

AN ACT concerning health.

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

Section 5. The Sexual Assault Survivors Emergency Treatment Act is amended by changing Sections 1a, 1a-1, 2, 2-1, 2.1, 2.1-1, 5, 5-1, 5.4, and 9.5 as follows:

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

Sec. 1a. Definitions.

(a) In this Act:

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

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

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

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

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

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

"Department" means the Department of Public Health.

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

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

"Health care professional" means a physician, a physician assistant, a sexual assault forensic examiner, an advanced practice registered nurse, a registered professional nurse, a

licensed practical nurse, or a sexual assault nurse examiner.

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

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

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

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

"Medical forensic services" means health care delivered to patients within or under the care and supervision of personnel working in a designated emergency department of a hospital or an approved pediatric health care facility. "Medical forensic services" includes, but is not limited to, taking a medical history, performing photo documentation, performing a physical and anogenital examination, assessing the patient for evidence

collection, collecting evidence in accordance with a statewide sexual assault evidence collection program administered by the Illinois State Police using the Illinois State Police Sexual Assault Evidence Collection Kit, if appropriate, assessing the patient for drug-facilitated or alcohol-facilitated sexual assault, providing an evaluation of and care for sexually transmitted infection and human immunodeficiency virus (HIV), pregnancy risk evaluation and care, and discharge and follow-up healthcare planning.

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

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

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

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

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

"Prepubescent sexual assault survivor" means a female who is under the age of 18 years and has not had a first menstrual cycle or a male who is under the age of 18 years and has not

started to develop secondary sex characteristics who presents for medical forensic services in relation to injuries or trauma resulting from a sexual assault.

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

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

"Sexual assault" means:

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

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

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

"Sexual assault nurse examiner" means an advanced practice

registered nurse or registered professional nurse who has completed a sexual assault nurse examiner training program that meets the Sexual Assault Nurse Examiner Education Guidelines established by the International Association of Forensic Nurses.

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

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

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

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

facility.

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

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

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

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

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

2022.

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

(410 ILCS 70/1a-1)

(Section scheduled to be repealed on December 31, 2023)

Sec. 1a-1. Definitions.

(a) In this Act:

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

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

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

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

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

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

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

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

"Department" means the Department of Public Health.

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

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

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

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

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

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

"Law enforcement agency having jurisdiction" means the law

enforcement agency in the jurisdiction where an alleged sexual assault or sexual abuse occurred.

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

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

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

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

"Pediatric sexual assault survivor" means a person under

the age of 13 who presents for medical forensic services in relation to injuries or trauma resulting from a sexual assault.

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

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

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

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

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

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

"Sexual assault" means:

(1) an act of sexual conduct; as used in this paragraph, "sexual conduct" has the meaning provided under

Section 11-0.1 of the Criminal Code of 2012; or

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

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

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

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

"Sexual assault survivor" means a person who presents for

medical forensic services in relation to injuries or trauma resulting from a sexual assault.

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

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

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

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

"Treatment hospital" means a hospital with a sexual assault treatment plan approved by the Department to provide medical forensic services to all sexual assault survivors who

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

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

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

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

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

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

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

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

In addition, every such hospital, regardless of whether or not a request is made for reimbursement, shall submit to the Department a plan to provide either (i) transfer services to all sexual assault survivors, (ii) medical forensic services to all sexual assault survivors, or (iii) transfer services to pediatric sexual assault survivors and medical forensic services to sexual assault survivors 13 years old or older within the time frame established by the Department. The Department shall approve such plan for either (i) transfer services to all sexual assault survivors, (ii) medical forensic services to all sexual assault survivors, or (iii) transfer services to pediatric sexual assault survivors and medical forensic services to sexual assault survivors 13 years old or older, if it finds that the implementation of the proposed plan would provide (i) transfer services or (ii) medical forensic services for sexual assault survivors in accordance with the requirements of this Act and provide sufficient protections from the risk of pregnancy to sexual assault survivors. Notwithstanding anything to the contrary in this paragraph, the Department may approve a sexual assault transfer plan for the provision of medical forensic services if:

- (1) a treatment hospital with approved pediatric

transfer has agreed, as part of an areawide treatment plan, to accept sexual assault survivors 13 years of age or older from the proposed transfer hospital, if the treatment hospital with approved pediatric transfer is geographically closer to the transfer hospital than a treatment hospital or another treatment hospital with approved pediatric transfer and such transfer is not unduly burdensome on the sexual assault survivor; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

A pediatric health care facility must participate in or submit an areawide treatment plan under Section 3 of this Act

that includes a treatment hospital. If a pediatric health care facility does not provide certain medical or surgical services that are provided by hospitals, the areawide sexual assault treatment plan must include a procedure for ensuring a sexual assault survivor in need of such medical or surgical services receives the services at the treatment hospital. The areawide treatment plan may also include a treatment hospital with approved pediatric transfer.

The Department shall review a proposed sexual assault treatment plan submitted by a pediatric health care facility within 60 days after receipt of the plan. If the Department finds that the proposed plan meets the minimum requirements set forth in Section 5 of this Act and that implementation of the proposed plan would provide medical forensic services for ~~pediatric~~ sexual assault survivors under the age of 18, then the Department shall approve the plan. If the Department does not approve a plan, then the Department shall notify the pediatric health care facility that the proposed plan has not been approved. The pediatric health care facility shall have 30 days to submit a revised plan. The Department shall review the revised plan within 30 days after receipt of the plan and notify the pediatric health care facility whether the revised plan is approved or rejected. A pediatric health care facility may not provide medical forensic services to ~~pediatric~~ sexual assault survivors under the age of 18 who present with a complaint of sexual assault within a minimum of the last 7 days

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

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

- (1) is at least 14 inches by 14 inches in size;
 - (2) directs those seeking services as follows: "If closed, call 911 for services or go to the closest hospital emergency department, (insert name) located at (insert address).";
 - (3) lists the approved pediatric health care facility's hours of operation;
 - (4) lists the street address of the building;
 - (5) has a black background with white bold capital lettering in a clear and easy to read font that is at least 72-point type, and with "call 911" in at least 125-point type;
 - (6) is posted clearly and conspicuously on or adjacent to the door at each entrance and, if building materials allow, is posted internally for viewing through glass; if posted externally, the sign shall be made of weather-resistant and theft-resistant materials, non-removable, and adhered permanently to the building;
- and

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

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

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

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

(e) Each treatment hospital, treatment hospital with approved pediatric transfer, and approved pediatric health

care facility shall submit to the Department every 6 months, in a manner prescribed by the Department, the following information:

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

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

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

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

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

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

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

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

(410 ILCS 70/2-1)

(Section scheduled to be repealed on December 31, 2023)

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

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

In addition, every such hospital, regardless of whether or not a request is made for reimbursement, shall submit to the Department a plan to provide either (i) transfer services to all sexual assault survivors, (ii) medical forensic services to all sexual assault survivors, or (iii) transfer services to pediatric sexual assault survivors and medical forensic services to sexual assault survivors 13 years old or older within the time frame established by the Department. The Department shall approve such plan for either (i) transfer services to all sexual assault survivors, (ii) medical forensic services to all sexual assault survivors, or (iii) transfer services to pediatric sexual assault survivors and medical forensic services to sexual assault survivors 13 years old or older, if it finds that the implementation of the proposed plan would provide (i) transfer services or (ii) medical forensic services for sexual assault survivors in

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

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

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

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

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

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

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

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

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

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

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

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

- (1) information provided on the provision of medical forensic services;
- (2) information on the use of the Illinois Sexual Assault Evidence Collection Kit;
- (3) information on sexual assault epidemiology, neurobiology of trauma, drug-facilitated sexual assault, child sexual abuse, and Illinois sexual assault-related laws; and
- (4) information on the hospital's sexual assault-related policies and procedures.

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

(a-5) A hospital must submit a plan to provide either (i) transfer services to all sexual assault survivors, (ii) medical forensic services to all sexual assault survivors, or (iii) transfer services to pediatric sexual assault survivors and medical forensic services to sexual assault survivors 13 years old or older as required in subsection (a) of this Section within 60 days of the Department's request. Failure to submit a plan as described in this subsection shall subject a hospital to the imposition of a fine by the Department. The Department may impose a fine of up to \$500 per day until the hospital submits a plan as described in this subsection. No fine shall be taken or assessed until 12 months after the effective date of this amendatory Act of the 102nd General Assembly.

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

the Department. No fine shall be taken or assessed until 12 months after the effective date of this amendatory Act of the 102nd General Assembly.

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

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

The Department shall review a proposed sexual assault treatment plan submitted by a pediatric health care facility within 60 days after receipt of the plan. If the Department finds that the proposed plan meets the minimum requirements set forth in Section 5-1 of this Act and that implementation of the proposed plan would provide medical forensic services for

~~pediatric~~ sexual assault survivors under the age of 18, then the Department shall approve the plan. If the Department does not approve a plan, then the Department shall notify the pediatric health care facility that the proposed plan has not been approved. The pediatric health care facility shall have 30 days to submit a revised plan. The Department shall review the revised plan within 30 days after receipt of the plan and notify the pediatric health care facility whether the revised plan is approved or rejected. A pediatric health care facility may not provide medical forensic services to ~~pediatric~~ sexual assault survivors under the age of 18 who present with a complaint of sexual assault within a minimum of the last 7 days or who have disclosed past sexual assault by a specific individual and were in the care of that individual within a minimum of the last 7 days until the Department has approved a treatment plan.

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

- (1) is at least 14 inches by 14 inches in size;
- (2) directs those seeking services as follows: "If closed, call 911 for services or go to the closest hospital emergency department, (insert name) located at (insert address).";
- (3) lists the approved pediatric health care facility's hours of operation;

(4) lists the street address of the building;

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

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

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

(b-5) An approved federally qualified health center may provide medical forensic services, in accordance with rules adopted by the Department, to all sexual assault survivors 13 years old or older who present for medical forensic services in relation to injuries or trauma resulting from a sexual assault during the duration, and 90 days thereafter, of a proclamation issued by the Governor declaring a disaster, or a successive proclamation regarding the same disaster, in all 102 counties due to a public health emergency. These services shall be provided by (i) a qualified medical provider, physician, physician assistant, or advanced practice

registered nurse who has received a minimum of 10 hours of sexual assault training provided by a qualified medical provider on current Illinois legislation, how to properly perform a medical forensic examination, evidence collection, drug and alcohol facilitated sexual assault, and forensic photography and has all documentation and photos peer reviewed by a qualified medical provider or (ii) until the federally qualified health care center certifies to the Department, in a form and manner prescribed by the Department, that it employs or contracts with a qualified medical provider in accordance with subsection (a-7) of Section 5-1, whichever occurs first.

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

The Department shall review a proposed sexual assault treatment plan submitted by a federally qualified health center within 14 days after receipt of the plan. If the Department finds that the proposed plan meets the minimum

requirements set forth in Section 5-1 and that implementation of the proposed plan would provide medical forensic services for sexual assault survivors 13 years old or older, then the Department shall approve the plan. If the Department does not approve a plan, then the Department shall notify the federally qualified health center that the proposed plan has not been approved. The federally qualified health center shall have 14 days to submit a revised plan. The Department shall review the revised plan within 14 days after receipt of the plan and notify the federally qualified health center whether the revised plan is approved or rejected. A federally qualified health center may not (i) provide medical forensic services to sexual assault survivors 13 years old or older who present with a complaint of sexual assault within a minimum of the previous 7 days or (ii) who have disclosed past sexual assault by a specific individual and were in the care of that individual within a minimum of the previous 7 days until the Department has approved a treatment plan.

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

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

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

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

(4) lists the street address of the building;

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

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

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

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

(c) Each treatment hospital, treatment hospital with approved pediatric transfer, approved pediatric health care facility, and approved federally qualified health center must enter into a memorandum of understanding with a rape crisis center for medical advocacy services, if these services are available to the treatment hospital, treatment hospital with

approved pediatric transfer, approved pediatric health care facility, or approved federally qualified health center. With the consent of the sexual assault survivor, a rape crisis counselor shall remain in the exam room during the collection for forensic evidence.

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

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

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

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

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

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

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

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

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

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

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

Sec. 2.1. Plan of correction; penalties.

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

If the Department finds the Plan of Correction

unacceptable, the hospital or approved pediatric health care facility shall have 10 working days to resubmit an acceptable Plan of Correction. Upon notification that its Plan of Correction is acceptable, a hospital or approved pediatric health care facility shall implement the Plan of Correction within 60 days.

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

If an approved pediatric health care facility fails to submit an acceptable Plan of Correction or to implement the Plan of Correction within the time frames required in this Section, then the Department shall notify the approved pediatric health care facility that the approved pediatric health care facility may not provide medical forensic services under this Act. The Department may impose a fine of up to \$500 per patient provided services in violation of this Act. If an approved pediatric facility submits 2 Plans of Correction that are found to not be acceptable by the Department, the approved pediatric health care facility shall become subject to the

imposition of a fine by the Department and the termination of its approved sexual assault treatment plan.

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

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

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

(410 ILCS 70/2.1-1)

(Section scheduled to be repealed on December 31, 2023)

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

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

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

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

(b) The failure of a hospital to submit an acceptable Plan of Correction or to implement the Plan of Correction, within the time frames required in this Section, will subject a hospital to the imposition of a fine by the Department. If a hospital submits 2 Plans of Correction that are found to not be acceptable by the Department, the facility shall become subject to the imposition of a fine by the Department. The Department may impose a fine of up to \$500 per day until a

hospital complies with the requirements of this Section. No fine shall be taken or assessed until 12 months after the effective date of this amendatory Act of the 102nd General Assembly.

If an approved pediatric health care facility or approved federally qualified health center fails to submit an acceptable Plan of Correction or to implement the Plan of Correction within the time frames required in this Section, then the Department shall notify the approved pediatric health care facility or approved federally qualified health center that the approved pediatric health care facility or approved federally qualified health center may not provide medical forensic services under this Act. If an approved pediatric health care facility or approved federally qualified health center submits 2 Plans of Correction that are found to not be acceptable by the Department, the facility shall become subject to the imposition of a fine by the Department and the termination of its approved sexual assault treatment plan. The Department may impose a fine of up to \$500 per patient provided services in violation of this Act. No fine shall be taken or assessed until 12 months after the effective date of this amendatory Act of the 102nd General Assembly.

(c) Before imposing a fine pursuant to this Section, the Department shall provide the hospital, or approved pediatric health care facility, or approved federally qualified health center via certified mail with written notice and an

opportunity for an administrative hearing. Such hearing must be requested within 10 working days after receipt of the Department's Notice. All hearings shall be conducted in accordance with the Department's rules in administrative hearings.

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

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

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

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

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

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

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

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

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

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

Records of medical forensic services may only be disseminated in accordance with Section 6.5 of this Act

and other State and federal law.

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

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

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

The ~~On and after January 1, 2023,~~ the information required under this subparagraph shall be provided in person by the qualified medical provider providing

medical forensic services directly to the sexual assault survivor.

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

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

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

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

(3.5) After a medical evidentiary or physical examination, access to a shower at no cost, unless

showering facilities are unavailable.

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

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

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

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

(8) Medical advocacy services provided by a rape crisis counselor whose communications are protected under Section 8-802.1 of the Code of Civil Procedure, if there

is a memorandum of understanding between the hospital or approved pediatric health care facility and a rape crisis center. With the consent of the sexual assault survivor, a rape crisis counselor shall remain in the exam room during the medical forensic examination.

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

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

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

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

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

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

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

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

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

(410 ILCS 70/5-1)

(Section scheduled to be repealed on December 31, 2023)

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

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

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

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

(1) Appropriate medical forensic services without delay, in a private, age-appropriate or developmentally-appropriate space, required to ensure the health, safety, and welfare of a sexual assault survivor and which may be used as evidence in a criminal proceeding

against a person accused of the sexual assault, in a proceeding under the Juvenile Court Act of 1987, or in an investigation under the Abused and Neglected Child Reporting Act.

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

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

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

(1.5) An offer to complete the Illinois Sexual Assault Evidence Collection Kit for any sexual assault survivor who presents within a minimum of the last 7 days of the assault or who has disclosed past sexual assault by a

specific individual and was in the care of that individual within a minimum of the last 7 days.

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

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

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

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

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

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

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

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

(4) An amount of medication, including HIV prophylaxis, for treatment at the hospital or approved pediatric health care facility and after discharge as is deemed appropriate by the attending physician, an advanced

practice registered nurse, or a physician assistant in accordance with the Centers for Disease Control and Prevention guidelines and consistent with the hospital's or approved pediatric health care facility's current approved protocol for sexual assault survivors.

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

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

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

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

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

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

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

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

(b) Any person who is a sexual assault survivor who seeks medical forensic services or follow-up healthcare under this Act shall be provided such services without the consent of any parent, guardian, custodian, surrogate, or agent. If a sexual assault survivor is unable to consent to medical forensic services, the services may be provided under the Consent by

Minors to Health Care Services ~~Medical Procedures~~ Act, the Health Care Surrogate Act, or other applicable State and federal laws.

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

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

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

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

(410 ILCS 70/5.4)

Sec. 5.4. Out-of-state hospitals.

(a) Nothing in this Section shall prohibit the transfer of

a patient in need of medical services from a hospital that has been designated as a trauma center by the Department in accordance with Section 3.90 of the Emergency Medical Services (EMS) Systems Act.

(b) A transfer hospital, treatment hospital with approved pediatric transfer, or approved pediatric health care facility may transfer a sexual assault survivor to an out-of-state hospital that is located in a county that borders Illinois ~~has been designated as a trauma center by the Department under Section 3.90 of the Emergency Medical Services (EMS) Systems Act~~ if the out-of-state hospital: (1) submits an areawide treatment plan approved by the Department; and (2) has certified the following to the Department in a form and manner prescribed by the Department that the out-of-state hospital will:

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

(ii) comply with all requirements of this Act applicable to treatment hospitals, including, but not limited to, offering evidence collection to any Illinois sexual assault survivor who presents with a complaint of sexual assault within a minimum of the last 7 days or who has disclosed past sexual assault by a specific individual and was in the care of that individual within a minimum of the last 7 days and not billing the sexual assault survivor for medical forensic services or 90 days of

follow-up healthcare;

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

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

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

(c) Subsection (b) of this Section is inoperative on and after January 1, ~~2029~~ 2024.

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

(410 ILCS 70/9.5)

(Section scheduled to be repealed on January 1, 2024)

Sec. 9.5. Sexual Assault Medical Forensic Services Implementation Task Force.

(a) The Sexual Assault Medical Forensic Services Implementation Task Force is created to assist hospitals and approved pediatric health care facilities with the implementation of the changes made by this amendatory Act of

the 100th General Assembly. The Task Force shall consist of the following members, who shall serve without compensation:

(1) one member of the Senate appointed by the President of the Senate, who may designate an alternate member;

(2) one member of the Senate appointed by the Minority Leader of the Senate, who may designate an alternate member;

(3) one member of the House of Representatives appointed by the Speaker of the House of Representatives, who may designate an alternate member;

(4) one member of the House of Representatives appointed by the Minority Leader of the House of Representatives, who may designate an alternate member;

(5) two members representing the Office of the Attorney General appointed by the Attorney General, one of whom shall be the Sexual Assault Nurse Examiner Coordinator for the State of Illinois;

(6) one member representing the Department of Public Health appointed by the Director of Public Health;

(7) one member representing the Illinois State Police appointed by the Director of the Illinois State Police;

(8) one member representing the Department of Healthcare and Family Services appointed by the Director of Healthcare and Family Services;

(9) six members representing hospitals appointed by

the head of a statewide organization representing the interests of hospitals in Illinois, at least one of whom shall represent small and rural hospitals and at least one of these members shall represent urban hospitals;

(10) one member representing physicians appointed by the head of a statewide organization representing the interests of physicians in Illinois;

(11) one member representing emergency physicians appointed by the head of a statewide organization representing the interests of emergency physicians in Illinois;

(12) two members representing child abuse pediatricians appointed by the head of a statewide organization representing the interests of child abuse pediatricians in Illinois, at least one of whom shall represent child abuse pediatricians providing medical forensic services in rural locations and at least one of whom shall represent child abuse pediatricians providing medical forensic services in urban locations;

(13) one member representing nurses appointed by the head of a statewide organization representing the interests of nurses in Illinois;

(14) two members representing sexual assault nurse examiners appointed by the head of a statewide organization representing the interests of forensic nurses in Illinois, at least one of whom shall represent

pediatric/adolescent sexual assault nurse examiners and at least one of these members shall represent adult/adolescent sexual assault nurse examiners;

(15) one member representing State's Attorneys appointed by the head of a statewide organization representing the interests of State's Attorneys in Illinois;

(16) three members representing sexual assault survivors appointed by the head of a statewide organization representing the interests of sexual assault survivors and rape crisis centers, at least one of whom shall represent rural rape crisis centers and at least one of whom shall represent urban rape crisis centers; and

(17) two members ~~one member~~ representing children's advocacy centers appointed by the head of a statewide organization representing the interests of children's advocacy centers in Illinois, one of whom represents rural child advocacy centers and one of whom represents urban child advocacy centers.

The members representing the Office of the Attorney General and the Department of Public Health shall serve as co-chairpersons of the Task Force. The Office of the Attorney General shall provide administrative and other support to the Task Force.

(b) The first meeting of the Task Force shall be called by the co-chairpersons no later than 90 days after the effective

date of this Section.

(c) The goals of the Task Force shall include, but not be limited to, the following:

(1) to facilitate the development of areawide treatment plans among hospitals and pediatric health care facilities;

(2) to facilitate the development of on-call systems of qualified medical providers and assist hospitals with the development of plans to employ or contract with a qualified medical provider to initiate medical forensic services to a sexual assault survivor within 90 minutes of the patient presenting to the hospital as required in subsection (a-7) of Section 5;

(3) to identify photography and storage options for hospitals to comply with the photo documentation requirements in Sections 5 and 5.1;

(4) to develop a model written agreement for use by rape crisis centers, hospitals, and approved pediatric health care facilities with sexual assault treatment plans to comply with subsection (c) of Section 2;

(5) to develop and distribute educational information regarding the implementation of this Act to hospitals, health care providers, rape crisis centers, children's advocacy centers, State's Attorney's offices;

(6) to examine the role of telemedicine in the provision of medical forensic services under this Act and

to develop recommendations for statutory change and standards and procedures for the use of telemedicine to be adopted by the Department;

(7) to seek inclusion of the International Association of Forensic Nurses Sexual Assault Nurse Examiner Education Guidelines for nurses within the registered nurse training curriculum in Illinois nursing programs and the American College of Emergency Physicians Management of the Patient with the Complaint of Sexual Assault for emergency physicians within the Illinois residency training curriculum for emergency physicians; and

(8) to submit a report to the General Assembly by January 1, 2024 ~~2023~~ regarding the status of implementation of this amendatory Act of the 100th General Assembly, including, but not limited to, the impact of transfers to out-of-state hospitals on sexual assault survivors, ~~and~~ the availability of treatment hospitals in Illinois, and the status of pediatric sexual assault care. ~~The,~~ ~~the~~ report to the General Assembly shall be filed with the Clerk of the House of Representatives and the Secretary of the Senate in electronic form only, in the manner that the Clerk and the Secretary shall direct.

(d) This Section is repealed on January 1, 2025 ~~2024~~.

(Source: P.A. 102-538, eff. 8-20-21.)

Section 99. Effective date. This Act takes effect January 1, 2023, except that this Section and the changes to Section

Public Act 102-1106

HB0347 Enrolled

LRB102 10549 CPF 15878 b

9.5 of the Sexual Assault Survivors Emergency Treatment Act
take effect upon becoming law.