



Rep. Kelly M. Cassidy

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10100SB0557ham002

LRB101 04318 CPF 72428 a

1 AMENDMENT TO SENATE BILL 557

2 AMENDMENT NO. _____. Amend Senate Bill 557, AS AMENDED, by
3 replacing everything after the enacting clause with the
4 following:

5 "Section 5. The Sexual Assault Survivors Emergency
6 Treatment Act is amended by changing Sections 1a, 2, 2.05,
7 2.06, 2.1, 2.2, 3, 5, 5.1, 5.2, 5.3, 5.5, 6.1, 6.2, 6.4, 6.5,
8 6.6, 7, 7.5, 8, and 10 and by adding Sections 1a-1, 2-1,
9 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,
10 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
11 10-1 as follows:

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

13 Sec. 1a. Definitions.

14 (a) In this Act:

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

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

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

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

20 "Board-certified child abuse pediatrician" means a
21 physician certified by the American Board of Pediatrics in
22 child abuse pediatrics.

23 "Board-eligible child abuse pediatrician" means a
24 physician who has completed the requirements set forth by the
25 American Board of Pediatrics to take the examination for
26 certification in child abuse pediatrics.

1 "Department" means the Department of Public Health.

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

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

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

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

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

1 "Law enforcement agency having jurisdiction" means the law
2 enforcement agency in the jurisdiction where an alleged sexual
3 assault or sexual abuse occurred.

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

6 "Medical forensic services" means health care delivered to
7 patients within or under the care and supervision of personnel
8 working in a designated emergency department of a hospital or
9 an approved pediatric health care facility. "Medical forensic
10 services" includes, but is not limited to, taking a medical
11 history, performing photo documentation, performing a physical
12 and anogenital examination, assessing the patient for evidence
13 collection, collecting evidence in accordance with a statewide
14 sexual assault evidence collection program administered by the
15 Department of State Police using the Illinois State Police
16 Sexual Assault Evidence Collection Kit, if appropriate,
17 assessing the patient for drug-facilitated or
18 alcohol-facilitated sexual assault, providing an evaluation of
19 and care for sexually transmitted infection and human
20 immunodeficiency virus (HIV), pregnancy risk evaluation and
21 care, and discharge and follow-up 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 effective on and after July 1, 2021.

12 (Source: P.A. 100-513, eff. 1-1-18; 100-775, eff. 1-1-19;
13 101-81, eff. 7-12-19.)

14 (410 ILCS 70/1a-1 new)

15 Sec. 1a-1. Definitions.

16 (a) In this Act:

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

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

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

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

6 "Approved federally qualified health center" means a
7 facility as defined in Section 1905(1)(2)(B) of the federal
8 Social Security Act with a sexual assault treatment plan
9 approved by the Department to provide medical forensic services
10 to sexual assault survivors 13 years old or older who present
11 with a complaint of sexual assault within a minimum of the last
12 7 days or who have disclosed past sexual assault by a specific
13 individual and were in the care of that individual within a
14 minimum of the last 7 days.

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

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

26 "Board-eligible child abuse pediatrician" means a

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

4 "Department" means the Department of Public Health.

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

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

12 "Follow-up healthcare" means healthcare services related
13 to a sexual assault, including laboratory services and pharmacy
14 services, rendered within 90 days of the initial visit for
15 medical forensic services.

16 "Health care professional" means a physician, a physician
17 assistant, a sexual assault forensic examiner, an advanced
18 practice registered nurse, a registered professional nurse, a
19 licensed practical nurse, or a sexual assault nurse examiner.

20 "Hospital" means a hospital licensed under the Hospital
21 Licensing Act or operated under the University of Illinois
22 Hospital Act, any outpatient center included in the hospital's
23 sexual assault treatment plan where hospital employees provide
24 medical forensic services, and an out-of-state hospital that
25 has consented to the jurisdiction of the Department under
26 Section 2.06-1.

1 "Illinois State Police Sexual Assault Evidence Collection
2 Kit" means a prepackaged set of materials and forms to be used
3 for the collection of evidence relating to sexual assault. The
4 standardized evidence collection kit for the State of Illinois
5 shall be the Illinois State Police Sexual Assault Evidence
6 Collection Kit.

7 "Law enforcement agency having jurisdiction" means the law
8 enforcement agency in the jurisdiction where an alleged sexual
9 assault or sexual abuse occurred.

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

12 "Medical forensic services" means health care delivered to
13 patients within or under the care and supervision of personnel
14 working in a designated emergency department of a hospital,
15 approved pediatric health care facility, or an approved
16 federally qualified health centers.

17 "Medical forensic services" includes, but is not limited
18 to, taking a medical history, performing photo documentation,
19 performing a physical and anogenital examination, assessing
20 the patient for evidence collection, collecting evidence in
21 accordance with a statewide sexual assault evidence collection
22 program administered by the Department of State Police using
23 the Illinois State Police Sexual Assault Evidence Collection
24 Kit, if appropriate, assessing the patient for
25 drug-facilitated or alcohol-facilitated sexual assault,
26 providing an evaluation of and care for sexually transmitted

1 infection and human immunodeficiency virus (HIV), pregnancy
2 risk evaluation and care, and discharge and follow-up
3 healthcare planning.

4 "Pediatric health care facility" means a clinic or
5 physician's office that provides medical services to pediatric
6 patients.

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

10 "Photo documentation" means digital photographs or
11 colposcope videos stored and backed up securely in the original
12 file format.

13 "Physician" means a person licensed to practice medicine in
14 all its branches.

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

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

23 "Qualified medical provider" means a board-certified child
24 abuse pediatrician, board-eligible child abuse pediatrician, a
25 sexual assault forensic examiner, or a sexual assault nurse
26 examiner who has access to photo documentation tools, and who

1 participates in peer review.

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

4 "Sexual assault" means:

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

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

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

19 "Sexual assault nurse examiner" means an advanced practice
20 registered nurse or registered professional nurse who has
21 completed a sexual assault nurse examiner training program that
22 meets the Sexual Assault Nurse Examiner Education Guidelines
23 established by the International Association of Forensic
24 Nurses.

25 "Sexual assault services voucher" means a document
26 generated by a hospital or approved pediatric health care

1 facility at the time the sexual assault survivor receives
2 outpatient medical forensic services that may be used to seek
3 payment for any ambulance services, medical forensic services,
4 laboratory services, pharmacy services, and follow-up
5 healthcare provided as a result of the sexual assault.

6 "Sexual assault survivor" means a person who presents for
7 medical forensic services in relation to injuries or trauma
8 resulting from a sexual assault.

9 "Sexual assault transfer plan" means a written plan
10 developed by a hospital and approved by the Department, which
11 describes the hospital's procedures for transferring sexual
12 assault survivors to another hospital, and an approved
13 pediatric health care facility, if applicable, in order to
14 receive medical forensic services.

15 "Sexual assault treatment plan" means a written plan that
16 describes the procedures and protocols for providing medical
17 forensic services to sexual assault survivors who present
18 themselves for such services, either directly or through
19 transfer from a hospital or an approved pediatric health care
20 facility.

21 "Transfer hospital" means a hospital with a sexual assault
22 transfer plan approved by the Department.

23 "Transfer services" means the appropriate medical
24 screening examination and necessary stabilizing treatment
25 prior to the transfer of a sexual assault survivor to a
26 hospital or an approved pediatric health care facility that

1 provides medical forensic services to sexual assault survivors
2 pursuant to a sexual assault treatment plan or areawide sexual
3 assault treatment plan.

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

11 "Treatment hospital with approved pediatric transfer"
12 means a hospital with a treatment plan approved by the
13 Department to provide medical forensic services to sexual
14 assault survivors 13 years old or older who present with a
15 complaint of sexual assault within a minimum of the last 7 days
16 or who have disclosed past sexual assault by a specific
17 individual and were in the care of that individual within a
18 minimum of the last 7 days.

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

20 (410 ILCS 70/2) (from Ch. 111 1/2, par. 87-2)

21 Sec. 2. Hospital and approved pediatric health care
22 facility requirements for sexual assault plans.

23 (a) Every hospital required to be licensed by the
24 Department pursuant to the Hospital Licensing Act, or operated
25 under the University of Illinois Hospital Act that provides

1 general medical and surgical hospital services shall provide
2 either (i) transfer services to all sexual assault survivors,
3 (ii) medical forensic services to all sexual assault survivors,
4 or (iii) transfer services to pediatric sexual assault
5 survivors and medical forensic services to sexual assault
6 survivors 13 years old or older, in accordance with rules
7 adopted by the Department.

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

1 provision of medical forensic services until January 1, 2022
2 if:

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

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

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

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

1 treatment hospital with a sexual assault treatment plan
2 approved by the Department within a 20-mile radius of the
3 4-year public university.

4 A transfer must be in accordance with federal and State
5 laws and local ordinances.

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

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

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

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

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

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

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

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

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

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

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

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

25 (b) An approved pediatric health care facility may provide
26 medical forensic services, in accordance with rules adopted by

1 the Department, to all pediatric sexual assault survivors who
2 present for medical forensic services in relation to injuries
3 or trauma resulting from a sexual assault. These services shall
4 be provided by a qualified medical provider.

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

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

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

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

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

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

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

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

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

25 (6) is posted clearly and conspicuously on or adjacent
26 to the door at each entrance and, if building materials

1 allow, is posted internally for viewing through glass; if
2 posted externally, the sign shall be made of
3 weather-resistant and theft-resistant materials,
4 non-removable, and adhered permanently to the building;
5 and

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

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

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

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

1 Reporting Act; (3) the Adult Protective Services Act; and (iv)
2 the Criminal Identification Act.

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

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

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

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

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

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

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

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

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

23 (410 ILCS 70/2-1 new)

24 Sec. 2-1. Hospital, approved pediatric health care
25 facility, and approved federally qualified health center

1 requirements for sexual assault plans.

2 (a) Every hospital required to be licensed by the
3 Department pursuant to the Hospital Licensing Act, or operated
4 under the University of Illinois Hospital Act that provides
5 general medical and surgical hospital services shall provide
6 either (i) transfer services to all sexual assault survivors,
7 (ii) medical forensic services to all sexual assault survivors,
8 or (iii) transfer services to pediatric sexual assault
9 survivors and medical forensic services to sexual assault
10 survivors 13 years old or older, in accordance with rules
11 adopted by the Department.

12 In addition, every such hospital, regardless of whether or
13 not a request is made for reimbursement, shall submit to the
14 Department a plan to provide either (i) transfer services to
15 all sexual assault survivors, (ii) medical forensic services to
16 all sexual assault survivors, or (iii) transfer services to
17 pediatric sexual assault survivors and medical forensic
18 services to sexual assault survivors 13 years old or older. The
19 Department shall approve such plan for either (i) transfer
20 services to all sexual assault survivors, (ii) medical forensic
21 services to all sexual assault survivors, or (iii) transfer
22 services to pediatric sexual assault survivors and medical
23 forensic services to sexual assault survivors 13 years old or
24 older, if it finds that the implementation of the proposed plan
25 would provide (i) transfer services or (ii) medical forensic
26 services for sexual assault survivors in accordance with the

1 requirements of this Act and provide sufficient protections
2 from the risk of pregnancy to sexual assault survivors.
3 Notwithstanding anything to the contrary in this paragraph, the
4 Department may approve a sexual assault transfer plan for the
5 provision of medical forensic services until January 1, 2022
6 if:

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

16 (2) a treatment hospital has agreed, as a part of an
17 areawide treatment plan, to accept sexual assault
18 survivors under 13 years of age from the proposed transfer
19 hospital and transfer to the treatment hospital would not
20 unduly burden the sexual assault survivor.

21 The Department may not approve a sexual assault transfer
22 plan unless a treatment hospital has agreed, as a part of an
23 areawide treatment plan, to accept sexual assault survivors
24 from the proposed transfer hospital and a transfer to the
25 treatment hospital would not unduly burden the sexual assault
26 survivor.

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

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

10 A treatment hospital with approved pediatric transfer must
11 submit an areawide treatment plan under Section 3-1 of this Act
12 that includes a written agreement with a treatment hospital
13 stating that the treatment hospital will provide medical
14 forensic services to pediatric sexual assault survivors
15 transferred from the treatment hospital with approved
16 pedsiatric transfer. The areawide treatment plan may also
17 include an approved pediatric health care facility.

18 A transfer hospital must submit an areawide treatment plan
19 under Section 3-1 of this Act that includes a written agreement
20 with a treatment hospital stating that the treatment hospital
21 will provide medical forensic services to all sexual assault
22 survivors transferred from the transfer hospital. The areawide
23 treatment plan may also include an approved pediatric health
24 care facility. Notwithstanding anything to the contrary in this
25 paragraph, until January 1, 2022, the areawide treatment plan
26 may include a written agreement with a treatment hospital with

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

13 Beginning January 1, 2019, each treatment hospital and
14 treatment hospital with approved pediatric transfer shall
15 ensure that emergency department attending physicians,
16 physician assistants, advanced practice registered nurses, and
17 registered professional nurses providing clinical services,
18 who do not meet the definition of a qualified medical provider
19 in Section 1a-1 of this Act, receive a minimum of 2 hours of
20 sexual assault training by July 1, 2020 or until the treatment
21 hospital or treatment hospital with approved pediatric
22 transfer 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 After July 1, 2020 or once a treatment hospital or a

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

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

16 (1) information provided on the provision of medical
17 forensic services;

18 (2) information on the use of the Illinois Sexual
19 Assault Evidence Collection Kit;

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

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

26 The online training made available by the Office of the

1 Attorney General under subsection (b) of Section 10-1 may be
2 used to comply with this subsection.

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

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

19 The Department shall review a proposed sexual assault
20 treatment plan submitted by a pediatric health care facility
21 within 60 days after receipt of the plan. If the Department
22 finds that the proposed plan meets the minimum requirements set
23 forth in Section 5-1 of this Act and that implementation of the
24 proposed plan would provide medical forensic services for
25 pediatric sexual assault survivors, then the Department shall
26 approve the plan. If the Department does not approve a plan,

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

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

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

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

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

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

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

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

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

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

12 (b-5) An approved federally qualified health center may
13 provide medical forensic services, in accordance with rules
14 adopted by the Department, to all sexual assault survivors 13
15 years old or older who present for medical forensic services in
16 relation to injuries or trauma resulting from a sexual assault
17 during the duration, and 90 days thereafter, of a proclamation
18 issued by the Governor declaring a disaster, or a successive
19 proclamation regarding the same disaster, in all 102 counties
20 due to a public health emergency. These services shall be
21 provided by (i) a qualified medical provider, physician,
22 physician assistant, or advanced practice registered nurse who
23 has received a minimum of 10 hours of sexual assault training
24 provided by a qualified medical provider on current Illinois
25 legislation, how to properly perform a medical forensic
26 examination, evidence collection, drug and alcohol facilitated

1 sexual assault, and forensic photography and has all
2 documentation and photos peer reviewed by a qualified medical
3 provider or (ii) until the federally qualified health care
4 center certifies to the Department, in a form and manner
5 prescribed by the Department, that it employs or contracts with
6 a qualified medical provider in accordance with subsection
7 (a-7) of Section 5-1, whichever occurs first.

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

19 The Department shall review a proposed sexual assault
20 treatment plan submitted by a federally qualified health center
21 within 14 days after receipt of the plan. If the Department
22 finds that the proposed plan meets the minimum requirements set
23 forth in Section 5-1 and that implementation of the proposed
24 plan would provide medical forensic services for sexual assault
25 survivors 13 years old or older, then the Department shall
26 approve the plan. If the Department does not approve a plan,

1 then the Department shall notify the federally qualified health
2 center that the proposed plan has not been approved. The
3 federally qualified health center shall have 14 days to submit
4 a revised plan. The Department shall review the revised plan
5 within 14 days after receipt of the plan and notify the
6 federally qualified health center whether the revised plan is
7 approved or rejected. A federally qualified health center may
8 not (i) provide medical forensic services to sexual assault
9 survivors 13 years old or older who present with a complaint of
10 sexual assault within a minimum of the previous 7 days or (ii)
11 who have disclosed past sexual assault by a specific individual
12 and were in the care of that individual within a minimum of the
13 previous 7 days until the Department has approved a treatment
14 plan.

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

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

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

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

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

26 (5) has a black background with white bold capital

1 lettering in a clear and easy to read font that is at least
2 72-point type, and with "call 911" in at least 125-point
3 type;

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

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

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

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

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

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

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

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

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

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

24 (C) declined by (i) all sexual assault survivors
25 and (ii) pediatric sexual assault survivors.

26 This information shall be made available on the

1 Department's website.

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

3 (410 ILCS 70/2.05)

4 Sec. 2.05. Department requirements.

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

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

1 and, except as otherwise provided in this Section, update the
2 report every quarter thereafter. The report shall include all
3 of the following:

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

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

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

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

1 its approved plan.

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

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

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

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

18 (410 ILCS 70/2.05-1 new)

19 Sec. 2.05-1. Department requirements.

20 (a) The Department shall periodically conduct on-site
21 reviews of approved sexual assault treatment plans with
22 hospital, approved pediatric health care facility, and
23 approved federally qualified health care personnel to ensure
24 that the established procedures are being followed. Department
25 personnel conducting the on-site reviews shall attend 4 hours

1 of sexual assault training conducted by a qualified medical
2 provider that includes, but is not limited to, forensic
3 evidence collection provided to sexual assault survivors of any
4 age and Illinois sexual assault-related laws and
5 administrative rules.

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

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

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

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

5 (3) Each hospital, approved pediatric care facility,
6 and federally qualified health center that has to submit an
7 acceptable Plan of Correction within the time required by
8 Section 2.1-1, including the date the Plan of Correction
9 was required to be submitted. Once a hospital, approved
10 pediatric health care facility, or approved federally
11 qualified health center submits and implements the
12 required Plan of Correction, the Department shall
13 immediately update the report on its Internet website to
14 reflect that hospital, approved pediatric health care
15 facility, or federally qualified health center's
16 compliance.

17 (4) Each hospital, approved pediatric care facility,
18 and federally qualified health center at which the periodic
19 on-site review required by Section 2.05-1 of this Act has
20 been conducted, including the date of the on-site review
21 and whether the hospital, approved pediatric care
22 facility, and federally qualified health center was found
23 to be in compliance with its approved plan.

24 (5) Each areawide treatment plan submitted to the
25 Department pursuant to Section 3-1 of this Act, including
26 which treatment hospitals, treatment hospitals with

1 approved pediatric transfer, transfer hospitals, approved
2 pedsiatric health care facilities, and approved federally
3 qualified health centers are identified in each areawide
4 treatment plan.

5 (6) During the duration, and 90 days thereafter, of a
6 proclamation issued by the Governor declaring a disaster,
7 or a successive proclamation regarding the same disaster,
8 in all 102 counties due to a public health emergency, the
9 Department shall immediately update the report on its
10 website to reflect each federally qualified health center
11 that has submitted a plan, including the submission date of
12 the plan, type of plan submitted, and the date the plan was
13 approved.

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

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

23 (410 ILCS 70/2.06)

24 Sec. 2.06. Consent to jurisdiction.

25 (a) A pediatric health care facility that submits a plan to

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

1 health care facility or out-of-state hospital. In carrying out
2 oversight of a pediatric health care facility or an
3 out-of-state hospital, the Department shall respect the
4 confidentiality of all patient records, including by complying
5 with the patient record confidentiality requirements set out in
6 Section 6.14b of the Hospital Licensing Act.

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

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

9 (410 ILCS 70/2.06-1 new)

10 Sec. 2.06-1. Consent to jurisdiction.

11 (a) A pediatric health care facility or federally qualified
12 health center that submits a plan to the Department for
13 approval under Section 2-1 or an out-of-state hospital that
14 submits an areawide treatment plan in accordance with
15 subsection (b) of Section 5.4 consents to the jurisdiction and
16 oversight of the Department, including, but not limited to,
17 inspections, investigations, and evaluations arising out of
18 complaints relevant to this Act made to the Department. A
19 pediatric health care facility or federally qualified health
20 center that submits a plan to the Department for approval under
21 Section 2-1 or an out-of-state hospital that submits an
22 areawide treatment plan in accordance with subsection (b) of
23 Section 5.4 shall be deemed to have given consent to annual
24 inspections, surveys, or evaluations relevant to this Act by
25 properly identified personnel of the Department or by such

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

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

24 (410 ILCS 70/2.1) (from Ch. 111 1/2, par. 87-2.1)

25 Sec. 2.1. Plan of correction; penalties.

1 (a) If the Department surveyor determines that the hospital
2 or approved pediatric health care facility is not in compliance
3 with its approved plan, the surveyor shall provide the hospital
4 or approved pediatric health care facility with a written list
5 of the specific items of noncompliance within 10 working days
6 after the conclusion of the on-site review. The hospital shall
7 have 10 working days to submit to the Department a plan of
8 correction which contains the hospital's or approved pediatric
9 health care facility's specific proposals for correcting the
10 items of noncompliance. The Department shall review the plan of
11 correction and notify the hospital in writing within 10 working
12 days as to whether the plan is acceptable or unacceptable.

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

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

26 If an approved pediatric health care facility fails to

1 submit an acceptable Plan of Correction or to implement the
2 Plan of Correction within the time frames required in this
3 Section, then the Department shall notify the approved
4 pediatric health care facility that the approved pediatric
5 health care facility may not provide medical forensic services
6 under this Act. The Department may impose a fine of up to \$500
7 per patient provided services in violation of this Act.

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

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

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

18 (410 ILCS 70/2.1-1 new)

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

20 (a) If the Department surveyor determines that the
21 hospital, approved pediatric health care facility, or approved
22 federally qualified health center is not in compliance with its
23 approved plan, the surveyor shall provide the hospital,
24 approved pediatric health care facility, or approved federally
25 qualified health center with a written list of the specific

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

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

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

1 If an approved pediatric health care facility or approved
2 federally qualified health center fails to submit an acceptable
3 Plan of Correction or to implement the Plan of Correction
4 within the time frames required in this Section, then the
5 Department shall notify the approved pediatric health care
6 facility or approved federally qualified health center that the
7 approved pediatric health care facility or approved federally
8 qualified health center may not provide medical forensic
9 services under this Act. The Department may impose a fine of up
10 to \$500 per patient provided services in violation of this Act.

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

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

21 (410 ILCS 70/2.2)

22 Sec. 2.2. Emergency contraception.

23 (a) The General Assembly finds:

24 (1) Crimes of sexual assault and sexual abuse cause
25 significant physical, emotional, and psychological trauma

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

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

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

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

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

1 protocol would provide sufficient protection for survivors of
2 sexual assault.

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

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

12 (Source: P.A. 99-173, eff. 7-29-15; 100-513, eff. 1-1-18;
13 100-775, eff. 1-1-19.)

14 (410 ILCS 70/2.2-1 new)

15 Sec. 2.2-1. Emergency contraception.

16 (a) The General Assembly finds:

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

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

25 (3) As approved for use by the Federal Food and Drug

1 Administration (FDA), emergency contraception can
2 significantly reduce the risk of pregnancy if taken within
3 72 hours after the sexual assault.

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

7 (b) Every hospital, approved pediatric health care
8 facility, or approved federally qualified health center
9 providing services to sexual assault survivors in accordance
10 with a plan approved under Section 2-1 must develop a protocol
11 that ensures that each survivor of sexual assault will receive
12 medically and factually accurate and written and oral
13 information about emergency contraception; the indications and
14 contraindications and risks associated with the use of
15 emergency contraception; and a description of how and when
16 victims may be provided emergency contraception at no cost upon
17 the written order of a physician licensed to practice medicine
18 in all its branches, a licensed advanced practice registered
19 nurse, or a licensed physician assistant. The Department shall
20 approve the protocol if it finds that the implementation of the
21 protocol would provide sufficient protection for survivors of
22 sexual assault.

23 The hospital, approved pediatric health care facility, or
24 approved federally qualified health center shall implement the
25 protocol upon approval by the Department. The Department shall
26 adopt rules and regulations establishing one or more safe

1 harbor protocols and setting minimum acceptable protocol
2 standards that hospitals may develop and implement. The
3 Department shall approve any protocol that meets those
4 standards. The Department may provide a sample acceptable
5 protocol upon request.

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

7 (410 ILCS 70/3) (from Ch. 111 1/2, par. 87-3)

8 Sec. 3. Areawide sexual assault treatment plans;
9 submission.

10 (a) Hospitals and approved pediatric health care
11 facilities in the area to be served may develop and participate
12 in areawide plans that shall describe the medical forensic
13 services to sexual assault survivors that each participating
14 hospital and approved pediatric health care facility has agreed
15 to make available. Each hospital and approved pediatric health
16 care facility participating in such a plan shall provide such
17 services as it is designated to provide in the plan agreed upon
18 by the participants. An areawide plan may include treatment
19 hospitals, treatment hospitals with approved pediatric
20 transfer, transfer hospitals, approved pediatric health care
21 facilities, or out-of-state hospitals as provided in Section
22 5.4. All areawide plans shall be submitted to the Department
23 for approval, prior to becoming effective. The Department shall
24 approve a proposed plan if it finds that the minimum
25 requirements set forth in Section 5 and implementation of the

1 plan would provide for appropriate medical forensic services
2 for the people of the area to be served.

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

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

5 (410 ILCS 70/3-1 new)

6 Sec. 3-1. Areawide sexual assault treatment plans;
7 submission.

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

1 requirements set forth in Section 5-1 and implementation of the
2 plan would provide for appropriate medical forensic services
3 for the people of the area to be served.

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

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

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

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

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

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

22 (1) Appropriate medical forensic services without
23 delay, in a private, age-appropriate or
24 developmentally-appropriate space, required to ensure the
25 health, safety, and welfare of a sexual assault survivor

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

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

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

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

24 (1.5) An offer to complete the Illinois Sexual Assault
25 Evidence Collection Kit for any sexual assault survivor who
26 presents within a minimum of the last 7 days of the assault

1 or who has disclosed past sexual assault by a specific
2 individual and was in the care of that individual within a
3 minimum of the last 7 days.

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

15 Before January 1, 2022, the information required
16 under this subparagraph shall be provided in person by
17 the health care professional providing medical
18 forensic services directly to the sexual assault
19 survivor.

20 On and after January 1, 2022, the information
21 required under this subparagraph shall be provided in
22 person by the qualified medical provider providing
23 medical forensic services directly to the sexual
24 assault survivor.

25 The written information provided shall be the
26 information created in accordance with Section 10 of

1 this Act.

2 (B) Following the discussion regarding the
3 evidence-based guidelines for evidence collection in
4 accordance with subparagraph (A), evidence collection
5 must be completed at the sexual assault survivor's
6 request. A sexual assault nurse examiner conducting an
7 examination using the Illinois State Police Sexual
8 Assault Evidence Collection Kit may do so without the
9 presence or participation of a physician.

10 (2) Appropriate oral and written information
11 concerning the possibility of infection, sexually
12 transmitted infection, including an evaluation of the
13 sexual assault survivor's risk of contracting human
14 immunodeficiency virus (HIV) from sexual assault, and
15 pregnancy resulting from sexual assault.

16 (3) Appropriate oral and written information
17 concerning accepted medical procedures, laboratory tests,
18 medication, and possible contraindications of such
19 medication available for the prevention or treatment of
20 infection or disease resulting from sexual assault.

21 (3.5) After a medical evidentiary or physical
22 examination, access to a shower at no cost, unless
23 showering facilities are unavailable.

24 (4) An amount of medication, including HIV
25 prophylaxis, for treatment at the hospital or approved
26 pediatric health care facility and after discharge as is

1 deemed appropriate by the attending physician, an advanced
2 practice registered nurse, or a physician assistant in
3 accordance with the Centers for Disease Control and
4 Prevention guidelines and consistent with the hospital's
5 or approved pediatric health care facility's current
6 approved protocol for sexual assault survivors.

7 (5) Photo documentation of the sexual assault
8 survivor's injuries, anatomy involved in the assault, or
9 other visible evidence on the sexual assault survivor's
10 body to supplement the medical forensic history and written
11 documentation of physical findings and evidence beginning
12 July 1, 2019. Photo documentation does not replace written
13 documentation of the injury.

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

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

20 (8) Medical advocacy services provided by a rape crisis
21 counselor whose communications are protected under Section
22 8-802.1 of the Code of Civil Procedure, if there is a
23 memorandum of understanding between the hospital or
24 approved pediatric health care facility and a rape crisis
25 center. With the consent of the sexual assault survivor, a
26 rape crisis counselor shall remain in the exam room during

1 the medical forensic examination.

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

5 (10) A treatment hospital, a treatment hospital with
6 approved pediatric transfer, an out-of-state hospital as
7 defined in Section 5.4, or an approved pediatric health
8 care facility shall comply with the rules relating to the
9 collection and tracking of sexual assault evidence adopted
10 by the Department of State Police under Section 50 of the
11 Sexual Assault Evidence Submission Act.

12 (a-7) By January 1, 2022, every hospital with a treatment
13 plan approved by the Department shall employ or contract with a
14 qualified medical provider to initiate medical forensic
15 services to a sexual assault survivor within 90 minutes of the
16 patient presenting to the treatment hospital or treatment
17 hospital with approved pediatric transfer. The provision of
18 medical forensic services by a qualified medical provider shall
19 not delay the provision of life-saving medical care.

20 (b) Any person who is a sexual assault survivor who seeks
21 medical forensic services or follow-up healthcare under this
22 Act shall be provided such services without the consent of any
23 parent, guardian, custodian, surrogate, or agent. If a sexual
24 assault survivor is unable to consent to medical forensic
25 services, the services may be provided under the Consent by
26 Minors to Medical Procedures Act, the Health Care Surrogate

1 Act, or other applicable State and federal laws.

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

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

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

14 (Source: P.A. 100-513, eff. 1-1-18; 100-775, eff. 1-1-19;
15 100-1087, eff. 1-1-19; 101-81, eff. 7-12-19; 101-377, eff.
16 8-16-19.)

17 (410 ILCS 70/5-1 new)

18 Sec. 5-1. Minimum requirements for medical forensic
19 services provided to sexual assault survivors by hospitals,
20 approved pediatric health care facilities, and approved
21 federally qualified health centers.

22 (a) Every hospital, approved pediatric health care
23 facility, and approved federally qualified health center
24 providing medical forensic services to sexual assault
25 survivors under this Act shall, as minimum requirements for

1 such services, provide, with the consent of the sexual assault
2 survivor, and as ordered by the attending physician, an
3 advanced practice registered nurse, or a physician assistant,
4 the services set forth in subsection (a-5).

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

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

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

21 Records of medical forensic services, including
22 results of examinations and tests, the Illinois State
23 Police Medical Forensic Documentation Forms, the Illinois
24 State Police Patient Discharge Materials, and the Illinois
25 State Police Patient Consent: Collect and Test Evidence or
26 Collect and Hold Evidence Form, shall be maintained by the

1 hospital or approved pediatric health care facility as part
2 of the patient's electronic medical record.

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

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

13 (1.5) An offer to complete the Illinois Sexual Assault
14 Evidence Collection Kit for any sexual assault survivor who
15 presents within a minimum of the last 7 days of the assault
16 or who has disclosed past sexual assault by a specific
17 individual and was in the care of that individual within a
18 minimum of the last 7 days.

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

1 hospital or approved pediatric health care facility
2 with a complaint of sexual assault within a minimum of
3 96 hours after the sexual assault.

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

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

14 The written information provided shall be the
15 information created in accordance with Section 10-1 of
16 this Act.

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

25 (2) Appropriate oral and written information
26 concerning the possibility of infection, sexually

1 transmitted infection, including an evaluation of the
2 sexual assault survivor's risk of contracting human
3 immunodeficiency virus (HIV) from sexual assault, and
4 pregnancy resulting from sexual assault.

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

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

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

22 (5) Photo documentation of the sexual assault
23 survivor's injuries, anatomy involved in the assault, or
24 other visible evidence on the sexual assault survivor's
25 body to supplement the medical forensic history and written
26 documentation of physical findings and evidence beginning

1 July 1, 2019. Photo documentation does not replace written
2 documentation of the injury.

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

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

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

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

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

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

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

17 (b-5) Every hospital, approved pediatric health care
18 facility, or approved federally qualified health center
19 providing medical forensic services to sexual assault
20 survivors shall issue a voucher to any sexual assault survivor
21 who is eligible to receive one in accordance with Section 5.2-1
22 of this Act. The hospital, approved pediatric health care
23 facility, or approved federally qualified health center shall
24 make a copy of the voucher and place it in the medical record
25 of the sexual assault survivor. The hospital, approved
26 pedsiatric health care facility, or approved federally

1 qualified health center shall provide a copy of the voucher to
2 the sexual assault survivor after discharge upon request.

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

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

8 (410 ILCS 70/5.1)

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

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

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

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

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

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

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

14 (410 ILCS 70/5.1-1 new)

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

17 (a) Photo documentation taken during a medical forensic
18 examination shall be maintained by the hospital, approved
19 pediatric health care facility, or approved federally
20 qualified health center as part of the patient's medical
21 record.

22 Photo documentation shall be stored and backed up securely
23 in its original file format in accordance with facility
24 protocol. The facility protocol shall require limited access to
25 the images and be included in the sexual assault treatment plan

1 submitted to the Department.

2 Photo documentation of a sexual assault survivor under the
3 age of 18 shall be retained for a period of 60 years after the
4 sexual assault survivor reaches the age of 18. Photo
5 documentation of a sexual assault survivor 18 years of age or
6 older shall be retained for a period of 20 years after the
7 record was created.

8 Photo documentation of the sexual assault survivor's
9 injuries, anatomy involved in the assault, or other visible
10 evidence on the sexual assault survivor's body may be used for
11 peer review, expert second opinion, or in a criminal proceeding
12 against a person accused of sexual assault, a proceeding under
13 the Juvenile Court Act of 1987, or in an investigation under
14 the Abused and Neglected Child Reporting Act. Any dissemination
15 of photo documentation, including for peer review, an expert
16 second opinion, or in any court or administrative proceeding or
17 investigation, must be in accordance with State and federal
18 law.

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

20 (410 ILCS 70/5.2)

21 Sec. 5.2. Sexual assault services voucher.

22 (a) A sexual assault services voucher shall be issued by a
23 treatment hospital, treatment hospital with approved pediatric
24 transfer, or approved pediatric health care facility at the
25 time a sexual assault survivor receives medical forensic

1 services.

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

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

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

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

20 (c) A sexual assault services voucher 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 (d) Any treatment hospital, treatment hospital with
25 approved pediatric transfer, approved pediatric health care
26 facility, health care professional, ambulance provider,

1 laboratory, or pharmacy may submit a bill for services provided
2 to a sexual assault survivor as a result of a sexual assault to
3 the Department of Healthcare and Family Services Sexual Assault
4 Emergency Treatment Program. The bill shall include:

5 (1) the name and date of birth of the sexual assault
6 survivor;

7 (2) the service provided;

8 (3) the charge of service;

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

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

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

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

20 If a sexual assault services voucher was not issued to a
21 sexual assault survivor by the treatment hospital, treatment
22 hospital with approved pediatric transfer, or approved
23 pediatric health care facility, then a health care
24 professional, ambulance provider, laboratory, or pharmacy may
25 submit a request to the Department of Healthcare and Family
26 Services Sexual Assault Emergency Treatment Program to issue a

1 sexual assault services voucher.

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

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

4 (410 ILCS 70/5.2-1 new)

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

6 (a) A sexual assault services voucher shall be issued by a
7 treatment hospital, treatment hospital with approved pediatric
8 transfer, approved pediatric health care facility, or approved
9 federally qualified health center at the time a sexual assault
10 survivor receives medical forensic services.

11 (b) Each treatment hospital, treatment hospital with
12 approved pediatric transfer, approved pediatric health care
13 facility, and approved federally qualified health center must
14 include in its sexual assault treatment plan submitted to the
15 Department in accordance with Section 2-1 of this Act a
16 protocol for issuing sexual assault services vouchers. The
17 protocol shall, at a minimum, include the following:

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

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

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

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

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

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

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

19 (2) the service provided;

20 (3) the charge of service;

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

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

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

26 The Department of Healthcare and Family Services Sexual

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

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

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

15 (410 ILCS 70/5.3)

16 Sec. 5.3. Pediatric sexual assault care.

17 (a) The General Assembly finds:

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

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

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

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

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

25 If the transferring hospital confirms that medical
26 forensic services can be initiated within 90 minutes of the

1 patient's arrival at the approved pediatric health care
2 facility following an immediate transfer, then the hospital
3 emergency department staff shall notify the patient and
4 non-offending parent or legal guardian that the patient will be
5 transferred for medical forensic services and shall provide the
6 patient and non-offending parent or legal guardian the option
7 of being transferred to the approved pediatric health care
8 facility or the treatment hospital designated in the hospital's
9 plan. The pediatric sexual assault survivor may be transported
10 by ambulance, law enforcement, or personal vehicle.

11 If medical forensic services cannot be initiated within 90
12 minutes of the patient's arrival at the approved pediatric
13 health care facility, there is no approved pediatric health
14 care facility designated in the hospital's plan, or the patient
15 or non-offending parent or legal guardian chooses to be
16 transferred to a treatment hospital, the hospital emergency
17 department staff shall contact a treatment hospital designated
18 in the hospital's plan to arrange for the transfer of the
19 patient to the treatment hospital for medical forensic
20 services, which are to be initiated within 90 minutes of the
21 patient's arrival at the treatment hospital. The treatment
22 hospital shall provide medical forensic services and may not
23 transfer the patient to another facility. The pediatric sexual
24 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 effective on and after July 1, 2021.

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

15 (410 ILCS 70/5.3-1 new)

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

17 (a) The General Assembly finds:

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

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

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

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

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

1 plan.

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

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

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

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

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

25 If medical forensic services cannot be initiated within 90
26 minutes after the patient's arrival to the approved pediatric

1 health care facility, there is no approved pediatric health
2 care facility designated in the hospital's plan, or the patient
3 or non-offending parent or legal guardian chooses not to be
4 transferred, the hospital shall provide medical forensic
5 services to the patient.

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

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

22 (410 ILCS 70/5.5)

23 Sec. 5.5. Minimum reimbursement requirements for follow-up
24 healthcare.

25 (a) Every hospital, pediatric health care facility, health

1 care professional, laboratory, or pharmacy that provides
2 follow-up healthcare to a sexual assault survivor, with the
3 consent of the sexual assault survivor and as ordered by the
4 attending physician, an advanced practice registered nurse, or
5 physician assistant shall be reimbursed for the follow-up
6 healthcare services provided. Follow-up healthcare services
7 include, but are not limited to, the following:

8 (1) a physical examination;

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

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

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

18 (c) Nothing in this Section requires a hospital, pediatric
19 health care facility, health care professional, laboratory, or
20 pharmacy to provide follow-up healthcare to a sexual assault
21 survivor.

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

23 (Source: P.A. 99-173, eff. 7-29-15; 100-513, eff. 1-1-18;
24 100-775, eff. 1-1-19.)

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

3 (a) Every hospital, pediatric health care facility,
4 federally qualified health center, health care professional,
5 laboratory, or pharmacy that provides follow-up healthcare to a
6 sexual assault survivor, with the consent of the sexual assault
7 survivor and as ordered by the attending physician, an advanced
8 practice registered nurse, or physician assistant shall be
9 reimbursed for the follow-up healthcare services provided.
10 Follow-up healthcare services include, but are not limited to,
11 the following:

12 (1) a physical examination;

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

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

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

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

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

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

2 Sec. 6.1. Minimum standards.

3 (a) The Department shall prescribe minimum standards,
4 rules, and regulations necessary to implement this Act and the
5 changes made by this amendatory Act of the 100th General
6 Assembly, which shall apply to every hospital required to be
7 licensed by the Department that provides general medical and
8 surgical hospital services and to every approved pediatric
9 health care facility. Such standards shall include, but not be
10 limited to, a uniform system for recording results of medical
11 examinations and all diagnostic tests performed in connection
12 therewith to determine the condition and necessary treatment of
13 sexual assault survivors, which results shall be preserved in a
14 confidential manner as part of the hospital's or approved
15 pediatric health care facility's record of the sexual assault
16 survivor.

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

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

19 (410 ILCS 70/6.1-1 new)

20 Sec. 6.1-1. 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 101st General
24 Assembly, which shall apply to every hospital required to be

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

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

14 (410 ILCS 70/6.2) (from Ch. 111 1/2, par. 87-6.2)

15 Sec. 6.2. Assistance and grants.

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

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 70/6.2-1 new)

24 Sec. 6.2-1. Assistance and grants.

1 (a) The Department shall assist in the development and
2 operation of programs which provide medical forensic services
3 to sexual assault survivors, and, where necessary, to provide
4 grants to hospitals, approved pediatric health care
5 facilities, and approved federally qualified health centers
6 for this purpose.

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

8 (410 ILCS 70/6.4) (from Ch. 111 1/2, par. 87-6.4)

9 Sec. 6.4. Sexual assault evidence collection program.

10 (a) There is created a statewide sexual assault evidence
11 collection program to facilitate the prosecution of persons
12 accused of sexual assault. This program shall be administered
13 by the Illinois State Police. The program shall consist of the
14 following: (1) distribution of sexual assault evidence
15 collection kits which have been approved by the Illinois State
16 Police to hospitals and approved pediatric health care
17 facilities that request them, or arranging for such
18 distribution by the manufacturer of the kits, (2) collection of
19 the kits from hospitals and approved pediatric health care
20 facilities after the kits have been used to collect evidence,
21 (3) analysis of the collected evidence and conducting of
22 laboratory tests, (4) maintaining the chain of custody and
23 safekeeping of the evidence for use in a legal proceeding, and
24 (5) the comparison of the collected evidence with the genetic
25 marker grouping analysis information maintained by the

1 Department of State Police under Section 5-4-3 of the Unified
2 Code of Corrections and with the information contained in the
3 Federal Bureau of Investigation's National DNA database;
4 provided the amount and quality of genetic marker grouping
5 results obtained from the evidence in the sexual assault case
6 meets the requirements of both the Department of State Police
7 and the Federal Bureau of Investigation's Combined DNA Index
8 System (CODIS) policies. The standardized evidence collection
9 kit for the State of Illinois shall be the Illinois State
10 Police Sexual Assault Evidence Kit and shall include a written
11 consent form authorizing law enforcement to test the sexual
12 assault evidence and to provide law enforcement with details of
13 the sexual assault.

14 (a-5) (Blank).

15 (b) The Illinois State Police shall administer a program to
16 train hospital and approved pediatric health care facility
17 personnel participating in the sexual assault evidence
18 collection program, in the correct use and application of the
19 sexual assault evidence collection kits. The Department shall
20 cooperate with the Illinois State Police in this program as it
21 pertains to medical aspects of the evidence collection.

22 (c) (Blank).

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

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

25 (410 ILCS 70/6.4-1 new)

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

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

1 Illinois shall be the Illinois State Police Sexual Assault
2 Evidence Kit and shall include a written consent form
3 authorizing law enforcement to test the sexual assault evidence
4 and to provide law enforcement with details of the sexual
5 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 and approved federally qualified health center personnel
10 participating in the sexual assault evidence collection
11 program, in the correct use and application of the sexual
12 assault evidence collection kits. The Department shall
13 cooperate with the Illinois State Police in this program as it
14 pertains to medical aspects of the evidence collection.

15 (c) (Blank).

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

17 (410 ILCS 70/6.5)

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

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

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

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

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

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

23 (4) Any health care professional or health care
24 institution, including any hospital or approved pediatric
25 health care facility, who provides evidence or information
26 to a law enforcement officer under a written consent as

1 specified in this Section is immune from any civil or
2 professional liability that might arise from those
3 actions, with the exception of willful or wanton
4 misconduct. The immunity provision applies only if all of
5 the requirements of this Section are met.

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

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

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

18 (2) a person authorized to consent to the testing of
19 the sexual assault evidence may sign a written consent to
20 allow law enforcement to test the sexual assault evidence
21 at any time during that 10-year period for an adult victim,
22 or until a minor victim turns 28 years of age by (A)
23 contacting the law enforcement agency having jurisdiction,
24 or if unknown, the law enforcement agency contacted by the
25 hospital or approved pediatric health care facility under
26 Section 3.2 of the Criminal Identification Act; or (B) by

1 working with an advocate at a rape crisis center;

2 (3) the name, address, and phone number of the law
3 enforcement agency having jurisdiction, or if unknown the
4 name, address, and phone number of the law enforcement
5 agency contacted by the hospital or approved pediatric
6 health care facility under Section 3.2 of the Criminal
7 Identification Act; and

8 (4) the name and phone number of a local rape crisis
9 center.

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

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

13 (410 ILCS 70/6.5-1 new)

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

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

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

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

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

19 (4) Any health care professional or health care
20 institution, including any hospital, approved pediatric
21 health care facility, or approved federally qualified
22 health center, who provides evidence or information to a
23 law enforcement officer under a written consent as
24 specified in this Section is immune from any civil or
25 professional liability that might arise from those
26 actions, with the exception of willful or wanton

1 misconduct. The immunity provision applies only if all of
2 the requirements of this Section are met.

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

7 (c) If a written consent to allow law enforcement to hold
8 the sexual assault evidence is signed at the completion of
9 medical forensic services, the hospital, approved pediatric
10 health care facility, or approved federally qualified health
11 center shall include the following information in its discharge
12 instructions:

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

17 (2) A person authorized to consent to the testing of
18 the sexual assault evidence may sign a written consent to
19 allow law enforcement to test the sexual assault evidence
20 at any time during that 10-year period for an adult victim,
21 or until a minor victim turns 28 years of age by (A)
22 contacting the law enforcement agency having jurisdiction,
23 or if unknown, the law enforcement agency contacted by the
24 hospital, approved pediatric health care facility, or
25 approved federally qualified health center under Section
26 3.2 of the Criminal Identification Act; or (B) by working

1 with an advocate at a rape crisis center;

2 (3) the name, address, and phone number of the law
3 enforcement agency having jurisdiction, or if unknown the
4 name, address, and phone number of the law enforcement
5 agency contacted by the hospital or approved pediatric
6 health care facility under Section 3.2 of the Criminal
7 Identification Act; and

8 (4) the name and phone number of a local rape crisis
9 center.

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

11 (410 ILCS 70/6.6)

12 Sec. 6.6. 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 or approved pediatric health care facility shall make
16 reasonable efforts to determine the law enforcement agency
17 having jurisdiction where the sexual assault occurred, if
18 sexual assault evidence was collected. The hospital or approved
19 pediatric health care facility may obtain the name of the law
20 enforcement agency with jurisdiction from the local law
21 enforcement agency.

22 (b) Within 4 hours after the completion of medical forensic
23 services, the hospital or approved pediatric health care
24 facility shall notify the law enforcement agency having
25 jurisdiction that the hospital or approved pediatric health

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

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

25 (d) If the law enforcement agency having jurisdiction has
26 not taken physical custody of the sexual assault evidence

1 within 10 days of the first contact by the hospital or approved
2 pediatric health care facility and the hospital or approved
3 pediatric health care facility has provided renotification
4 under subsection (c) of this Section, the hospital or approved
5 pediatric health care facility shall contact the State's
6 Attorney of the county where the law enforcement agency having
7 jurisdiction is located. The hospital or approved pediatric
8 health care facility shall inform the State's Attorney that the
9 hospital or approved pediatric health care facility is in
10 possession of sexual assault evidence, the date the sexual
11 assault evidence was collected, the law enforcement agency
12 having jurisdiction, the dates, times and names of persons
13 notified under subsections (b) and (c) of this Section. The
14 notification shall be made within 14 days of the collection of
15 the sexual assault evidence.

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

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

19 (410 ILCS 70/6.6-1 new)

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

21 (a) As soon as practicable, but in no event more than 4
22 hours after the completion of medical forensic services, the
23 hospital, approved pediatric health care facility, or approved
24 federally qualified health center shall make reasonable
25 efforts to determine the law enforcement agency having

1 jurisdiction where the sexual assault occurred, if sexual
2 assault evidence was collected. The hospital, approved
3 pediatric health care facility, or approved federally
4 qualified health center may obtain the name of the law
5 enforcement agency with jurisdiction from the local law
6 enforcement agency.

7 (b) Within 4 hours after the completion of medical forensic
8 services, the hospital, approved pediatric health care
9 facility, or approved federally qualified health center shall
10 notify the law enforcement agency having jurisdiction that the
11 hospital, approved pediatric health care facility, or approved
12 federally qualified health center is in possession of sexual
13 assault evidence and the date and time the collection of
14 evidence was completed. The hospital, approved pediatric
15 health care facility, or approved federally qualified health
16 center shall document the notification in the patient's medical
17 records and shall include the agency notified, the date and
18 time of the notification and the name of the person who
19 received the notification. This notification to the law
20 enforcement agency having jurisdiction satisfies the
21 hospital's, approved pediatric health care facility's, or
22 approved federally qualified health center's requirement to
23 contact its local law enforcement agency under Section 3.2 of
24 the Criminal Identification Act.

25 (c) If the law enforcement agency having jurisdiction has
26 not taken physical custody of sexual assault evidence within 5

1 days of the first contact by the hospital, approved pediatric
2 health care facility, or approved federally qualified health
3 center, the hospital, approved pediatric health care facility,
4 or approved federally qualified health center shall renotify
5 the law enforcement agency having jurisdiction that the
6 hospital, approved pediatric health care facility, or approved
7 federally qualified health center is in possession of sexual
8 assault evidence and the date the sexual assault evidence was
9 collected. The hospital, approved pediatric health care
10 facility, or approved federally qualified health center shall
11 document the renotification in the patient's medical records
12 and shall include the agency notified, the date and time of the
13 notification and the name of the person who received the
14 notification.

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

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

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

10 (410 ILCS 70/7) (from Ch. 111 1/2, par. 87-7)

11 Sec. 7. Reimbursement.

12 (a) A hospital, approved pediatric health care facility, or
13 health care professional furnishing medical forensic services,
14 an 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, health care professional, laboratory, or
25 pharmacy must submit the bill to the Department of

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

23 (3) If a sexual assault survivor is neither eligible to
24 receive benefits under the medical assistance program
25 under Article V of the Illinois Public Aid Code nor covered
26 by a policy of insurance or a public or private health

1 coverage program, the ambulance provider, hospital,
2 approved pediatric health care facility, health care
3 professional, laboratory, or pharmacy shall submit the
4 request for reimbursement to the Illinois Sexual Assault
5 Emergency Treatment Program under the Department of
6 Healthcare and Family Services in accordance with 89 Ill.
7 Adm. Code 148.510 at the Department of Healthcare and
8 Family Services' allowable rates under the Illinois Public
9 Aid Code.

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

26 (b) Nothing in this Section precludes a hospital, health

1 care provider, ambulance provider, laboratory, or pharmacy
2 from billing the sexual assault survivor or any applicable
3 health insurance or coverage for inpatient services.

4 (c) (Blank).

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

11 (e) The Department of Healthcare and Family Services shall
12 establish standards, rules, and regulations to implement this
13 Section.

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

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

17 (410 ILCS 70/7-1 new)

18 Sec. 7-1. Reimbursement

19 (a) A hospital, approved pediatric health care facility,
20 approved federally qualified health center, or health care
21 professional furnishing medical forensic services, an
22 ambulance provider furnishing transportation to a sexual
23 assault survivor, a hospital, health care professional, or
24 laboratory providing follow-up healthcare, or a pharmacy
25 dispensing prescribed medications to any sexual assault

1 survivor shall furnish such services or medications to that
2 person without charge and shall seek payment as follows:

3 (1) If a sexual assault survivor is eligible to receive
4 benefits under the medical assistance program under
5 Article V of the Illinois Public Aid Code, the ambulance
6 provider, hospital, approved pediatric health care
7 facility, approved federally qualified health center,
8 health care professional, laboratory, or pharmacy must
9 submit the bill to the Department of Healthcare and Family
10 Services or the appropriate Medicaid managed care
11 organization and accept the amount paid as full payment.

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

1 provider, hospital, approved pediatric health care
2 facility, approved federally qualified health center,
3 health care professional, laboratory, or pharmacy shall
4 accept the amounts paid by the insurance company or health
5 coverage program and the Illinois Sexual Assault Treatment
6 Program as full payment.

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

21 (4) If a sexual assault survivor presents a sexual
22 assault services voucher for follow-up healthcare, the
23 healthcare professional, pediatric health care facility,
24 federally qualified health center, or laboratory that
25 provides follow-up healthcare or the pharmacy that
26 dispenses prescribed medications to a sexual assault

1 survivor shall submit the request for reimbursement for
2 follow-up healthcare, pediatric health care facility,
3 laboratory, or pharmacy services to the Illinois Sexual
4 Assault Emergency Treatment Program under the Department
5 of Healthcare and Family Services in accordance with 89
6 Ill. Adm. Code 148.510 at the Department of Healthcare and
7 Family Services' allowable rates under the Illinois Public
8 Aid Code. Nothing in this subsection (a) precludes
9 hospitals, or approved pediatric health care facilities or
10 approved federally qualified health centers from providing
11 follow-up healthcare and receiving reimbursement under
12 this Section.

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

17 (c) (Blank).

18 (d) On and after July 1, 2012, the Department shall reduce
19 any rate of reimbursement for services or other payments or
20 alter any methodologies authorized by this Act or the Illinois
21 Public Aid Code to reduce any rate of reimbursement for
22 services or other payments in accordance with Section 5-5e of
23 the Illinois Public Aid Code.

24 (e) The Department of Healthcare and Family Services shall
25 establish standards, rules, and regulations to implement this
26 Section.

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

2 (410 ILCS 70/7.5)

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

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

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

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

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

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

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

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

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

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

21 (2) a statement that a sexual assault survivor who is
22 admitted to a hospital may be billed for inpatient services
23 provided by a hospital, health care professional,
24 laboratory, or pharmacy;

25 (3) a statement that prior to leaving the hospital or
26 approved pediatric health care facility, the hospital or

1 approved pediatric health care facility will give the
2 sexual assault survivor a sexual assault services voucher
3 for follow-up healthcare if the sexual assault survivor is
4 eligible to receive a sexual assault services voucher;

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

7 (5) a phone number the sexual assault survivor may call
8 should the sexual assault survivor receive a bill from the
9 hospital or approved pediatric health care facility for
10 medical forensic services;

11 (6) the toll-free phone number of the Office of the
12 Illinois Attorney General, Crime Victim Services Division,
13 which the sexual assault survivor may call should the
14 sexual assault survivor receive a bill from an ambulance
15 provider, approved pediatric health care facility, a
16 health care professional, a laboratory, or a pharmacy.

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

20 (d) Within 60 days after the effective date of this
21 amendatory Act of the 99th General Assembly, every health care
22 professional, except for those employed by a hospital or
23 hospital affiliate, as defined in the Hospital Licensing Act,
24 or those employed by a hospital operated under the University
25 of Illinois Hospital Act, who bills separately for medical or
26 forensic services must develop a billing protocol that ensures

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

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

25 The billing protocol must include at a minimum:

26 (1) a description of training for persons who prepare

1 bills for medical and forensic services;

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

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

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

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

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

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

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

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

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

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

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

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

21 (410 ILCS 70/7.5-1 new)

22 Sec. 7.5-1. Prohibition on billing sexual assault
23 survivors directly for certain services; written notice;
24 billing protocols.

25 (a) A hospital, approved pediatric health care facility,

1 approved federally qualified health center, health care
2 professional, ambulance provider, laboratory, or pharmacy
3 furnishing medical forensic services, transportation,
4 follow-up healthcare, or medication to a sexual assault
5 survivor shall not:

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

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

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

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

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

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

1 health insurance or coverage for inpatient services.

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

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

18 (2) a statement that a sexual assault survivor who is
19 admitted to a hospital may be billed for inpatient services
20 provided by a hospital, health care professional,
21 laboratory, or pharmacy;

22 (3) a statement that prior to leaving the hospital,
23 approved pediatric health care facility, or approved
24 federally qualified health center, the hospital, approved
25 pedsiatric health care facility, or approved federally
26 qualified health center will give the sexual assault

1 survivor a sexual assault services voucher for follow-up
2 healthcare if the sexual assault survivor is eligible to
3 receive a sexual assault services voucher;

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

6 (5) a phone number the sexual assault survivor may call
7 should the sexual assault survivor receive a bill from the
8 hospital, approved pediatric health care facility, or
9 approved federally qualified health center for medical
10 forensic services;

11 (6) the toll-free phone number of the Office of the
12 Illinois Attorney General, Crime Victim Services Division,
13 which the sexual assault survivor may call should the
14 sexual assault survivor receive a bill from an ambulance
15 provider, approved pediatric health care facility,
16 approved federally qualified health center, a health care
17 professional, a laboratory, or a pharmacy.

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

21 (d) Within 60 days after the effective date of this
22 amendatory Act of the 101st General Assembly, every health care
23 professional, except for those employed by a hospital or
24 hospital affiliate, as defined in the Hospital Licensing Act,
25 or those employed by a hospital operated under the University
26 of Illinois Hospital Act, who bills separately for medical or

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

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

26 Within 14 days after the Department's approval of a

1 treatment plan, an approved federally qualified health center
2 and any health care professional employed by an approved
3 federally qualified health center 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.

8 The billing protocol must include at a minimum:

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

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

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

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

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

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

25 The Crime Victim Services Division of the Office of the
26 Attorney General may provide a sample acceptable billing

1 protocol upon request.

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

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

19 The health care professional, approved pediatric health
20 care facility, or approved federally qualified health center
21 shall submit any proposed revision to or modification of an
22 approved billing protocol to the Crime Victim Services Division
23 of the Office of the Attorney General for approval. The health
24 care professional, approved pediatric health care facility, or
25 approved federally qualified health center shall implement the
26 revised or modified billing protocol upon approval by the Crime

1 Victim Services Division of the Office of the Illinois Attorney
2 General.

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

4 (410 ILCS 70/8) (from Ch. 111 1/2, par. 87-8)

5 Sec. 8. Penalties.

6 (a) Any hospital or approved pediatric health care facility
7 violating any provisions of this Act other than Section 7.5
8 shall be guilty of a petty offense for each violation, and any
9 fine imposed shall be paid into the general corporate funds of
10 the city, incorporated town or village in which the hospital or
11 approved pediatric health care facility is located, or of the
12 county, in case such hospital is outside the limits of any
13 incorporated municipality.

14 (b) The Attorney General may seek the assessment of one or
15 more of the following civil monetary penalties in any action
16 filed under this Act where the hospital, approved pediatric
17 health care facility, health care professional, ambulance
18 provider, laboratory, or pharmacy knowingly violates Section
19 7.5 of the Act:

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

24 (2) For violations of paragraphs (1), (2), (4), or (5)
25 of subsection (a) of Section 7.5 or subsection (c) of

1 Section 7.5 involving a pattern or practice, the civil
2 monetary penalty shall not exceed \$500 per violation.

3 (3) For violations of paragraph (3) of subsection (a)
4 of Section 7.5, the civil monetary penalty shall not exceed
5 \$500 for each day the bill is with a collection agency.

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

12 All civil monetary penalties shall be deposited into the
13 Violent Crime Victims Assistance Fund.

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

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

16 (410 ILCS 70/8-1 new)

17 Sec. 8-1. Penalties.

18 (a) Any hospital, approved pediatric health care facility,
19 or approved federally qualified health center violating any
20 provisions of this Act other than Section 7.5-1 shall be guilty
21 of a petty offense for each violation, and any fine imposed
22 shall be paid into the general corporate funds of the city,
23 incorporated town or village in which the hospital, approved
24 pediatric health care facility, or approved federally
25 qualified health center is located, or of the county, in case

1 such hospital is outside the limits of any incorporated
2 municipality.

3 (b) The Attorney General may seek the assessment of one or
4 more of the following civil monetary penalties in any action
5 filed under this Act where the hospital, approved pediatric
6 health care facility, approved federally qualified health
7 center, health care professional, ambulance provider,
8 laboratory, or pharmacy knowingly violates Section 7.5-1 of the
9 Act:

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

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

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

22 (4) For violations involving the failure to submit
23 billing protocols within the time period required under
24 subsection (d) of Section 7.5-1, the civil monetary penalty
25 shall not exceed \$100 per day until the health care
26 professional or approved pediatric health care facility

1 complies with subsection (d) of Section 7.5-1.

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

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

5 (410 ILCS 70/10)

6 Sec. 10. Sexual Assault Nurse Examiner Program.

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

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

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

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

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

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

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

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

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

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

12 (410 ILCS 70/10-1 new)

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

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

21 (b) By March 1, 2019, the Sexual Assault Nurse Examiner
22 Program shall develop and make available to hospitals 2 hours
23 of online sexual assault training for emergency department
24 clinical staff to meet the training requirement established in
25 subsection (a) of Section 2-1. Notwithstanding any other law

1 regarding ongoing licensure requirements, such training shall
2 count toward the continuing medical education and continuing
3 nursing education credits for physicians, physician
4 assistants, advanced practice registered nurses, and
5 registered professional nurses.

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

18 The Sexual Assault Nurse Examiner Program shall assist
19 hospitals in establishing trainings to achieve the
20 requirements of this Act.

21 For the purpose of providing continuing medical education
22 credit in accordance with the Medical Practice Act of 1987 and
23 administrative rules adopted under the Medical Practice Act of
24 1987 and continuing education credit in accordance with the
25 Nurse Practice Act and administrative rules adopted under the
26 Nurse Practice Act to health care professionals for the

1 completion of sexual assault training provided by the Sexual
2 Assault Nurse Examiner Program under this Act, the Office of
3 the Attorney General shall be considered a State agency.

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

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

20 Section 99. Effective date. This Act takes effect upon
21 becoming law."