penalty

1 shall not exceed \$100 per day until the health care
2 professional or approved pediatric health care facility
3 complies with subsection (d) of Section 7.5.

4 All civil monetary penalties shall be deposited into the
5 Violent Crime Victims Assistance Fund.

6 (c) This Section is effective on and after July 1, 2021.

7 (Source: P.A. 99-454, eff. 1-1-16; 100-775, eff. 1-1-19.)

8 (410 ILCS 70/8-1 new)

9 Sec. 8-1. Penalties.

10 (a) Any hospital, approved pediatric health care facility,
11 or approved federally qualified health center violating any
12 provisions of this Act other than Section 7.5-1 shall be guilty
13 of a petty offense for each violation, and any fine imposed
14 shall be paid into the general corporate funds of the city,
15 incorporated town or village in which the hospital, approved
16 pediatric health care facility, or approved federally
17 qualified health center is located, or of the county, in case
18 such hospital is outside the limits of any incorporated
19 municipality.

20 (b) The Attorney General may seek the assessment of one or
21 more of the following civil monetary penalties in any action
22 filed under this Act where the hospital, approved pediatric
23 health care facility, approved federally qualified health
24 center, health care professional, ambulance provider,
25 laboratory, or pharmacy knowingly violates Section 7.5-1 of the

1 Act:

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

6 (2) For violations of paragraphs (1), (2), (4), or (5)
7 of subsection (a) of Section 7.5-1 or subsection (c) of
8 Section 7.5-1 involving a pattern or practice, the civil
9 monetary penalty shall not exceed \$500 per violation.

10 (3) For violations of paragraph (3) of subsection (a)
11 of Section 7.5-1, the civil monetary penalty shall not
12 exceed \$500 for each day the bill is with a collection
13 agency.

14 (4) For violations involving the failure to submit
15 billing protocols within the time period required under
16 subsection (d) of Section 7.5-1, the civil monetary penalty
17 shall not exceed \$100 per day until the health care
18 professional or approved pediatric health care facility
19 complies with subsection (d) of Section 7.5-1.

20 All civil monetary penalties shall be deposited into the
21 Violent Crime Victims Assistance Fund.

22 (c) This Section is repealed on June 30, 2021.

23 (410 ILCS 70/10)

24 Sec. 10. Sexual Assault Nurse Examiner Program.

25 (a) The Sexual Assault Nurse Examiner Program is

1 established within the Office of the Attorney General. The
2 Sexual Assault Nurse Examiner Program shall maintain a list of
3 sexual assault nurse examiners who have completed didactic and
4 clinical training requirements consistent with the Sexual
5 Assault Nurse Examiner Education Guidelines established by the
6 International Association of Forensic Nurses.

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

17 The Sexual Assault Nurse Examiner Program shall provide
18 didactic and clinical training opportunities consistent with
19 the Sexual Assault Nurse Examiner Education Guidelines
20 established by the International Association of Forensic
21 Nurses, in sufficient numbers and geographical locations
22 across the State, to assist hospitals with training the
23 necessary number of sexual assault nurse examiners to comply
24 with the requirement of this Act to employ or contract with a
25 qualified medical provider to initiate medical forensic
26 services to a sexual assault survivor within 90 minutes of the

1 patient presenting to the hospital as required in subsection
2 (a-7) of Section 5.

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

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

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

1 Office of the Attorney General's website.

2 (d) This Section is effective on and after July 1, 2021.

3 (Source: P.A. 100-775, eff. 1-1-19.)

4 (410 ILCS 70/10-1 new)

5 Sec. 10-1. Sexual Assault Nurse Examiner Program.

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

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

23 The Sexual Assault Nurse Examiner Program shall provide
24 didactic and clinical training opportunities consistent with
25 the Sexual Assault Nurse Examiner Education Guidelines

1 established by the International Association of Forensic
2 Nurses, in sufficient numbers and geographical locations
3 across the State, to assist hospitals with training the
4 necessary number of sexual assault nurse examiners to comply
5 with the requirement of this Act to employ or contract with a
6 qualified medical provider to initiate medical forensic
7 services to a sexual assault survivor within 90 minutes of the
8 patient presenting to the hospital as required in subsection
9 (a-7) of Section 5-1.

10 The Sexual Assault Nurse Examiner Program shall assist
11 hospitals in establishing trainings to achieve the
12 requirements of this Act.

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

22 (c) The Sexual Assault Nurse Examiner Program, in
23 consultation with qualified medical providers, shall create
24 uniform materials that all treatment hospitals, treatment
25 hospitals with approved pediatric transfer, approved pediatric
26 health care facilities, and approved federally qualified

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

11 (d) This Section is repealed on June 30, 2021.

12 Section 99. Effective date. This Act takes effect upon
13 becoming law.