

1 AN ACT concerning health.

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

4 Section 5. The Civil Administrative Code of Illinois is
5 amended by changing Section 5-565 as follows:

6 (20 ILCS 5/5-565) (was 20 ILCS 5/6.06)

7 Sec. 5-565. In the Department of Public Health.

8 (a) The General Assembly declares it to be the public
9 policy of this State that all residents of Illinois are
10 entitled to lead healthy lives. Governmental public health has
11 a specific responsibility to ensure that a public health
12 system is in place to allow the public health mission to be
13 achieved. The public health system is the collection of
14 public, private, and voluntary entities as well as individuals
15 and informal associations that contribute to the public's
16 health within the State. To develop a public health system
17 requires certain core functions to be performed by government.
18 The State Board of Health is to assume the leadership role in
19 advising the Director in meeting the following functions:

20 (1) Needs assessment.

21 (2) Statewide health objectives.

22 (3) Policy development.

23 (4) Assurance of access to necessary services.

1 There shall be a State Board of Health composed of 20
2 persons, all of whom shall be appointed by the Governor, with
3 the advice and consent of the Senate for those appointed by the
4 Governor on and after June 30, 1998, and one of whom shall be a
5 senior citizen age 60 or over. Five members shall be
6 physicians licensed to practice medicine in all its branches,
7 one representing a medical school faculty, one who is board
8 certified in preventive medicine, and one who is engaged in
9 private practice. One member shall be a chiropractic
10 physician. One member shall be a dentist; one an environmental
11 health practitioner; one a local public health administrator;
12 one a local board of health member; one a registered nurse; one
13 a physical therapist; one an optometrist; one a veterinarian;
14 one a public health academician; one a health care industry
15 representative; one a representative of the business
16 community; one a representative of the non-profit public
17 interest community; and 2 shall be citizens at large.

18 The terms of Board of Health members shall be 3 years,
19 except that members shall continue to serve on the Board of
20 Health until a replacement is appointed. Upon the effective
21 date of Public Act 93-975 (January 1, 2005), in the
22 appointment of the Board of Health members appointed to
23 vacancies or positions with terms expiring on or before
24 December 31, 2004, the Governor shall appoint up to 6 members
25 to serve for terms of 3 years; up to 6 members to serve for
26 terms of 2 years; and up to 5 members to serve for a term of

1 one year, so that the term of no more than 6 members expire in
2 the same year. All members shall be legal residents of the
3 State of Illinois. The duties of the Board shall include, but
4 not be limited to, the following:

5 (1) To advise the Department of ways to encourage
6 public understanding and support of the Department's
7 programs.

8 (2) To evaluate all boards, councils, committees,
9 authorities, and bodies advisory to, or an adjunct of, the
10 Department of Public Health or its Director for the
11 purpose of recommending to the Director one or more of the
12 following:

13 (i) The elimination of bodies whose activities are
14 not consistent with goals and objectives of the
15 Department.

16 (ii) The consolidation of bodies whose activities
17 encompass compatible programmatic subjects.

18 (iii) The restructuring of the relationship
19 between the various bodies and their integration
20 within the organizational structure of the Department.

21 (iv) The establishment of new bodies deemed
22 essential to the functioning of the Department.

23 (3) To serve as an advisory group to the Director for
24 public health emergencies and control of health hazards.

25 (4) To advise the Director regarding public health
26 policy, and to make health policy recommendations

1 regarding priorities to the Governor through the Director.

2 (5) To present public health issues to the Director
3 and to make recommendations for the resolution of those
4 issues.

5 (6) To recommend studies to delineate public health
6 problems.

7 (7) To make recommendations to the Governor through
8 the Director regarding the coordination of State public
9 health activities with other State and local public health
10 agencies and organizations.

11 (8) To report on or before February 1 of each year on
12 the health of the residents of Illinois to the Governor,
13 the General Assembly, and the public.

14 (9) To review the final draft of all proposed
15 administrative rules, other than emergency or peremptory
16 rules and those rules that another advisory body must
17 approve or review within a statutorily defined time
18 period, of the Department after September 19, 1991 (the
19 effective date of Public Act 87-633). The Board shall
20 review the proposed rules within 90 days of submission by
21 the Department. The Department shall take into
22 consideration any comments and recommendations of the
23 Board regarding the proposed rules prior to submission to
24 the Secretary of State for initial publication. If the
25 Department disagrees with the recommendations of the
26 Board, it shall submit a written response outlining the

1 reasons for not accepting the recommendations.

2 In the case of proposed administrative rules or
3 amendments to administrative rules regarding immunization
4 of children against preventable communicable diseases
5 designated by the Director under the Communicable Disease
6 Prevention Act, after the Immunization Advisory Committee
7 has made its recommendations, the Board shall conduct 3
8 public hearings, geographically distributed throughout the
9 State. At the conclusion of the hearings, the State Board
10 of Health shall issue a report, including its
11 recommendations, to the Director. The Director shall take
12 into consideration any comments or recommendations made by
13 the Board based on these hearings.

14 (10) To deliver to the Governor for presentation to
15 the General Assembly a State Health Assessment (SHA) and a
16 State Health Improvement Plan (SHIP). The first 5 such
17 plans shall be delivered to the Governor on January 1,
18 2006, January 1, 2009, January 1, 2016, January 1, 2021,
19 and December 31, 2022 ~~June 30, 2022~~, and then every 5 years
20 thereafter.

21 The State Health Assessment and State Health
22 Improvement Plan shall assess and recommend priorities and
23 strategies to improve the public health system, the health
24 status of Illinois residents, reduce health disparities
25 and inequities, and promote health equity. The State
26 Health Assessment and State Health Improvement Plan

1 development and implementation shall conform to national
2 Public Health Accreditation Board Standards. The State
3 Health Assessment and State Health Improvement Plan
4 development and implementation process shall be carried
5 out with the administrative and operational support of the
6 Department of Public Health.

7 The State Health Assessment shall include
8 comprehensive, broad-based data and information from a
9 variety of sources on health status and the public health
10 system including:

11 (i) quantitative data, if it is available, on the
12 demographics and health status of the population,
13 including data over time on health by gender identity,
14 sexual orientation, race, ethnicity, age,
15 socio-economic factors, geographic region, disability
16 status, and other indicators of disparity;

17 (ii) quantitative data on social and structural
18 issues affecting health (social and structural
19 determinants of health), including, but not limited
20 to, housing, transportation, educational attainment,
21 employment, and income inequality;

22 (iii) priorities and strategies developed at the
23 community level through the Illinois Project for Local
24 Assessment of Needs (IPLAN) and other local and
25 regional community health needs assessments;

26 (iv) qualitative data representing the

1 population's input on health concerns and well-being,
2 including the perceptions of people experiencing
3 disparities and health inequities;

4 (v) information on health disparities and health
5 inequities; and

6 (vi) information on public health system strengths
7 and areas for improvement.

8 The State Health Improvement Plan shall focus on
9 prevention, social determinants of health, and promoting
10 health equity as key strategies for long-term health
11 improvement in Illinois.

12 The State Health Improvement Plan shall identify
13 priority State health issues and social issues affecting
14 health, and shall examine and make recommendations on the
15 contributions and strategies of the public and private
16 sectors for improving health status and the public health
17 system in the State. In addition to recommendations on
18 health status improvement priorities and strategies for
19 the population of the State as a whole, the State Health
20 Improvement Plan shall make recommendations, provided that
21 data exists to support such recommendations, regarding
22 priorities and strategies for reducing and eliminating
23 health disparities and health inequities in Illinois;
24 including racial, ethnic, gender identification, sexual
25 orientation, age, disability, socio-economic, and
26 geographic disparities. The State Health Improvement Plan

1 shall make recommendations regarding social determinants
2 of health, such as housing, transportation, educational
3 attainment, employment, and income inequality.

4 The development and implementation of the State Health
5 Assessment and State Health Improvement Plan shall be a
6 collaborative public-private cross-agency effort overseen
7 by the SHA and SHIP Partnership. The Director of Public
8 Health shall consult with the Governor to ensure
9 participation by the head of State agencies with public
10 health responsibilities (or their designees) in the SHA
11 and SHIP Partnership, including, but not limited to, the
12 Department of Public Health, the Department of Human
13 Services, the Department of Healthcare and Family
14 Services, the Department of Children and Family Services,
15 the Environmental Protection Agency, the Illinois State
16 Board of Education, the Department on Aging, the Illinois
17 Housing Development Authority, the Illinois Criminal
18 Justice Information Authority, the Department of
19 Agriculture, the Department of Transportation, the
20 Department of Corrections, the Department of Commerce and
21 Economic Opportunity, and the Chair of the State Board of
22 Health to also serve on the Partnership. A member of the
23 Governor's staff shall participate in the Partnership and
24 serve as a liaison to the Governor's office.

25 The Director of Public Health shall appoint a minimum
26 of 15 other members of the SHA and SHIP Partnership

1 representing a range of public, private, and voluntary
2 sector stakeholders and participants in the public health
3 system. For the first SHA and SHIP Partnership after the
4 effective date of this amendatory Act of the 102nd General
5 Assembly, one-half of the members shall be appointed for a
6 3-year term, and one-half of the members shall be
7 appointed for a 5-year term. Subsequently, members shall
8 be appointed to 5-year terms. Should any member not be
9 able to fulfill his or her term, the Director may appoint a
10 replacement to complete that term. The Director, in
11 consultation with the SHA and SHIP Partnership, may engage
12 additional individuals and organizations to serve on
13 subcommittees and ad hoc efforts to conduct the State
14 Health Assessment and develop and implement the State
15 Health Improvement Plan. Members of the SHA and SHIP
16 Partnership shall receive no compensation for serving as
17 members, but may be reimbursed for their necessary
18 expenses if departmental resources allow.

19 The SHA and SHIP Partnership shall include:
20 representatives of local health departments and
21 individuals with expertise who represent an array of
22 organizations and constituencies engaged in public health
23 improvement and prevention, such as non-profit public
24 interest groups, groups serving populations that
25 experience health disparities and health inequities,
26 groups addressing social determinants of health, health

1 issue groups, faith community groups, health care
2 providers, businesses and employers, academic
3 institutions, and community-based organizations.

4 The Director shall endeavor to make the membership of
5 the Partnership diverse and inclusive of the racial,
6 ethnic, gender, socio-economic, and geographic diversity
7 of the State. The SHA and SHIP Partnership shall be
8 chaired by the Director of Public Health or his or her
9 designee.

10 The SHA and SHIP Partnership shall develop and
11 implement a community engagement process that facilitates
12 input into the development of the State Health Assessment
13 and State Health Improvement Plan. This engagement process
14 shall ensure that individuals with lived experience in the
15 issues addressed in the State Health Assessment and State
16 Health Improvement Plan are meaningfully engaged in the
17 development and implementation of the State Health
18 Assessment and State Health Improvement Plan.

19 The State Board of Health shall hold at least 3 public
20 hearings addressing a draft of the State Health
21 Improvement Plan in representative geographic areas of the
22 State.

23 Upon the delivery of each State Health Assessment and
24 State Health Improvement Plan, the SHA and SHIP
25 Partnership shall coordinate the efforts and engagement of
26 the public, private, and voluntary sector stakeholders and

1 participants in the public health system to implement each
2 SHIP. The Partnership shall serve as a forum for
3 collaborative action; coordinate existing and new
4 initiatives; develop detailed implementation steps, with
5 mechanisms for action; implement specific projects;
6 identify public and private funding sources at the local,
7 State and federal level; promote public awareness of the
8 SHIP; and advocate for the implementation of the SHIP. The
9 SHA and SHIP Partnership shall implement strategies to
10 ensure that individuals and communities affected by health
11 disparities and health inequities are engaged in the
12 process throughout the 5-year cycle. The SHA and SHIP
13 Partnership shall regularly evaluate and update the State
14 Health Assessment and track implementation of the State
15 Health Improvement Plan with revisions as necessary. The
16 SHA and SHIP Partnership shall not have the authority to
17 direct any public or private entity to take specific
18 action to implement the SHIP.

19 The State Board of Health shall submit a report by
20 January 31 of each year on the status of State Health
21 Improvement Plan implementation and community engagement
22 activities to the Governor, General Assembly, and public.
23 In the fifth year, the report may be consolidated into the
24 new State Health Assessment and State Health Improvement
25 Plan.

26 (11) Upon the request of the Governor, to recommend to

1 the Governor candidates for Director of Public Health when
2 vacancies occur in the position.

3 (12) To adopt bylaws for the conduct of its own
4 business, including the authority to establish ad hoc
5 committees to address specific public health programs
6 requiring resolution.

7 (13) (Blank).

8 Upon appointment, the Board shall elect a chairperson from
9 among its members.

10 Members of the Board shall receive compensation for their
11 services at the rate of \$150 per day, not to exceed \$10,000 per
12 year, as designated by the Director for each day required for
13 transacting the business of the Board and shall be reimbursed
14 for necessary expenses incurred in the performance of their
15 duties. The Board shall meet from time to time at the call of
16 the Department, at the call of the chairperson, or upon the
17 request of 3 of its members, but shall not meet less than 4
18 times per year.

19 (b) (Blank).

20 (c) An Advisory Board on Necropsy Service to Coroners,
21 which shall counsel and advise with the Director on the
22 administration of the Autopsy Act. The Advisory Board shall
23 consist of 11 members, including a senior citizen age 60 or
24 over, appointed by the Governor, one of whom shall be
25 designated as chairman by a majority of the members of the
26 Board. In the appointment of the first Board the Governor

1 shall appoint 3 members to serve for terms of 1 year, 3 for
2 terms of 2 years, and 3 for terms of 3 years. The members first
3 appointed under Public Act 83-1538 shall serve for a term of 3
4 years. All members appointed thereafter shall be appointed for
5 terms of 3 years, except that when an appointment is made to
6 fill a vacancy, the appointment shall be for the remaining
7 term of the position vacant. The members of the Board shall be
8 citizens of the State of Illinois. In the appointment of
9 members of the Advisory Board the Governor shall appoint 3
10 members who shall be persons licensed to practice medicine and
11 surgery in the State of Illinois, at least 2 of whom shall have
12 received post-graduate training in the field of pathology; 3
13 members who are duly elected coroners in this State; and 5
14 members who shall have interest and abilities in the field of
15 forensic medicine but who shall be neither persons licensed to
16 practice any branch of medicine in this State nor coroners. In
17 the appointment of medical and coroner members of the Board,
18 the Governor shall invite nominations from recognized medical
19 and coroners organizations in this State respectively. Board
20 members, while serving on business of the Board, shall receive
21 actual necessary travel and subsistence expenses while so
22 serving away from their places of residence.

23 (Source: P.A. 102-4, eff. 4-27-21; 102-558, eff. 8-20-21.)

24 Section 10. The Department of Professional Regulation Law
25 of the Civil Administrative Code of Illinois is amended by

1 changing Section 2105-15.7 as follows:

2 (20 ILCS 2105/2105-15.7)

3 Sec. 2105-15.7. Implicit bias awareness training.

4 (a) As used in this Section, "health care professional"
5 means a person licensed or registered by the Department of
6 Financial and Professional Regulation under the following
7 Acts: Medical Practice Act of 1987, Nurse Practice Act,
8 Clinical Psychologist Licensing Act, Illinois Dental Practice
9 Act, Illinois Optometric Practice Act of 1987, Pharmacy
10 Practice Act, Illinois Physical Therapy Act, Physician
11 Assistant Practice Act of 1987, Acupuncture Practice Act,
12 Illinois Athletic Trainers Practice Act, Clinical Social Work
13 and Social Work Practice Act, Dietitian Nutritionist Practice
14 Act, Home Medical Equipment and Services Provider License Act,
15 Naprapathic Practice Act, Nursing Home Administrators
16 Licensing and Disciplinary Act, Illinois Occupational Therapy
17 Practice Act, Illinois Optometric Practice Act of 1987,
18 Podiatric Medical Practice Act of 1987, Respiratory Care
19 Practice Act, Professional Counselor and Clinical Professional
20 Counselor Licensing and Practice Act, Sex Offender Evaluation
21 and Treatment Provider Act, Illinois Speech-Language Pathology
22 and Audiology Practice Act, Perfusionist Practice Act,
23 Registered Surgical Assistant and Registered Surgical
24 Technologist Title Protection Act, and Genetic Counselor
25 Licensing Act.

1 (b) For license or registration renewals occurring on or
2 after January 1, 2023 ~~2022~~, a health care professional who has
3 continuing education requirements must complete at least a
4 one-hour course in training on implicit bias awareness per
5 renewal period. A health care professional may count this one
6 hour for completion of this course toward meeting the minimum
7 credit hours required for continuing education. Any training
8 on implicit bias awareness applied to meet any other State
9 licensure requirement, professional accreditation or
10 certification requirement, or health care institutional
11 practice agreement may count toward the one-hour requirement
12 under this Section.

13 (c) The Department may adopt rules for the implementation
14 of this Section.

15 (Source: P.A. 102-4, eff. 4-27-21.)

16 Section 15. The Special Commission on Gynecologic Cancers
17 Act is amended by changing Section 100-5 as follows:

18 (20 ILCS 5170/100-5)

19 (Section scheduled to be repealed on January 1, 2023)

20 Sec. 100-5. Creation; members; duties; report.

21 (a) The Special Commission on Gynecologic Cancers is
22 created. Membership of the Commission shall be as follows:

23 (1) A representative of the Illinois Comprehensive
24 Cancer Control Program, appointed by the Director of

1 Public Health;

2 (2) The Director of Insurance, or his or her designee;

3 and

4 (3) 20 members who shall be appointed as follows:

5 (A) three members appointed by the Speaker of
6 the House of Representatives, one of whom shall be a
7 survivor of ovarian cancer, one of whom shall be a
8 survivor of cervical, vaginal, vulvar, or uterine
9 cancer, and one of whom shall be a medical specialist
10 in gynecologic cancers;

11 (B) three members appointed by the Senate
12 President, one of whom shall be a survivor of ovarian
13 cancer, one of whom shall be a survivor of cervical,
14 vaginal, vulvar, or uterine cancer, and one of whom
15 shall be a medical specialist in gynecologic cancers;

16 (C) three members appointed by the House
17 Minority Leader, one of whom shall be a survivor of
18 ovarian cancer, one of whom shall be a survivor of
19 cervical, vaginal, vulvar, or uterine cancer, and one
20 of whom shall be a medical specialist in gynecologic
21 cancers;

22 (D) three members appointed by the Senate
23 Minority Leader, one of whom shall be a survivor of
24 ovarian cancer, one of whom shall be a survivor of
25 cervical, vaginal, vulvar, or uterine cancer, and one
26 of whom shall be a medical specialist in gynecologic

1 cancers; and

2 (E) eight members appointed by the Governor,
3 one of whom shall be a caregiver of a woman diagnosed
4 with a gynecologic cancer, one of whom shall be a
5 medical specialist in gynecologic cancers, one of whom
6 shall be an individual with expertise in community
7 based health care and issues affecting underserved and
8 vulnerable populations, 2 of whom shall be individuals
9 representing gynecologic cancer awareness and support
10 groups in the State, one of whom shall be a researcher
11 specializing in gynecologic cancers, and 2 of whom
12 shall be members of the public with demonstrated
13 expertise in issues relating to the work of the
14 Commission.

15 (b) Members of the Commission shall serve without
16 compensation or reimbursement from the Commission. Members
17 shall select a Chair from among themselves and the Chair shall
18 set the meeting schedule.

19 (c) The Illinois Department of Public Health shall provide
20 administrative support to the Commission.

21 (d) The Commission is charged with the study of the
22 following:

23 (1) establishing a mechanism to ascertain the
24 prevalence of gynecologic cancers in the State and, to the
25 extent possible, to collect statistics relative to the
26 timing of diagnosis and risk factors associated with

1 gynecologic cancers;

2 (2) determining how to best effectuate early diagnosis
3 and treatment for gynecologic cancer patients;

4 (3) determining best practices for closing disparities
5 in outcomes for gynecologic cancer patients and innovative
6 approaches to reaching underserved and vulnerable
7 populations;

8 (4) determining any unmet needs of persons with
9 gynecologic cancers and those of their families; and

10 (5) providing recommendations for additional
11 legislation, support programs, and resources to meet the
12 unmet needs of persons with gynecologic cancers and their
13 families.

14 (e) The Commission shall file its final report with the
15 General Assembly no later than December 31, 2022 ~~2021~~ and,
16 upon the filing of its report, is dissolved.

17 (Source: P.A. 102-4, eff. 4-27-21.)

18 Section 20. The Anti-Racism Commission Act is amended by
19 changing Section 130-10 as follows:

20 (20 ILCS 5180/130-10)

21 (Section scheduled to be repealed on January 1, 2023)

22 Sec. 130-10. Anti-Racism Commission.

23 (a) The Anti-Racism Commission is hereby created to
24 identify and propose statewide policies to eliminate systemic

1 racism and advance equitable solutions for Black and Brown
2 people in Illinois.

3 (b) The Anti-Racism Commission shall consist of the
4 following members, who shall serve without compensation:

5 (1) one member of the House of Representatives,
6 appointed by the Speaker of the House of Representatives,
7 who shall serve as co-chair;

8 (2) one member of the Senate, appointed by the Senate
9 President, who shall serve as co-chair;

10 (3) one member of the House of Representatives,
11 appointed by the Minority Leader of the House of
12 Representatives;

13 (4) one member of the Senate, appointed by the
14 Minority Leader of the Senate;

15 (5) the Director of Public Health, or his or her
16 designee;

17 (6) the Chair of the House Black Caucus;

18 (7) the Chair of the Senate Black Caucus;

19 (8) the Chair of the Joint Legislative Black Caucus;

20 (9) the director of a statewide association
21 representing public health departments, appointed by the
22 Speaker of the House of Representatives;

23 (10) the Chair of the House Latino Caucus;

24 (11) the Chair of the Senate Latino Caucus;

25 (12) one community member appointed by the House Black
26 Caucus Chair;

1 (13) one community member appointed by the Senate
2 Black Caucus Chair;

3 (14) one community member appointed by the House
4 Latino Caucus Chair; and

5 (15) one community member appointed by the Senate
6 Latino Caucus Chair.

7 (c) The Department of Public Health shall provide
8 administrative support for the Commission.

9 (d) The Commission is charged with, but not limited to,
10 the following tasks:

11 (1) Working to create an equity and justice-oriented
12 State government.

13 (2) Assessing the policy and procedures of all State
14 agencies to ensure racial equity is a core element of
15 State government.

16 (3) Developing and incorporating into the
17 organizational structure of State government a plan for
18 educational efforts to understand, address, and dismantle
19 systemic racism in government actions.

20 (4) Recommending and advocating for policies that
21 improve health in Black and Brown people and support
22 local, State, regional, and federal initiatives that
23 advance efforts to dismantle systemic racism.

24 (5) Working to build alliances and partnerships with
25 organizations that are confronting racism and encouraging
26 other local, State, regional, and national entities to

1 recognize racism as a public health crisis.

2 (6) Promoting community engagement, actively engaging
3 citizens on issues of racism and assisting in providing
4 tools to engage actively and authentically with Black and
5 Brown people.

6 (7) Reviewing all portions of codified State laws
7 through the lens of racial equity.

8 (8) Working with the Department of Central Management
9 Services to update policies that encourage diversity in
10 human resources, including hiring, board appointments, and
11 vendor selection by agencies, and to review all grant
12 management activities with an eye toward equity and
13 workforce development.

14 (9) Recommending policies that promote racially
15 equitable economic and workforce development practices.

16 (10) Promoting and supporting all policies that
17 prioritize the health of all people, especially people of
18 color, by mitigating exposure to adverse childhood
19 experiences and trauma in childhood and ensuring
20 implementation of health and equity in all policies.

21 (11) Encouraging community partners and stakeholders
22 in the education, employment, housing, criminal justice,
23 and safety arenas to recognize racism as a public health
24 crisis and to implement policy recommendations.

25 (12) Identifying clear goals and objectives, including
26 specific benchmarks, to assess progress.

1 (13) Holding public hearings across Illinois to
2 continue to explore and to recommend needed action by the
3 General Assembly.

4 (14) Working with the Governor and the General
5 Assembly to identify the necessary funds to support the
6 Anti-Racism Commission and its endeavors.

7 (15) Identifying resources to allocate to Black and
8 Brown communities on an annual basis.

9 (16) Encouraging corporate investment in anti-racism
10 policies in Black and Brown communities.

11 (e) The Commission shall submit its final report to the
12 Governor and the General Assembly no later than December 31,
13 2022 ~~2021~~. The Commission is dissolved upon the filing of its
14 report.

15 (Source: P.A. 102-4, eff. 4-27-21.)

16 Section 25. The University of Illinois Hospital Act is
17 amended by changing Section 8d as follows:

18 (110 ILCS 330/8d)

19 (Section scheduled to be repealed on December 31, 2021)

20 Sec. 8d. N95 masks. Pursuant to and in accordance with
21 applicable local, State, and federal policies, guidance and
22 recommendations of public health and infection control
23 authorities, and taking into consideration the limitations on
24 access to N95 masks caused by disruptions in local, State,

1 national, and international supply chains, the University of
2 Illinois Hospital shall provide N95 masks to physicians
3 licensed under the Medical Practice Act of 1987, registered
4 nurses and advanced practice registered nurses licensed under
5 the Nurse Licensing Act, and any other employees or
6 contractual workers who provide direct patient care and who,
7 pursuant to such policies, guidance, and recommendations, are
8 recommended to have such a mask to safely provide such direct
9 patient care within a hospital setting. Nothing in this
10 Section shall be construed to impose any new duty or
11 obligation on the University of Illinois Hospital or employee
12 that is greater than that imposed under State and federal laws
13 in effect on the effective date of this amendatory Act of the
14 102nd General Assembly.

15 This Section is repealed on December 31, 2022 ~~2021~~.

16 (Source: P.A. 102-4, eff. 4-27-21.)

17 Section 30. The Hospital Licensing Act is amended by
18 changing Section 6.28 as follows:

19 (210 ILCS 85/6.28)

20 (Section scheduled to be repealed on December 31, 2021)

21 Sec. 6.28. N95 masks. Pursuant to and in accordance with
22 applicable local, State, and federal policies, guidance and
23 recommendations of public health and infection control
24 authorities, and taking into consideration the limitations on

1 access to N95 masks caused by disruptions in local, State,
2 national, and international supply chains, a hospital licensed
3 under this Act shall provide N95 masks to physicians licensed
4 under the Medical Practice Act of 1987, registered nurses and
5 advanced practice registered nurses licensed under the Nurse
6 Licensing Act, and any other employees or contractual workers
7 who provide direct patient care and who, pursuant to such
8 policies, guidance, and recommendations, are recommended to
9 have such a mask to safely provide such direct patient care
10 within a hospital setting. Nothing in this Section shall be
11 construed to impose any new duty or obligation on the hospital
12 or employee that is greater than that imposed under State and
13 federal laws in effect on the effective date of this
14 amendatory Act of the 102nd General Assembly.

15 This Section is repealed on December 31, 2022 ~~2021~~.

16 (Source: P.A. 102-4, eff. 4-27-21.)

17 Section 33. The Illinois Public Aid Code is amended by
18 changing Section 5-5.05 as follows:

19 (305 ILCS 5/5-5.05)

20 Sec. 5-5.05. Hospitals; psychiatric services.

21 (a) On and after July 1, 2008, the inpatient, per diem rate
22 to be paid to a hospital for inpatient psychiatric services
23 shall be \$363.77.

24 (b) For purposes of this Section, "hospital" means the

1 following:

2 (1) Advocate Christ Hospital, Oak Lawn, Illinois.

3 (2) Barnes-Jewish Hospital, St. Louis, Missouri.

4 (3) BroMenn Healthcare, Bloomington, Illinois.

5 (4) Jackson Park Hospital, Chicago, Illinois.

6 (5) Katherine Shaw Bethea Hospital, Dixon, Illinois.

7 (6) Lawrence County Memorial Hospital, Lawrenceville,
8 Illinois.

9 (7) Advocate Lutheran General Hospital, Park Ridge,
10 Illinois.

11 (8) Mercy Hospital and Medical Center, Chicago,
12 Illinois.

13 (9) Methodist Medical Center of Illinois, Peoria,
14 Illinois.

15 (10) Provena United Samaritans Medical Center,
16 Danville, Illinois.

17 (11) Rockford Memorial Hospital, Rockford, Illinois.

18 (12) Sarah Bush Lincoln Health Center, Mattoon,
19 Illinois.

20 (13) Provena Covenant Medical Center, Urbana,
21 Illinois.

22 (14) Rush-Presbyterian-St. Luke's Medical Center,
23 Chicago, Illinois.

24 (15) Mt. Sinai Hospital, Chicago, Illinois.

25 (16) Gateway Regional Medical Center, Granite City,
26 Illinois.

- 1 (17) St. Mary of Nazareth Hospital, Chicago, Illinois.
- 2 (18) Provena St. Mary's Hospital, Kankakee, Illinois.
- 3 (19) St. Mary's Hospital, Decatur, Illinois.
- 4 (20) Memorial Hospital, Belleville, Illinois.
- 5 (21) Swedish Covenant Hospital, Chicago, Illinois.
- 6 (22) Trinity Medical Center, Rock Island, Illinois.
- 7 (23) St. Elizabeth Hospital, Chicago, Illinois.
- 8 (24) Richland Memorial Hospital, Olney, Illinois.
- 9 (25) St. Elizabeth's Hospital, Belleville, Illinois.
- 10 (26) Samaritan Health System, Clinton, Iowa.
- 11 (27) St. John's Hospital, Springfield, Illinois.
- 12 (28) St. Mary's Hospital, Centralia, Illinois.
- 13 (29) Loretto Hospital, Chicago, Illinois.
- 14 (30) Kenneth Hall Regional Hospital, East St. Louis,
15 Illinois.
- 16 (31) Hinsdale Hospital, Hinsdale, Illinois.
- 17 (32) Pekin Hospital, Pekin, Illinois.
- 18 (33) University of Chicago Medical Center, Chicago,
19 Illinois.
- 20 (34) St. Anthony's Health Center, Alton, Illinois.
- 21 (35) OSF St. Francis Medical Center, Peoria, Illinois.
- 22 (36) Memorial Medical Center, Springfield, Illinois.
- 23 (37) A hospital with a distinct part unit for
24 psychiatric services that begins operating on or after
25 July 1, 2008.
- 26 For purposes of this Section, "inpatient psychiatric

1 services" means those services provided to patients who are in
2 need of short-term acute inpatient hospitalization for active
3 treatment of an emotional or mental disorder.

4 (b-5) Notwithstanding any other provision of this Section,
5 and subject to appropriation, the inpatient, per diem rate to
6 be paid to all safety-net hospitals for inpatient psychiatric
7 services on and after January 1, 2021 shall be at least \$630.

8 (b-10) Notwithstanding any other provision of this
9 Section, effective with dates of service on and after January
10 1, 2022, any general acute care hospital with more than 9,500
11 inpatient psychiatric Medicaid days in any calendar year shall
12 be paid the inpatient per diem rate of no less than \$630.

13 (c) No rules shall be promulgated to implement this
14 Section. For purposes of this Section, "rules" is given the
15 meaning contained in Section 1-70 of the Illinois
16 Administrative Procedure Act.

17 (d) This Section shall not be in effect during any period
18 of time that the State has in place a fully operational
19 hospital assessment plan that has been approved by the Centers
20 for Medicare and Medicaid Services of the U.S. Department of
21 Health and Human Services.

22 (e) On and after July 1, 2012, the Department shall reduce
23 any rate of reimbursement for services or other payments or
24 alter any methodologies authorized by this Code to reduce any
25 rate of reimbursement for services or other payments in
26 accordance with Section 5-5e.

1 (Source: P.A. 102-4, eff. 4-27-21.)

2 Section 35. The Community Health Worker Certification and
3 Reimbursement Act is amended by adding Section 5-17 as
4 follows:

5 (410 ILCS 67/5-17 new)

6 Sec. 5-17. Community Health Workers Review Board.

7 (a) A Community Health Workers Review Board shall be
8 established to advise the Department of Public Health as it
9 seeks to develop an Illinois Community Health Worker
10 Certification Program. The scope includes rules certifying
11 both individuals, including those being grandfathered in, and
12 academic and community-based training programs.

13 The Board shall recommend standards, review proposed
14 regulations, and provide feedback about training programs and
15 reimbursement schedules.

16 The Board shall submit an annual report to the Office of
17 the Governor and the General Assembly about the progress of
18 the Program.

19 The Board shall be co-chaired by a representative of the
20 Department of Public Health and a representative from a
21 statewide association of community health workers. Other
22 members of the Board shall include:

23 (1) The Director of Public Health or his or her
24 designee.

1 (2) The Director of Healthcare and Family Services or
2 his or her designee.

3 (3) The Secretary of Human Services or his or her
4 designee.

5 (4) The Secretary of Financial and Professional
6 Regulation or his or her designee.

7 (5) A member from the Governor's Office appointed by
8 the Governor.

9 (6) Three members appointed by the Senate President.

10 (7) A member appointed by the Senate Minority Leader.

11 (8) Three members appointed by the Speaker of the
12 House of Representatives.

13 (9) A member appointed by the Minority Leader of the
14 House of Representatives.

15 (10) A member from a statewide association of
16 community health workers appointed by the Speaker of the
17 House of Representatives.

18 (11) A member from a statewide association of
19 community health workers appointed by the Senate
20 President.

21 As appointed by the Director of Public Health, in addition
22 to the members specified in this subsection, the Board shall
23 have balanced representation from the community health workers
24 workforce, community health worker employers, community health
25 workers training and educational institutions, and community
26 members who are recipients of services.

1 The Board shall meet quarterly and may do so either in
2 person or remotely.

3 The Department of Public Health shall provide
4 administrative support.

5 The first annual report of the Board shall be submitted to
6 the Governor and the General Assembly one year after the
7 Board's first meeting. A report shall be submitted to the
8 Governor and the General Assembly every year thereafter for
9 each year the Board remains active.

10 (b) There is created within the Department of Public
11 Health the Illinois Community Health Worker Certification
12 Program. The Department shall serve as the Program's
13 regulatory body with the advice and recommendation of the
14 Community Health Workers Review Board. This includes the
15 development and oversight of initial community health worker
16 certification and certification renewals for both individuals
17 and community-based and academic training programs. The Board
18 shall advise on a certification process and may advise on
19 training from community-based organizations, in conjunction
20 with a statewide association of community health workers, and
21 academic institutions, in consultation with the Illinois State
22 Board of Education, the Illinois Community College Board, and
23 the Illinois Board of Higher Education. The Department shall
24 provide administrative support to the Board.

25 (c) The Board shall advise and recommend a certification
26 process for and be authorized to approve training from

1 community-based organizations, in conjunction with a statewide
2 association of community health workers, and academic
3 institutions, in consultation with the Illinois State Board of
4 Education, the Illinois Community College Board, and the
5 Illinois Board of Higher Education. The Program shall base
6 training approval on core competencies, best practices, and
7 affordability. In addition, the Program shall maintain a
8 registry of certification records for individually certified
9 community health workers and a registry of certified training
10 and educational programs. All training programs that are
11 deemed certifiable shall undergo a renewal process, which
12 shall be determined by administrative rule. The Program shall
13 establish criteria to grandfather in any community health
14 workers who were practicing prior to the establishment of the
15 Program.

16 (d) To ensure high-quality service, the Program may
17 examine and consider for adoption best practices from other
18 states that have implemented policies to allow for alternative
19 opportunities to demonstrate competency in core skills and
20 knowledge in addition to certification.

21 (e) The Department of Public Health, with the advice and
22 recommendation of the Board, shall set fees by administrative
23 rule for Illinois Community Health Worker Program
24 certification, community health worker certification, and
25 certification renewals.

26 (f) The Department of Public Health, with the advice and

1 recommendation of the Board, shall have administrative
2 authority to adopt rules and establish administrative
3 procedures for denying, granting, suspending, and revoking any
4 certification issued pursuant to this Act.

5 (g) The Director of Public Health, after notice and
6 opportunity for hearing, may deny, suspend, or revoke a
7 certification or fine a certificate holder or any other person
8 who has violated this Act or the rules adopted under this Act.
9 Notice shall be provided by certified mail, return receipt
10 requested, or by personal service, fixing a date, not less
11 than 15 days from the date of such mailing or service, at which
12 time the person shall be given an opportunity to request a
13 hearing. Failure to request a hearing within that time period
14 constitutes a waiver of the right to a hearing. The hearing
15 shall be conducted by the Director or by an individual
16 designated in writing by the Director as a hearing officer to
17 conduct the hearing. On the basis of any such hearing or upon
18 default of the respondent, the Director shall make a
19 determination specifying his or her findings and conclusions.
20 A copy of the determination shall be sent by certified mail,
21 return receipt requested, or served personally upon the
22 respondent.

23 (h) The procedure governing hearings authorized by this
24 Section shall be in accordance with rules adopted by the
25 Department of Public Health. A full and complete record shall
26 be kept of all proceedings, including the notice of hearing,

1 complaint, and all other documents in the nature of pleadings,
2 written motions filed in the proceedings, and the report and
3 orders of the Director of Public Health and hearing officer.
4 All testimony shall be reported, but need not be transcribed
5 unless the decision is sought to be reviewed under the
6 Administrative Review Law of the Code of Civil Procedure. A
7 copy or copies of the transcript shall be provided to the Board
8 by request, and others interested in a copy or copies of the
9 transcript may be obtained on payment of the cost of preparing
10 the copy or copies. The Director or hearing officer shall,
11 upon his or her own motion or on the written request of any
12 party to the proceeding, issue subpoenas requiring the
13 attendance and the giving of testimony by witnesses and
14 subpoenas duces tecum requiring the production of books,
15 papers, records, or memoranda. All subpoenas and subpoenas
16 duces tecum issued under this Act may be served by any person
17 of legal age. The fees of witnesses for attendance and travel
18 shall be the same as the fees of witnesses before the courts of
19 this State, such fees to be paid when the witness is excused
20 from further attendance. When the witness is subpoenaed at the
21 instance of the Director or hearing officer, the fees shall be
22 paid in the same manner as other expenses of the Department,
23 and when the witness is subpoenaed at the instance of any other
24 party to any such proceeding the Department may require that
25 the cost of service of the subpoena or subpoena duces tecum and
26 the fee of the witness be borne by the party at whose instance

1 the witness is summoned. In such case, the Department in its
2 discretion may require a deposit to cover the cost of such
3 service and witness fees. A subpoena or subpoena duces tecum
4 so issued pursuant to this subsection shall be served in the
5 same manner as a subpoena issued by a circuit court.

6 (i) Any circuit court of this State, upon the application
7 of the Director of Public Health or upon the application of any
8 other party to the proceeding, may, in its discretion, compel
9 the attendance of witnesses, the production of books, papers,
10 records, or memoranda, and the giving of testimony before the
11 Director or hearing officer conducting an investigation or
12 holding a hearing authorized by this Act, by an attachment for
13 contempt or otherwise, in the same manner as production of
14 evidence may be compelled before the court.

15 (j) All final administrative decisions of the Department
16 of Public Health under this Act shall be subject to judicial
17 review pursuant to the provisions of the Administrative Review
18 Law of the Code of Civil Procedure and the rules adopted under
19 it. "Administrative decision" has the meaning ascribed to it
20 in Section 3-101 of the Code of Civil Procedure. The
21 Department is not required to certify any record or file any
22 answer or otherwise appear in any proceeding for judicial
23 review unless the party filing the complaint deposits with the
24 clerk of the court the sum of \$2 per page representing the
25 costs of the certification. Failure on the part of the
26 plaintiff to make such deposit shall be grounds for dismissal

1 of the action.

2 (k) The State's Attorney of the county in which the
3 violation occurred or the Attorney General shall bring such
4 actions in the name of the people of the State of Illinois and
5 may, in addition to other remedies provided in this Act, bring
6 action for an injunction to restrain such violation, impose
7 civil penalties, and enjoin the operation of any such person
8 or establishment.

9 (l) The State's Attorney of the county in which the
10 violation occurred or the Attorney General shall bring such
11 actions in the name of the people of the State of Illinois and
12 may, in addition to other remedies provided in this Act, bring
13 action for an injunction to restrain such violation, impose
14 civil penalties, and enjoin the operation of any such person
15 or establishment.

16 (m) The provisions of the Illinois Administrative
17 Procedure Act are adopted and shall apply to all
18 administrative rules and procedures of the Department of
19 Public Health under this Act, except that in cases of conflict
20 between the Illinois Administrative Procedure Act and this
21 Act, the provisions of this Act shall control. Section 5-35 of
22 the Illinois Administrative Procedure Act relating to
23 procedures for rulemaking does not apply to the adoption of
24 any rule required by federal law in connection with which the
25 Department is precluded by law from exercising any discretion.

26 (n) Subject to appropriation, the Department of Public

1 Health shall waive or pay for any administrative fees charged
2 to a community health worker certificate holder under this
3 Act.

4 (o) The Board may explore ways to compensate members of
5 the Board.

6 (p) The Department is authorized to adopt rules for the
7 implementation of this Section.

8 (410 ILCS 67/5-15 rep.)

9 Section 40. The Community Health Worker Certification and
10 Reimbursement Act is amended by repealing Section 5-15.

11 Section 43. The Sexual Assault Survivors Emergency
12 Treatment Act is amended by changing Sections 1a, 1a-1, 2,
13 2-1, 2.05, 2.05-1, 2.06, 2.06-1, 2.1, 2.1-1, 2.2, 2.2-1, 3,
14 3-1, 5, 5-1, 5.1, 5.1-1, 5.2, 5.2-1, 5.3, 5.3-1, 5.5, 5.5-1,
15 6.1, 6.1-1, 6.2, 6.2-1, 6.4, 6.4-1, 6.5, 6.5-1, 6.6, 6.6-1, 7,
16 7-1, 7.5, 7.5-1, 8, 8-1, 10, and 10-1 as follows:

17 (410 ILCS 70/1a) (from Ch. 111 1/2, par. 87-1a)

18 Sec. 1a. Definitions.

19 (a) In this Act:

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

22 "Ambulance provider" means an individual or entity that
23 owns and operates a business or service using ambulances or

1 emergency medical services vehicles to transport emergency
2 patients.

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

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

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

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

25 "Department" means the Department of Public Health.

26 "Emergency contraception" means medication as approved by

1 the federal Food and Drug Administration (FDA) that can
2 significantly reduce the risk of pregnancy if taken within 72
3 hours after sexual assault.

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

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

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

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

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

1 assault or sexual abuse occurred.

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

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

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

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

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

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

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

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

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

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

21 "Sexual assault" means:

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

25 (2) any act of sexual penetration; as used in this
26 paragraph, "sexual penetration" has the meaning provided

1 under Section 11-0.1 of the Criminal Code of 2012 and
2 includes, without limitation, acts prohibited under
3 Sections 11-1.20 through 11-1.60 of the Criminal Code of
4 2012.

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

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

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

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

26 "Sexual assault transfer plan" means a written plan

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

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

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

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

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

1 within a minimum of the last 7 days.

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

10 (b) This Section is effective on and after January 1, 2024
11 ~~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; 101-634, eff. 6-5-20.)

14 (410 ILCS 70/1a-1)

15 (Section scheduled to be repealed on December 31, 2021)

16 Sec. 1a-1. Definitions.

17 (a) In this Act:

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

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

24 "Approved pediatric health care facility" means a health
25 care facility, other than a hospital, with a sexual assault

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

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

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

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

1 "Board-eligible child abuse pediatrician" means a
2 physician who has completed the requirements set forth by the
3 American Board of Pediatrics to take the examination for
4 certification in child abuse pediatrics.

5 "Department" means the Department of Public Health.

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

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

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

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

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

1 has consented to the jurisdiction of the Department under
2 Section 2.06-1.

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

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

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

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

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

1 drug-facilitated or alcohol-facilitated sexual assault,
2 providing an evaluation of and care for sexually transmitted
3 infection and human immunodeficiency virus (HIV), pregnancy
4 risk evaluation and care, and discharge and follow-up
5 healthcare planning.

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

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

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14 colposcope videos stored and backed up securely in the
15 original file format.

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

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

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

26 "Qualified medical provider" means a board-certified child

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

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

7 "Sexual assault" means:

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

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

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

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

1 Forensic Nurses.

2 "Sexual assault services voucher" means a document
3 generated by a hospital or approved pediatric health care
4 facility at the time the sexual assault survivor receives
5 outpatient medical forensic services that 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 "Sexual assault survivor" means a person who presents for
10 medical forensic services in relation to injuries or trauma
11 resulting from a sexual assault.

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

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

24 "Transfer hospital" means a hospital with a sexual assault
25 transfer plan approved by the Department.

26 "Transfer services" means the appropriate medical

1 screening examination and necessary stabilizing treatment
2 prior to the transfer of a sexual assault survivor to a
3 hospital or an approved pediatric health care facility that
4 provides medical forensic services to sexual assault survivors
5 pursuant to a sexual assault treatment plan or areawide sexual
6 assault treatment plan.

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

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

22 (b) This Section is repealed on December 31, 2023 ~~2021~~.

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

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

25 Sec. 2. Hospital and approved pediatric health care

1 facility 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
8 survivors, or (iii) transfer services to pediatric sexual
9 assault survivors and medical forensic services to sexual
10 assault survivors 13 years old or older, in accordance with
11 rules 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
16 to 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.
19 The Department shall approve such plan for either (i) transfer
20 services to all sexual assault survivors, (ii) medical
21 forensic services to all sexual assault survivors, or (iii)
22 transfer services to pediatric sexual assault survivors and
23 medical forensic services to sexual assault survivors 13 years
24 old or older, if it finds that the implementation of the
25 proposed plan would provide (i) transfer services or (ii)
26 medical forensic services for sexual assault survivors in

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

7 (1) a treatment hospital with approved pediatric
8 transfer has agreed, as part of an areawide treatment
9 plan, to accept sexual assault survivors 13 years of age
10 or older from the proposed transfer hospital, if the
11 treatment 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
15 unduly 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
3 a hospital located within a 20-mile radius of a 4-year public
4 university, not including community colleges, unless there is
5 a 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 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 pediatric 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 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
25 this paragraph, the areawide treatment plan may include a
26 written agreement with a treatment hospital with approved

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

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

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

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

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

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

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

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

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

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

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

20 The Department shall review a proposed sexual assault
21 treatment plan submitted by a pediatric health care facility
22 within 60 days after receipt of the plan. If the Department
23 finds that the proposed plan meets the minimum requirements
24 set forth in Section 5 of this Act and that implementation of
25 the proposed plan would provide medical forensic services for
26 pediatric sexual assault survivors, then the Department shall

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

15 If an approved pediatric health care facility is not open
16 24 hours a day, 7 days a week, it shall post signage at each
17 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
21 hospital emergency department, (insert name) located at
22 (insert address).";

23 (3) lists the approved pediatric health care
24 facility'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
13 sign.

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

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

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

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

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

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

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

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

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

25 This information shall be made available on the
26 Department's website.

1 (f) This Section is effective on and after January 1, 2024
2 ~~2022~~.

3 (Source: P.A. 101-73, eff. 7-12-19; 101-634, eff. 6-5-20;
4 102-22, eff. 6-25-21.)

5 (410 ILCS 70/2-1)

6 (Section scheduled to be repealed on December 31, 2021)

7 Sec. 2-1. Hospital, approved pediatric health care
8 facility, and approved federally qualified health center
9 requirements for sexual assault plans.

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

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

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

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

25 (2) a treatment hospital has agreed, as a part of an
26 areawide treatment plan, to accept sexual assault

1 survivors under 13 years of age from the proposed transfer
2 hospital and transfer to the treatment hospital would not
3 unduly burden the sexual assault survivor.

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

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

17 A transfer must be in accordance with federal and State
18 laws and local ordinances.

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

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

23 Beginning January 1, 2019, each treatment hospital and
24 treatment hospital with approved pediatric transfer shall
25 ensure that emergency department attending physicians,
26 physician assistants, advanced practice registered nurses, and

1 registered professional nurses providing clinical services,
2 who do not meet the definition of a qualified medical provider
3 in Section 1a-1 of this Act, receive a minimum of 2 hours of
4 sexual assault training by July 1, 2020 or until the treatment
5 hospital or treatment hospital with approved pediatric
6 transfer certifies to the Department, in a form and manner
7 prescribed by the Department, that it employs or contracts
8 with a qualified medical provider in accordance with
9 subsection (a-7) of Section 5-1, whichever occurs first.

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

23 Sexual assault training provided under this subsection may
24 be provided in person or online and shall include, but not be
25 limited to:

26 (1) information provided on the provision of medical

1 forensic services;

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

4 (3) information on sexual assault epidemiology,
5 neurobiology of trauma, drug-facilitated sexual assault,
6 child sexual abuse, and Illinois sexual assault-related
7 laws; and

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

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

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

19 A pediatric health care facility must participate in or
20 submit an areawide treatment plan under Section 3-1 of this
21 Act that includes a treatment hospital. If a pediatric health
22 care facility does not provide certain medical or surgical
23 services that are provided by hospitals, the areawide sexual
24 assault treatment plan must include a procedure for ensuring a
25 sexual assault survivor in need of such medical or surgical
26 services receives the services at the treatment hospital. The

1 areawide treatment plan may also include a treatment hospital
2 with approved pediatric transfer.

3 The Department shall review a proposed sexual assault
4 treatment plan submitted by a pediatric health care facility
5 within 60 days after receipt of the plan. If the Department
6 finds that the proposed plan meets the minimum requirements
7 set forth in Section 5-1 of this Act and that implementation of
8 the proposed plan would provide medical forensic services for
9 pediatric sexual assault survivors, then the Department shall
10 approve the plan. If the Department does not approve a plan,
11 then the Department shall notify the pediatric health care
12 facility that the proposed plan has not been approved. The
13 pediatric health care facility shall have 30 days to submit a
14 revised plan. The Department shall review the revised plan
15 within 30 days after receipt of the plan and notify the
16 pediatric health care facility whether the revised plan is
17 approved or rejected. A pediatric health care facility may not
18 provide medical forensic services to pediatric sexual assault
19 survivors who present with a complaint of sexual assault
20 within a minimum of the last 7 days or who have disclosed past
21 sexual assault by a specific individual and were in the care of
22 that individual within a minimum of the last 7 days until the
23 Department has approved a treatment plan.

24 If an approved pediatric health care facility is not open
25 24 hours a day, 7 days a week, it shall post signage at each
26 public entrance to its facility that:

- 1 (1) is at least 14 inches by 14 inches in size;
- 2 (2) directs those seeking services as follows: "If
3 closed, call 911 for services or go to the closest
4 hospital emergency department, (insert name) located at
5 (insert address).";
- 6 (3) lists the approved pediatric health care
7 facility's hours of operation;
- 8 (4) lists the street address of the building;
- 9 (5) has a black background with white bold capital
10 lettering in a clear and easy to read font that is at least
11 72-point type, and with "call 911" in at least 125-point
12 type;
- 13 (6) is posted clearly and conspicuously on or adjacent
14 to the door at each entrance and, if building materials
15 allow, is posted internally for viewing through glass; if
16 posted externally, the sign shall be made of
17 weather-resistant and theft-resistant materials,
18 non-removable, and adhered permanently to the building;
19 and
- 20 (7) has lighting that is part of the sign itself or is
21 lit with a dedicated light that fully illuminates the
22 sign.
- 23 (b-5) An approved federally qualified health center may
24 provide medical forensic services, in accordance with rules
25 adopted by the Department, to all sexual assault survivors 13
26 years old or older who present for medical forensic services

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

19 A federally qualified health center must participate in or
20 submit an areawide treatment plan under Section 3-1 of this
21 Act that includes a treatment hospital. If a federally
22 qualified health center does not provide certain medical or
23 surgical services that are provided by hospitals, the areawide
24 sexual assault treatment plan must include a procedure for
25 ensuring a sexual assault survivor in need of such medical or
26 surgical services receives the services at the treatment

1 hospital. The areawide treatment plan may also include a
2 treatment hospital with approved pediatric transfer or an
3 approved pediatric health care facility.

4 The Department shall review a proposed sexual assault
5 treatment plan submitted by a federally qualified health
6 center within 14 days after receipt of the plan. If the
7 Department finds that the proposed plan meets the minimum
8 requirements set forth in Section 5-1 and that implementation
9 of the proposed plan would provide medical forensic services
10 for sexual assault survivors 13 years old or older, then the
11 Department shall approve the plan. If the Department does not
12 approve a plan, then the Department shall notify the federally
13 qualified health center that the proposed plan has not been
14 approved. The federally qualified health center shall have 14
15 days to submit a revised plan. The Department shall review the
16 revised plan within 14 days after receipt of the plan and
17 notify the federally qualified health center whether the
18 revised plan is approved or rejected. A federally qualified
19 health center may not (i) provide medical forensic services to
20 sexual assault survivors 13 years old or older who present
21 with a complaint of sexual assault within a minimum of the
22 previous 7 days or (ii) who have disclosed past sexual assault
23 by a specific individual and were in the care of that
24 individual within a minimum of the previous 7 days until the
25 Department has approved a treatment plan.

26 If an approved federally qualified health center is not

1 open 24 hours a day, 7 days a week, it shall post signage at
2 each public entrance to its facility that:

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

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

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

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

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

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

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

25 A copy of the proposed sign must be submitted to the
26 Department and approved as part of the approved federally

1 qualified health center's sexual assault treatment plan.

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

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

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

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

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

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

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

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

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

14 (f) This Section is repealed on December 31, 2023 ~~2021~~.

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

16 (410 ILCS 70/2.05)

17 Sec. 2.05. Department requirements.

18 (a) The Department shall periodically conduct on-site
19 reviews of approved sexual assault treatment plans with
20 hospital and approved pediatric health care facility personnel
21 to ensure that the established procedures are being followed.
22 Department personnel conducting the on-site reviews shall
23 attend 4 hours of sexual assault training conducted by a
24 qualified medical provider that includes, but is not limited
25 to, forensic evidence collection provided to sexual assault

1 survivors of any age and Illinois sexual assault-related laws
2 and administrative rules.

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

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

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

26 (3) Each hospital and approved pediatric care facility

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

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

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

21 (c) The Department, in consultation with the Office of the
22 Attorney General, shall adopt administrative rules by January
23 1, 2020 establishing a process for physicians and physician
24 assistants to provide documentation of training and clinical
25 experience that meets or is substantially similar to the
26 Sexual Assault Nurse Examiner Education Guidelines established

1 by the International Association of Forensic Nurses in order
2 to qualify as a sexual assault forensic examiner.

3 (d) This Section is effective on and after January 1, 2024
4 ~~2022~~.

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

6 (410 ILCS 70/2.05-1)

7 (Section scheduled to be repealed on December 31, 2021)

8 Sec. 2.05-1. Department requirements.

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

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

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

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

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

20 (3) Each hospital, approved pediatric care facility,
21 and federally qualified health center that has to submit
22 an acceptable Plan of Correction within the time required
23 by Section 2.1-1, including the date the Plan of
24 Correction was required to be submitted. Once a hospital,
25 approved pediatric health care facility, or approved
26 federally qualified health center submits and implements

1 the required Plan of Correction, the Department shall
2 immediately update the report on its Internet website to
3 reflect that hospital, approved pediatric health care
4 facility, or federally qualified health center's
5 compliance.

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

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

20 (6) During the duration, and 90 days thereafter, of a
21 proclamation issued by the Governor declaring a disaster,
22 or a successive proclamation regarding the same disaster,
23 in all 102 counties due to a public health emergency, the
24 Department shall immediately update the report on its
25 website to reflect each federally qualified health center
26 that has submitted a plan, including the submission date

1 of the plan, type of plan submitted, and the date the plan
2 was approved.

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

11 (d) This Section is repealed on December 31, 2023 ~~2021~~.
12 (Source: P.A. 101-634, eff. 6-5-20; 102-22, eff. 6-25-21.)

13 (410 ILCS 70/2.06)

14 Sec. 2.06. Consent to jurisdiction.

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

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

24 (b) This Section is effective on and after January 1, 2024
25 ~~2022~~.

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

1 (410 ILCS 70/2.06-1)

2 (Section scheduled to be repealed on December 31, 2021)

3 Sec. 2.06-1. Consent to jurisdiction.

4 (a) A pediatric health care facility or federally
5 qualified health center that submits a plan to the Department
6 for approval under Section 2-1 or an out-of-state hospital
7 that submits an areawide treatment plan in accordance with
8 subsection (b) of Section 5.4 consents to the jurisdiction and
9 oversight of the Department, including, but not limited to,
10 inspections, investigations, and evaluations arising out of
11 complaints relevant to this Act made to the Department. A
12 pediatric health care facility or federally qualified health
13 center that submits a plan to the Department for approval
14 under Section 2-1 or an out-of-state hospital that submits an
15 areawide treatment plan in accordance with subsection (b) of
16 Section 5.4 shall be deemed to have given consent to annual
17 inspections, surveys, or evaluations relevant to this Act by
18 properly identified personnel of the Department or by such
19 other properly identified persons, including local health
20 department staff, as the Department may designate. In
21 addition, representatives of the Department shall have access
22 to and may reproduce or photocopy any books, records, and
23 other documents maintained by the pediatric health care
24 facility or the facility's representatives or the out-of-state
25 hospital or the out-of-state hospital's representative to the

1 extent necessary to carry out this Act. No representative,
2 agent, or person acting on behalf of the pediatric health care
3 facility, federally qualified health center, or out-of-state
4 hospital in any manner shall intentionally prevent, interfere
5 with, or attempt to impede in any way any duly authorized
6 investigation and enforcement of this Act. The Department
7 shall have the power to adopt rules to carry out the purpose of
8 regulating a pediatric health care facility or out-of-state
9 hospital. In carrying out oversight of a pediatric health care
10 facility, federally qualified health center, or an
11 out-of-state hospital, the Department shall respect the
12 confidentiality of all patient records, including by complying
13 with the patient record confidentiality requirements set out
14 in Section 6.14b of the Hospital Licensing Act.

15 (b) This Section is repealed on December 31, 2023 ~~2021~~.

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

17 (410 ILCS 70/2.1) (from Ch. 111 1/2, par. 87-2.1)

18 Sec. 2.1. Plan of correction; penalties.

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

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

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

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

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

1 per patient provided services in violation of this Act.

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

10 (d) This Section is effective on and after January 1, 2024
11 ~~2022~~.

12 (Source: P.A. 101-81, eff. 7-12-19; 101-634, eff. 6-5-20;
13 102-22, eff. 6-25-21.)

14 (410 ILCS 70/2.1-1)

15 (Section scheduled to be repealed on December 31, 2021)

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

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

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

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

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

24 If an approved pediatric health care facility or approved
25 federally qualified health center fails to submit an
26 acceptable Plan of Correction or to implement the Plan of

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

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

18 (d) This Section is repealed on December 31, 2023 ~~2021~~.

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

20 (410 ILCS 70/2.2)

21 Sec. 2.2. Emergency contraception.

22 (a) The General Assembly finds:

23 (1) Crimes of sexual assault and sexual abuse cause
24 significant physical, emotional, and psychological trauma
25 to the victims. This trauma is compounded by a victim's

1 fear of becoming pregnant and bearing a child as a result
2 of the sexual assault.

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

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

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

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

1 protection for survivors of sexual assault.

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

10 (c) This Section is effective on and after January 1, 2024
11 ~~2022~~.

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

13 (410 ILCS 70/2.2-1)

14 (Section scheduled to be repealed on December 31, 2021)

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
17 upon the written order of a physician licensed to practice
18 medicine in all its branches, a licensed advanced practice
19 registered nurse, or a licensed physician assistant. The
20 Department shall approve the protocol if it finds that the
21 implementation of the protocol would provide sufficient
22 protection for survivors of 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 December 31, 2023 ~~2021~~.

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

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

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

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

1 approve a proposed plan if it finds that the minimum
2 requirements set forth in Section 5 and implementation of the
3 plan would provide for appropriate medical forensic services
4 for the people of the area to be served.

5 (b) This Section is effective on and after January 1, 2024
6 ~~2022~~.

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

8 (410 ILCS 70/3-1)

9 (Section scheduled to be repealed on December 31, 2021)

10 Sec. 3-1. Areawide sexual assault treatment plans;
11 submission.

12 (a) Hospitals, approved pediatric health care facilities,
13 and approved federally qualified health centers in the area to
14 be served may develop and participate in areawide plans that
15 shall describe the medical forensic services to sexual assault
16 survivors that each participating hospital, approved pediatric
17 health care facility, and approved federally qualified health
18 centers has agreed to make available. Each hospital, approved
19 pediatric health care facility, and approved federally
20 qualified health center participating in such a plan shall
21 provide such services as it is designated to provide in the
22 plan agreed upon by the participants. An areawide plan may
23 include treatment hospitals, treatment hospitals with approved
24 pediatric transfer, transfer hospitals, approved pediatric
25 health care facilities, approved federally qualified health

1 centers, or out-of-state hospitals as provided in Section 5.4.
2 All areawide plans shall be submitted to the Department for
3 approval, prior to becoming effective. The Department shall
4 approve a proposed plan if it finds that the minimum
5 requirements set forth in Section 5-1 and implementation of
6 the plan would provide for appropriate medical forensic
7 services for the people of the area to be served.

8 (b) This Section is repealed on December 31, 2023 ~~2021~~.

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

10 (410 ILCS 70/5) (from Ch. 111 1/2, par. 87-5)

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

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

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

23 (a-5) A treatment hospital, a treatment hospital with
24 approved pediatric transfer, or an approved pediatric health
25 care facility shall provide the following services in

1 accordance with subsection (a):

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

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

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

26 Records of medical forensic services may only be

1 disseminated in accordance with Section 6.5 of this Act
2 and other State and federal law.

3 (1.5) An offer to complete the Illinois Sexual Assault
4 Evidence Collection Kit for any sexual assault survivor
5 who presents within a minimum of the last 7 days of the
6 assault or who has disclosed past sexual assault by a
7 specific individual and was in the care of that individual
8 within a minimum of the last 7 days.

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

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

25 On and after January 1, 2022, the information
26 required under this subparagraph shall be provided in

1 person by the qualified medical provider providing
2 medical forensic services directly to the sexual
3 assault survivor.

4 The written information provided shall be the
5 information created in accordance with Section 10 of
6 this Act.

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

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

21 (3) Appropriate oral and written information
22 concerning accepted medical procedures, laboratory tests,
23 medication, and possible contraindications of such
24 medication available for the prevention or treatment of
25 infection or disease resulting from sexual assault.

26 (3.5) After a medical evidentiary or physical

1 examination, access to a shower at no cost, unless
2 showering facilities are unavailable.

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

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

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

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

25 (8) Medical advocacy services provided by a rape
26 crisis counselor whose communications are protected under

1 Section 8-802.1 of the Code of Civil Procedure, if there
2 is a memorandum of understanding between the hospital or
3 approved pediatric health care facility and a rape crisis
4 center. With the consent of the sexual assault survivor, a
5 rape crisis counselor shall remain in the exam room during
6 the medical forensic examination.

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

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

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

25 (b) Any person who is a sexual assault survivor who seeks
26 medical forensic services or follow-up healthcare under this

1 Act shall be provided such services without the consent of any
2 parent, guardian, custodian, surrogate, or agent. If a sexual
3 assault survivor is unable to consent to medical forensic
4 services, the services may be provided under the Consent by
5 Minors to Medical Procedures Act, the Health Care Surrogate
6 Act, or other applicable State and federal laws.

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

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

18 (d) This Section is effective on and after January 1, 2024
19 ~~July 1, 2021~~.

20 (Source: P.A. 100-513, eff. 1-1-18; 100-775, eff. 1-1-19;
21 100-1087, eff. 1-1-19; 101-81, eff. 7-12-19; 101-377, eff.
22 8-16-19; 101-634, eff. 6-5-20.)

23 (410 ILCS 70/5-1)

24 (Section scheduled to be repealed on December 31, 2021)

25 Sec. 5-1. Minimum requirements for medical forensic

1 services provided to sexual assault survivors by hospitals,
2 approved pediatric health care facilities, and approved
3 federally qualified health centers.

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

12 Beginning January 1, 2023, a qualified medical provider
13 must provide the services set forth in subsection (a-5).

14 (a-5) A treatment hospital, a treatment hospital with
15 approved pediatric transfer, or an approved pediatric health
16 care facility, or an approved federally qualified health
17 center shall provide the following services in accordance with
18 subsection (a):

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

1 Reporting Act.

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

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

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

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

26 (A) Appropriate oral and written information

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

11 Before January 1, 2023, the information required
12 under this subparagraph shall be provided in person by
13 the health care professional providing medical
14 forensic services directly to the sexual assault
15 survivor.

16 On and after January 1, 2023, the information
17 required under this subparagraph shall be provided in
18 person by the qualified medical provider providing
19 medical forensic services directly to the sexual
20 assault survivor.

21 The written information provided shall be the
22 information created in accordance with Section 10-1 of
23 this Act.

24 (B) Following the discussion regarding the
25 evidence-based guidelines for evidence collection in
26 accordance with subparagraph (A), evidence collection

1 must be completed at the sexual assault survivor's
2 request. A sexual assault nurse examiner conducting an
3 examination using the Illinois State Police Sexual
4 Assault Evidence Collection Kit may do so without the
5 presence or participation of a physician.

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

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

17 (3.5) After a medical evidentiary or physical
18 examination, access to a shower at no cost, unless
19 showering facilities are unavailable.

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

1 or approved pediatric health care facility's current
2 approved protocol for sexual assault survivors.

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

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

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

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

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

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

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

10 (a-7) By January 1, 2023, every hospital with a treatment
11 plan approved by the Department shall employ or contract with
12 a qualified medical provider to initiate medical forensic
13 services to a sexual assault survivor within 90 minutes of the
14 patient presenting to the treatment hospital or treatment
15 hospital with approved pediatric transfer. The provision of
16 medical forensic services by a qualified medical provider
17 shall not delay the provision of life-saving medical care.

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

26 (b-5) Every hospital, approved pediatric health care

1 facility, or approved federally qualified health center
2 providing medical forensic services to sexual assault
3 survivors shall issue a voucher to any sexual assault survivor
4 who is eligible to receive one in accordance with Section
5 5.2-1 of this Act. The hospital, approved pediatric health
6 care facility, or approved federally qualified health center
7 shall make a copy of the voucher and place it in the medical
8 record of the sexual assault survivor. The hospital, approved
9 pediatric health care facility, or approved federally
10 qualified health center shall provide a copy of the voucher to
11 the sexual assault survivor after discharge upon request.

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

16 (d) This Section is repealed on December 31, 2023 ~~2021~~.

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

18 (410 ILCS 70/5.1)

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

21 (a) Photo documentation taken during a medical forensic
22 examination shall be maintained by the hospital or approved
23 pediatric health care facility as part of the patient's
24 medical record.

25 Photo documentation shall be stored and backed up securely

1 in its original file format in accordance with facility
2 protocol. The facility protocol shall require limited access
3 to the images and be included in the sexual assault treatment
4 plan submitted to the Department.

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

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

22 (b) This Section is effective on and after January 1, 2024
23 ~~2022~~.

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

25 (410 ILCS 70/5.1-1)

1 (Section scheduled to be repealed on December 31, 2021)

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

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

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

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

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

1 Act. Any dissemination of photo documentation, including for
2 peer review, an expert second opinion, or in any court or
3 administrative proceeding or investigation, must be in
4 accordance with State and federal law.

5 (b) This Section is repealed on December 31, 2023 ~~2021~~.

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

7 (410 ILCS 70/5.2)

8 Sec. 5.2. Sexual assault services voucher.

9 (a) A sexual assault services voucher shall be issued by a
10 treatment hospital, treatment hospital with approved pediatric
11 transfer, or approved pediatric health care facility at the
12 time a sexual assault survivor receives medical forensic
13 services.

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

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

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

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

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

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

19 (1) the name and date of birth of the sexual assault
20 survivor;

21 (2) the service provided;

22 (3) the charge of service;

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

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

25 A health care professional, ambulance provider,
26 laboratory, or pharmacy is not required to submit a copy of the

1 sexual assault services voucher.

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

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

16 (e) This Section is effective on and after January 1, 2024
17 ~~2022~~.

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

19 (410 ILCS 70/5.2-1)

20 (Section scheduled to be repealed on December 31, 2021)

21 Sec. 5.2-1. 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, approved pediatric health care facility, or approved
25 federally qualified health center at the time a sexual assault

1 survivor receives medical forensic services.

2 (b) Each treatment hospital, treatment hospital with
3 approved pediatric transfer, approved pediatric health care
4 facility, and approved federally qualified health center must
5 include in its sexual assault treatment plan submitted to the
6 Department in accordance with Section 2-1 of this Act a
7 protocol for issuing sexual assault services vouchers. The
8 protocol shall, at a minimum, include the 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 or approved
16 federally qualified health center with access to the
17 Medical Electronic Data Interchange or successor system
18 affirming that the Medical Electronic Data Interchange or
19 successor system will only be used for the purpose of
20 issuing sexual assault services vouchers.

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

25 (d) Any treatment hospital, treatment hospital with
26 approved pediatric transfer, approved pediatric health care

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

7 (1) the name and date of birth of the sexual assault
8 survivor;

9 (2) the service provided;

10 (3) the charge of service;

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

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

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

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

22 If a sexual assault services voucher was not issued to a
23 sexual assault survivor by the treatment hospital, treatment
24 hospital with approved pediatric transfer, approved pediatric
25 health care facility, or approved federally qualified health
26 center, then a health care professional, ambulance provider,

1 laboratory, or pharmacy may submit a request to the Department
2 of Healthcare and Family Services Sexual Assault Emergency
3 Treatment Program to issue a sexual assault services voucher.

4 (e) This Section is repealed on December 31, 2023 ~~2021~~.

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

6 (410 ILCS 70/5.3)

7 Sec. 5.3. Pediatric sexual assault care.

8 (a) The General Assembly finds:

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

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

25 (3) Pediatric sexual assault survivors throughout the

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

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

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

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

1 transported by ambulance, law enforcement, or personal
2 vehicle.

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

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

25 If medical forensic services can be initiated within 90
26 minutes after the patient's arrival at the approved pediatric

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

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

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

1 patient shall be transferred to a treatment hospital
2 designated in the approved pediatric health care facility's
3 plan for medical forensic services. The pediatric sexual
4 assault survivor may be transported by ambulance, law
5 enforcement, or personal vehicle.

6 (e) This Section is effective on and after January 1, 2024
7 ~~2022~~.

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

9 (410 ILCS 70/5.3-1)

10 (Section scheduled to be repealed on December 31, 2021)

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

12 (a) The General Assembly finds:

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

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

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

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

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

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

23 If the transferring hospital or approved federally
24 qualified health center confirms that medical forensic
25 services can be initiated within 90 minutes of the patient's
26 arrival at the approved pediatric health care facility

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

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

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

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

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

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

1 to be transferred, the hospital shall provide medical forensic
2 services to the patient.

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

18 (e) This Section is repealed on December 31, 2023 ~~2021~~.

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

20 (410 ILCS 70/5.5)

21 Sec. 5.5. Minimum reimbursement requirements for follow-up
22 healthcare.

23 (a) Every hospital, pediatric health care facility, health
24 care professional, laboratory, or pharmacy that provides
25 follow-up healthcare to a sexual assault survivor, with the

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

6 (1) a physical examination;

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

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

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

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

20 (d) This Section is effective on and after January 1, 2024
21 ~~2022~~.

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

23 (410 ILCS 70/5.5-1)

24 (Section scheduled to be repealed on December 31, 2021)

25 Sec. 5.5-1. Minimum reimbursement requirements for

1 follow-up healthcare.

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

11 (1) a physical examination;

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

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

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

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

25 (d) This Section is repealed on December 31, 2023 ~~2021~~.

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

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
13 of sexual assault survivors, which results shall be preserved
14 in a 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 January 1, 2024
18 ~~2022~~.

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

20 (410 ILCS 70/6.1-1)

21 (Section scheduled to be repealed on December 31, 2021)

22 Sec. 6.1-1. Minimum standards.

23 (a) The Department shall prescribe minimum standards,
24 rules, and regulations necessary to implement this Act and the

1 changes made by this amendatory Act of the 101st General
2 Assembly, which shall apply to every hospital required to be
3 licensed by the Department that provides general medical and
4 surgical hospital services and to every approved pediatric
5 health care facility and approved federally qualified health
6 center. Such standards shall include, but not be limited to, a
7 uniform system for recording results of medical examinations
8 and all diagnostic tests performed in connection therewith to
9 determine the condition and necessary treatment of sexual
10 assault survivors, which results shall be preserved in a
11 confidential manner as part of the hospital's, approved
12 pediatric health care facility's, or approved federally
13 qualified health center's record of the sexual assault
14 survivor.

15 (b) This Section is repealed on December 31, 2023 ~~2021~~.

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

17 (410 ILCS 70/6.2) (from Ch. 111 1/2, par. 87-6.2)

18 Sec. 6.2. Assistance and grants.

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

24 (b) This Section is effective on and after January 1, 2024
25 ~~2022~~.

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

2 (410 ILCS 70/6.2-1)

3 (Section scheduled to be repealed on December 31, 2021)

4 Sec. 6.2-1. Assistance and grants.

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

11 (b) This Section is repealed on December 31, 2023 ~~2021~~.

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

13 (410 ILCS 70/6.4) (from Ch. 111 1/2, par. 87-6.4)

14 Sec. 6.4. Sexual assault evidence collection program.

15 (a) There is created a statewide sexual assault evidence
16 collection program to facilitate the prosecution of persons
17 accused of sexual assault. This program shall be administered
18 by the Illinois State Police. The program shall consist of the
19 following: (1) distribution of sexual assault evidence
20 collection kits which have been approved by the Illinois State
21 Police to hospitals and approved pediatric health care
22 facilities that request them, or arranging for such
23 distribution by the manufacturer of the kits, (2) collection
24 of the kits from hospitals and approved pediatric health care

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

20 (a-5) (Blank).

21 (b) The Illinois State Police shall administer a program
22 to train hospital and approved pediatric health care facility
23 personnel participating in the sexual assault evidence
24 collection program, in the correct use and application of the
25 sexual assault evidence collection kits. The Department shall
26 cooperate with the Illinois State Police in this program as it

1 pertains to medical aspects of the evidence collection.

2 (c) (Blank).

3 (d) This Section is effective on and after January 1, 2024
4 ~~July 1, 2021~~.

5 (Source: P.A. 100-775, eff. 1-1-19; 101-634, eff. 6-5-20.)

6 (410 ILCS 70/6.4-1)

7 (Section scheduled to be repealed on December 31, 2021)

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

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

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

14 (a-5) (Blank).

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

23 (c) (Blank).

24 (d) This Section is repealed on December 31, 2023 ~~2021~~.

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

1 (410 ILCS 70/6.5)

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

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

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

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

21 (3) If the survivor is an adult who has a guardian of
22 the person, a health care surrogate, or an agent acting
23 under a health care power of attorney, the consent of the
24 guardian, surrogate, or agent is not required to release
25 evidence and information concerning the sexual assault or
26 sexual abuse. If the adult is unable to provide consent

1 for the release of evidence and information and a
2 guardian, surrogate, or agent under a health care power of
3 attorney is unavailable or unwilling to release the
4 information, then an investigating law enforcement officer
5 may authorize the release.

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

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

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

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

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

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

18 (4) the name and phone number of a local rape crisis
19 center.

20 (d) This Section is effective on and after January 1, 2024
21 ~~2022~~.

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

24 (410 ILCS 70/6.5-1)

25 (Section scheduled to be repealed on December 31, 2021)

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

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

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

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

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

1 guardian, surrogate, or agent under a health care power of
2 attorney is unavailable or unwilling to release the
3 information, then an investigating law enforcement officer
4 may authorize the release.

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

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

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

25 (1) the sexual assault evidence will be stored for 10
26 years from the completion of an Illinois State Police

1 Sexual Assault Evidence Collection Kit, or 10 years from
2 the age of 18 years, whichever is longer;

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

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

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

20 (4) the name and phone number of a local rape crisis
21 center.

22 (d) This Section is repealed on December 31, 2023 ~~2021~~.

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

24 (410 ILCS 70/6.6)

25 Sec. 6.6. Submission of sexual assault evidence.

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

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

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

1 notification shall be made within 14 days of the collection of
2 the sexual assault evidence.

3 (e) This Section is effective on and after January 1, 2024
4 ~~2022~~.

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

6 (410 ILCS 70/6.6-1)

7 (Section scheduled to be repealed on December 31, 2021)

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

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

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

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

13 (c) If the law enforcement agency having jurisdiction has
14 not taken physical custody of sexual assault evidence within 5
15 days of the first contact by the hospital, approved pediatric
16 health care facility, or approved federally qualified health
17 center, the hospital, approved pediatric health care facility,
18 or approved federally qualified health center shall renotify
19 the law enforcement agency having jurisdiction that the
20 hospital, approved pediatric health care facility, or approved
21 federally qualified health center is in possession of sexual
22 assault evidence and the date the sexual assault evidence was
23 collected. The hospital, approved pediatric health care
24 facility, or approved federally qualified health center shall
25 document the renotification in the patient's medical records
26 and shall include the agency notified, the date and time of the

1 notification and the name of the person who received the
2 notification.

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

23 (e) This Section is repealed on December 31, 2023 ~~2021~~.

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

25 (410 ILCS 70/7) (from Ch. 111 1/2, par. 87-7)

1 Sec. 7. Reimbursement.

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

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

19 (2) If a sexual assault survivor is covered by one or
20 more policies of health insurance or is a beneficiary
21 under a public or private health coverage program, the
22 ambulance provider, hospital, approved pediatric health
23 care facility, health care professional, laboratory, or
24 pharmacy shall bill the insurance company or program. With
25 respect to such insured patients, applicable deductible,
26 co-pay, co-insurance, denial of claim, or any other

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

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

25 (4) If a sexual assault survivor presents a sexual
26 assault services voucher for follow-up healthcare, the

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

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

19 (c) (Blank).

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

26 (e) The Department of Healthcare and Family Services shall

1 establish standards, rules, and regulations to implement this
2 Section.

3 (f) This Section is effective on and after January 1, 2024
4 ~~2022~~.

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

6 (410 ILCS 70/7-1)

7 (Section scheduled to be repealed on December 31, 2021)

8 Sec. 7-1. Reimbursement

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

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

1 organization and accept the amount paid as full payment.

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

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

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

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

1 follow-up healthcare and receiving reimbursement under
2 this Section.

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

7 (c) (Blank).

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

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

17 (f) This Section is repealed on December 31, 2023 ~~2021~~.

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

19 (410 ILCS 70/7.5)

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

23 (a) A hospital, approved pediatric health care facility,
24 health care professional, ambulance provider, laboratory, or
25 pharmacy furnishing medical forensic services, transportation,

1 follow-up healthcare, or medication to a sexual assault
2 survivor shall not:

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

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

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

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

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

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

25 (c) Every hospital and approved pediatric health care
26 facility providing treatment services to sexual assault

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

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

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

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

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

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

1 facility for medical forensic services;

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

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

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

1 a billing protocol that ensures that no survivor of sexual
2 assault is sent a bill for any medical forensic services and
3 submit the billing protocol to the Attorney General for
4 approval. Health care professionals who bill as a legal entity
5 may submit a single billing protocol for the billing entity.

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

13 The billing protocol must include at a minimum:

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

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

19 (3) prohibitions on submitting any bill for any
20 portion of medical forensic services provided to a
21 survivor of sexual assault to a collection agency;

22 (4) prohibitions on taking any action that would
23 adversely affect the credit of the survivor of sexual
24 assault;

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

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

4 The Office of the Attorney General may provide a sample
5 acceptable billing protocol upon request.

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

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

22 The health care professional or approved pediatric health
23 care facility shall submit any proposed revision to or
24 modification of an approved billing protocol to the Office of
25 the Attorney General for approval. The health care
26 professional or approved pediatric health care facility shall

1 implement the revised or modified billing protocol upon
2 approval by the Office of the Illinois Attorney General.

3 (e) This Section is effective on and after January 1, 2024
4 ~~2022~~.

5 (Source: P.A. 101-634, eff. 6-5-20; 101-652, eff. 7-1-21;
6 102-22, eff. 6-25-21.)

7 (410 ILCS 70/7.5-1)

8 (Section scheduled to be repealed on December 31, 2021)

9 Sec. 7.5-1. Prohibition on billing sexual assault
10 survivors directly for certain services; written notice;
11 billing protocols.

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

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

23 (2) communicate with, harass, or intimidate the sexual
24 assault survivor for payment of services, including, but
25 not limited to, repeatedly calling or writing to the

1 sexual assault survivor and threatening to refer the
2 matter to a debt collection agency or to an attorney for
3 collection, enforcement, or filing of other process;

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

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

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

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

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

22 (1) a statement that the sexual assault survivor
23 should not be directly billed by any ambulance provider
24 providing transportation services, or by any hospital,
25 approved pediatric health care facility, approved
26 federally qualified health center, health care

1 professional, laboratory, or pharmacy for the services the
2 sexual assault survivor received as an outpatient at the
3 hospital, approved pediatric health care facility, or
4 approved federally qualified health center;

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

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

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

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

24 (6) the toll-free phone number of the Office of the
25 Illinois Attorney General, Crime Victim Services Division,
26 which the sexual assault survivor may call should the

1 sexual assault survivor receive a bill from an ambulance
2 provider, approved pediatric health care facility,
3 approved federally qualified health center, a health care
4 professional, a laboratory, or a pharmacy.

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

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

1 billing protocol to the Crime Victim Services Division of the
2 Office of the Attorney General for approval. Health care
3 professionals who bill as a legal entity may submit a single
4 billing protocol for the billing entity.

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

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

21 The billing protocol must include at a minimum:

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

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

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

4 (4) prohibitions on taking any action that would
5 adversely affect the credit of the survivor of sexual
6 assault;

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

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

12 The Crime Victim Services Division of the Office of the
13 Attorney General may provide a sample acceptable billing
14 protocol upon request.

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

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

1 protocol addressing the deficiencies to the Office of the
2 Attorney General. The health care professional or approved
3 pediatric health care facility shall implement the protocol
4 upon approval by the Crime Victim Services Division of the
5 Office of the Attorney General.

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

16 (e) This Section is repealed on December 31, 2023 ~~2021~~.

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

18 (410 ILCS 70/8) (from Ch. 111 1/2, par. 87-8)

19 Sec. 8. Penalties.

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

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

3 (b) 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, health care professional, ambulance
7 provider, laboratory, or pharmacy knowingly violates Section
8 7.5 of the Act:

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

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

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

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

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

3 (c) This Section is effective on and after January 1, 2024
4 ~~2022~~.

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

6 (410 ILCS 70/8-1)

7 (Section scheduled to be repealed on December 31, 2021)

8 Sec. 8-1. Penalties.

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

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

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

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

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

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

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

21 (c) This Section is repealed on December 31, 2023 ~~2021~~.

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

23 (410 ILCS 70/10)

24 Sec. 10. Sexual Assault Nurse Examiner Program.

25 (a) The Sexual Assault Nurse Examiner Program is

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

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

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

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

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

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

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

1 Office of the Attorney General's website.

2 (d) This Section is effective on and after January 1, 2024
3 ~~2022~~.

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

5 (410 ILCS 70/10-1)

6 (Section scheduled to be repealed on December 31, 2021)

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

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

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

25 The Sexual Assault Nurse Examiner Program shall provide

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

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

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

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

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

13 (d) This Section is repealed on December 31, 2023 ~~2021~~.

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

15 Section 45. The Underlying Causes of Crime and Violence
16 Study Act is amended by changing Section 72-15 as follows:

17 (410 ILCS 165/72-15)

18 Sec. 72-15. Report. The Department of Public Health and
19 the Department of Human Services are required to report their
20 findings to the General Assembly by December 31, 2022 ~~2021~~.

21 (Source: P.A. 102-4, eff. 4-27-21.)

22 Section 99. Effective date. This Act takes effect upon
23 becoming law.