



Rep. Kelly M. Cassidy

Filed: 3/14/2025

10400HB2374ham001

LRB104 11915 BDA 23854 a

1 AMENDMENT TO HOUSE BILL 2374

2 AMENDMENT NO. _____. Amend House Bill 2374 by replacing
3 everything after the enacting clause with the following:

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

6 (30 ILCS 105/5.1030 new)

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

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

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

14 Sec. 1a. Definitions.

1 (a) In this Act:

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

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

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

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

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

1 facilities.

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

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

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

11 "Department" means the Department of Public Health.

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

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

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

24 "Hospital" means a hospital licensed under the Hospital
25 Licensing Act or operated under the University of Illinois
26 Hospital Act, any outpatient center included in the hospital's

1 sexual assault treatment plan where hospital employees provide
2 medical forensic services, and an out-of-state hospital that
3 has consented to the jurisdiction of the Department under
4 Section 2.06.

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

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

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

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

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

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

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.

13 "Photo documentation" means digital photographs or
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 is
24 designated as Adult/Adolescent, Pediatric/Adolescent, or both,
25 according to the population of survivors the nurse is
26 qualified to treat and:

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

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

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

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

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

25 "Sexual assault transfer plan" means a written plan
26 developed by a hospital and approved by the Department, which

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

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

1 ~~that individual 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 acute sexual assault ~~within a minimum of the last~~
7 ~~7 days 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,
11 2024.

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

15 (410 ILCS 70/2) (from Ch. 111 1/2, par. 87-2)

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

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

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

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

26 (1) a treatment hospital with approved pediatric

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

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

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

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

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 acute sexual assault survivors
12 every 2 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 (a-5) A hospital must submit a plan to provide either (i)
5 transfer services to all acute sexual assault survivors, (ii)
6 medical forensic services to all acute sexual assault
7 survivors, or (iii) transfer services to pediatric acute
8 sexual assault survivors and medical forensic services to
9 sexual assault survivors 13 years old or older as required in
10 subsection (a) of this Section within 60 days of the
11 Department's request. Failure to submit a plan as described in
12 this subsection shall subject a hospital to the imposition of
13 a fine by the Department. The Department may impose a fine of
14 up to \$500 per day until the hospital submits a plan as
15 described in this subsection.

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

26 (b) An approved pediatric health care facility may provide

1 medical forensic services, in accordance with rules adopted by
2 the Department, to acute ~~all~~ sexual assault survivors under
3 the age of 18 who present for medical forensic services in
4 relation to injuries or trauma resulting from a sexual
5 assault. These services shall be provided by a qualified
6 medical provider.

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

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

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

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

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

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

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

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

24 (5) has a black background with white bold capital
25 lettering in a clear and easy to read font that is at least
26 72-point type, and with "call 911" in at least 125-point

1 type;

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

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

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

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

25 (d) Every ~~treatment hospital, treatment hospital with~~
26 ~~approved pediatric transfer,~~ and approved pediatric health

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

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

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

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

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

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

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

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

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

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

8 (410 ILCS 70/2.05)

9 Sec. 2.05. Department requirements.

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

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

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

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

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

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

1 pediatric health care facility's compliance.

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

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

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

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

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

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

2 Sec. 2.1. Plan of correction; penalties.

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

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

25 (b) The failure of a hospital to submit an acceptable Plan
26 of Correction or to implement the Plan of Correction, within

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

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

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

1 accordance with the Department's rules in administrative
2 hearings.

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

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

8 (410 ILCS 70/2.2)

9 Sec. 2.2. Emergency contraception.

10 (a) The General Assembly finds:

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

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

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

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

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

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

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

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

1 102-674, eff. 11-30-21.)

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

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

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

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

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

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

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

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

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

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

24 (1.5) An offer to complete the Illinois Sexual Assault
25 Evidence Collection Kit for any acute sexual assault
26 survivor. Nothing in this Section is intended to prohibit

1 a qualified medical provider from offering an Illinois
2 Sexual Assault Evidence Collection Kit to a sexual assault
3 survivor who presents at a treatment hospital, treatment
4 hospital with approved pediatric transfer, or approved
5 pediatric health care facility with a nonacute complaint
6 of sexual assault according to the qualified medical
7 provider's clinical discretion based on best practices for
8 indications for evidence collection ~~who presents within a~~
9 ~~minimum of the last 7 days of the assault or who has~~
10 ~~disclosed past sexual assault by a specific individual and~~
11 ~~was in the care of that individual within a minimum of the~~
12 ~~last 7 days.~~

13 (A) Appropriate oral and written information
14 concerning evidence-based guidelines for the
15 appropriateness of evidence collection depending on
16 the sexual development of the sexual assault survivor,
17 the type of sexual assault, and the timing of the
18 sexual assault shall be provided to the sexual assault
19 survivor. ~~Evidence collection is encouraged for~~
20 ~~prepubescent sexual assault survivors who present to a~~
21 ~~hospital or approved pediatric health care facility~~
22 ~~with a complaint of sexual assault within a minimum of~~
23 ~~96 hours after the sexual assault.~~

24 The information required under this subparagraph
25 shall be provided ~~in person by the qualified medical~~
26 ~~provider providing medical forensic services directly~~

1 to the sexual assault survivor by a qualified medical
2 provider either in person or via a virtual or
3 telephone consultation.

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 Illinois State Police under Section 50 of the
16 Sexual Assault Evidence Submission Act.

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

19 (a-7) Every hospital with a treatment plan approved by the
20 Department and every approved pediatric health care facility
21 shall employ or contract with a qualified medical provider to
22 initiate medical forensic services to a sexual assault
23 survivor within 90 minutes of a concern arising at the
24 hospital or facility of acute sexual assault ~~the patient~~
25 ~~presenting to the treatment hospital or treatment hospital~~
26 ~~with approved pediatric transfer~~. The provision of medical

1 forensic services by a qualified medical provider shall not
2 delay the provision of life-saving medical care.

3 (b) Medical forensic services shall be provided with the
4 consent of the sexual assault survivor.

5 (1) Any person who is a sexual assault survivor who
6 seeks medical forensic services or follow-up healthcare
7 under this Act shall be provided such services without the
8 consent of any parent, guardian, custodian, surrogate, or
9 agent.

10 (2) If a minor sexual assault survivor is unable to
11 consent to medical forensic services, the services may be
12 provided with the consent of the survivor's parent,
13 guardian, or health care power of attorney, under the
14 ~~Consent by Minors to Health Care Services Act, the Health~~
15 ~~Care Surrogate Act, or other applicable State and federal~~
16 ~~laws~~ and with the assent of the sexual assault survivor.

17 (3) If an adult sexual assault survivor is unable to
18 consent to medical forensic services, the services may be
19 provided with the consent of the survivor's guardian or
20 health care power of attorney and with the assent of the
21 sexual assault survivor.

22 Medical care and treatment shall be provided in lieu of
23 medical forensic services if consent cannot be obtained.

24 (b-5) Every hospital or approved pediatric health care
25 facility providing medical forensic services to sexual assault
26 survivors shall issue a voucher to any sexual assault survivor

1 who is eligible to receive one in accordance with Section 5.2
2 of this Act. The hospital or approved pediatric health care
3 facility shall make a copy of the voucher and place it in the
4 medical record of the sexual assault survivor. The hospital or
5 approved pediatric health care facility shall provide a copy
6 of the voucher to the sexual assault survivor after discharge
7 upon request.

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

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

13 (Source: P.A. 101-81, eff. 7-12-19; 101-377, eff. 8-16-19;
14 101-634, eff. 6-5-20; 102-22, eff. 6-25-21; 102-538, eff.
15 8-20-21; 102-674, eff. 11-30-21; 102-813, eff. 5-13-22;
16 102-1106, eff. 1-1-23.)

17 (410 ILCS 70/5.2)

18 Sec. 5.2. Sexual assault services voucher.

19 (a) A sexual assault services voucher shall be issued by
20 ~~the a treatment hospital, treatment hospital with approved~~
21 ~~pediatric transfer,~~ or approved pediatric health care facility
22 where at the time a sexual assault survivor first presents
23 seeking ~~receives~~ medical forensic services.

24 (b) Each ~~treatment hospital, treatment hospital with~~
25 ~~approved pediatric transfer,~~ and approved pediatric health

1 care facility must include in its sexual assault treatment
2 plan or sexual assault transfer plan submitted to the
3 Department in accordance with Section 2 of this Act a protocol
4 for issuing sexual assault services vouchers. The protocol
5 shall, at a minimum, include the following:

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

8 (2) Identification of employee positions with access
9 to the Medical Electronic Data Interchange or successor
10 system.

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

17 Every transfer hospital providing medical care and
18 treatment to sexual assault survivors shall issue a voucher to
19 any sexual assault survivor who is eligible to receive one.
20 The transfer hospital shall make a copy of the voucher and
21 place it in the medical record of the sexual assault survivor.
22 The hospital shall provide a copy of the voucher to the sexual
23 assault survivor prior to transfer, or after discharge upon
24 request.

25 (c) A sexual assault services voucher may be used to seek
26 payment for any ambulance services, medical forensic services,

1 laboratory services, pharmacy services, and follow-up
2 healthcare provided as a result of the sexual assault.

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

- 11 (1) the name and date of birth of the sexual assault
12 survivor;
- 13 (2) the service provided;
- 14 (3) the charge of service;
- 15 (4) the date the service was provided; and
- 16 (5) the recipient identification number, if known.

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

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

26 If a sexual assault services voucher was not issued to a

1 sexual assault survivor by the ~~treatment hospital, treatment~~
2 ~~hospital with approved pediatric transfer,~~ or approved
3 pediatric health care facility, then a health care
4 professional, ambulance provider, laboratory, or pharmacy may
5 submit a request to the Department of Healthcare and Family
6 Services Sexual Assault Emergency Treatment Program to issue a
7 sexual assault services voucher.

8 (e) This Section is effective on and after January 1,
9 2024.

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

12 (410 ILCS 70/5.3)

13 Sec. 5.3. Pediatric sexual assault care.

14 (a) The General Assembly finds:

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

23 (2) Sexual abuse against the pediatric population is
24 distinct, particularly due to their dependence on their
25 caregivers and the ability of perpetrators to manipulate

1 and silence them (especially when the perpetrators are
2 family members or other adults trusted by, or with power
3 over, children). Sexual abuse is often hidden by
4 perpetrators, unwitnessed by others, and may leave no
5 obvious physical signs on child victims.

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

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

15 (b) If a medically stable pediatric acute sexual assault
16 survivor presents at a transfer hospital or treatment hospital
17 with approved pediatric transfer that has a plan approved by
18 the Department requesting medical forensic services, then the
19 hospital emergency department staff shall contact an approved
20 pediatric health care facility, if one is designated in the
21 hospital's plan, then the patient and non-offending parent or
22 legal guardian shall be given the option to transfer to the
23 approved pediatric health care facility during posted hours of
24 operation or a treatment hospital.

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

1 ~~patient's arrival at the approved pediatric health care~~
2 ~~facility following an immediate transfer, then the hospital~~
3 ~~emergency department staff shall notify the patient and~~
4 ~~non-offending parent or legal guardian that the patient will~~
5 ~~be transferred for medical forensic services and shall provide~~
6 ~~the patient and non-offending parent or legal guardian the~~
7 ~~option of being transferred to the approved pediatric health~~
8 ~~care facility or the treatment hospital designated in the~~
9 ~~hospital's plan. The pediatric sexual assault survivor may be~~
10 ~~transported by ambulance, law enforcement, or personal~~
11 ~~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 plan, or the~~
16 ~~patient or non-offending parent or legal guardian chooses to~~
17 ~~be transferred to a treatment hospital, the hospital emergency~~
18 ~~department staff shall contact a treatment hospital designated~~
19 ~~in the hospital's plan to arrange for the transfer of the~~
20 ~~patient to the treatment hospital for medical forensic~~
21 ~~services, which are to be initiated within 90 minutes of the~~
22 ~~patient's arrival at the treatment hospital. The treatment~~
23 ~~hospital shall provide medical forensic services and may not~~
24 ~~transfer the patient to another facility. The pediatric sexual~~
25 ~~assault survivor may be transported by ambulance, law~~
26 ~~enforcement, or personal vehicle.~~

1 (c) A treatment hospital with approved pediatric transfer
2 may offer medical forensic services to pediatric acute sexual
3 assault survivors in lieu of transfer when a qualified medical
4 provider who is qualified to treat pediatric survivors of
5 sexual assault is available, subject to prior approval from
6 the Department. Prior to granting approval, the Department
7 shall (i) confirm the treatment hospital with approved
8 pediatric transfer is working towards becoming a treatment
9 hospital and (ii) consult with the treatment hospital that
10 receives acute pediatric sexual assault survivors from the
11 treatment hospital with approved pediatric transfer pursuant
12 to the plan approved by the Department. Department approval
13 under this Section is valid for one year and may be renewed. If
14 ~~a medically stable pediatric sexual assault survivor presents~~
15 ~~at a treatment hospital that has a plan approved by the~~
16 ~~Department requesting medical forensic services, then the~~
17 ~~hospital emergency department staff shall contact an approved~~
18 ~~pediatric health care facility, if one is designated in the~~
19 ~~treatment hospital's areawide treatment plan.~~

20 ~~If medical forensic services can be initiated within 90~~
21 ~~minutes after the patient's arrival at the approved pediatric~~
22 ~~health care facility following an immediate transfer, the~~
23 ~~hospital emergency department staff shall provide the patient~~
24 ~~and non-offending parent or legal guardian the option of~~
25 ~~having medical forensic services performed at the treatment~~
26 ~~hospital or at the approved pediatric health care facility. If~~

1 ~~the patient or non-offending parent or legal guardian chooses~~
2 ~~to be transferred, the pediatric sexual assault survivor may~~
3 ~~be transported by ambulance, law enforcement, or personal~~
4 ~~vehicle.~~

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

12 (d) If the patient or non-offending parent or legal
13 guardian chooses to be transferred to an approved pediatric
14 health care facility pursuant to subsection (b) or (c), then
15 the hospital emergency department staff shall contact the
16 approved pediatric health care facility to arrange the
17 transfer. The pediatric sexual assault survivor and
18 non-offending parent or legal guardian may be transported by
19 ambulance, law enforcement, or personal vehicle. Medical
20 forensic services shall be initiated within 90 minutes of the
21 acute sexual assault survivor's arrival at the approved
22 pediatric health care facility following an immediate transfer
23 during posted hours of operation.

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

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

14 (f) ~~(e)~~ This Section is effective on and after January 1,
15 2024.

16 (Source: P.A. 101-634, eff. 6-5-20; 102-22, eff. 6-25-21;
17 102-674, eff. 11-30-21.)

18 (410 ILCS 70/5.4)

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

20 (a) Nothing in this Section shall prohibit the transfer of
21 a patient in need of medical services from a hospital that has
22 been designated as a trauma center by the Department in
23 accordance with Section 3.90 of the Emergency Medical Services
24 (EMS) Systems Act.

25 (b) A transfer hospital, treatment hospital with approved

1 pediatric transfer, or approved pediatric health care facility
2 may transfer a sexual assault survivor to an out-of-state
3 hospital that is located in a county that borders Illinois if
4 the out-of-state hospital: (1) submits an areawide treatment
5 plan approved by the Department; and (2) has certified the
6 following to the Department in a form and manner prescribed by
7 the Department that the out-of-state hospital will:

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

10 (ii) comply with all requirements of this Act
11 applicable to treatment hospitals, including, but not
12 limited to, offering evidence collection to any Illinois
13 sexual assault survivor who presents with a complaint of
14 acute sexual assault ~~within a minimum of the last 7 days or~~
15 ~~who has disclosed past sexual assault by a specific~~
16 ~~individual and was in the care of that individual within a~~
17 ~~minimum of the last 7 days~~ and not billing the sexual
18 assault survivor for medical forensic services or 180 days
19 of follow-up healthcare;

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

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

26 (v) provide appropriate transportation upon the

1 completion of medical forensic services back to the
2 transfer hospital or treatment hospital with pediatric
3 transfer where the sexual assault survivor initially
4 presented seeking medical forensic services, unless the
5 sexual assault survivor chooses to arrange his or her own
6 transportation.

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

9 (Source: P.A. 102-1097, eff. 1-1-23; 102-1106, eff. 1-1-23;
10 103-154, eff. 6-30-23.)

11 (410 ILCS 70/6.5)

12 Sec. 6.5. Written consent to the release of sexual assault
13 evidence for testing.

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

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

1 (2) If the survivor is a minor who is under 13 years of
2 age, the written consent to release the sexual assault
3 evidence for testing may be signed by the parent,
4 guardian, or agent acting under a health care power of
5 attorney. If a parent, guardian, or health care power of
6 attorney is not available or unwilling to release
7 evidence, then a State's Attorney or the Attorney General
8 may petition the court to authorize its release for
9 testing ~~investigating law enforcement officer, or~~
10 ~~Department of Children and Family Services.~~

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

22 (4) Any health care professional or health care
23 institution, including any hospital or approved pediatric
24 health care facility, who provides evidence or information
25 to a law enforcement officer under a written consent as
26 specified in this Section is immune from any civil or

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

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

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

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

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

22 (A) contacting the law enforcement agency having
23 jurisdiction, or if unknown, the law enforcement agency
24 contacted by the hospital or approved pediatric health
25 care facility under Section 3.2 of the Criminal
26 Identification Act; or (B) by working with an advocate at

1 a rape crisis center;

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

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

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

12 (Source: P.A. 101-81, eff. 7-12-19; 101-634, eff. 6-5-20;
13 102-22, eff. 6-25-21; 102-674, eff. 11-30-21.)

14 (410 ILCS 70/7.5)

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

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

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

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

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

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

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

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

16 (a-5) Notwithstanding any other provision of law,
17 including, but not limited to, subsection (a), a sexual
18 assault survivor who is not the subscriber or primary
19 policyholder of the sexual assault survivor's insurance policy
20 may opt out of billing the sexual assault survivor's private
21 insurance provider. If the sexual assault survivor opts out of
22 billing the sexual assault survivor's private insurance
23 provider, then the bill for medical forensic services shall be
24 sent to the Department of Healthcare and Family Services'
25 Sexual Assault Emergency Treatment Program for reimbursement
26 for the services provided to the sexual assault survivor.

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

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

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

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

23 (3) a statement that prior to leaving the hospital or
24 approved pediatric health care facility, the hospital or
25 approved pediatric health care facility will give the
26 sexual assault survivor a sexual assault services voucher

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

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

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

9 (6) the toll-free phone number of the Office of the
10 Illinois Attorney General's Health Care Bureau ~~General~~,
11 which the sexual assault survivor may call should the
12 sexual assault survivor receive a bill from an ambulance
13 provider, approved pediatric health care facility, a
14 health care professional, a laboratory, or a pharmacy.

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

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

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

13 Within 60 days after the Department's approval of a
14 treatment plan, a hospital or an approved pediatric health
15 care facility ~~and any health care professional employed by an~~
16 ~~approved pediatric health care facility~~ 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 Office of the Attorney General for~~
20 ~~approval.~~

21 The billing protocol must include at a minimum:

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

24 (2) (blank) ~~a written acknowledgement signed by a~~
25 ~~person who has completed the training that the person will~~
26 ~~not bill 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) (blank) ~~prohibitions on taking any action that~~
5 ~~would adversely affect the credit of the survivor of~~
6 ~~sexual assault;~~

7 (5) (blank) ~~the termination of all collection~~
8 ~~activities if 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; and -

12 (7) protocols and procedures for compliance with
13 subsections (a), (a-5), and (c) of this Section.

14 Upon request, the Department of Healthcare and Family
15 Services ~~The Office of the Attorney General~~ may provide
16 assistance to hospitals and approved pediatric health care
17 facilities developing billing protocols ~~a sample acceptable~~
18 ~~billing protocol upon request.~~

19 A hospital or approved pediatric health care facility
20 shall provide a copy of their billing protocol upon request
21 ~~The Office of the Attorney General shall approve a proposed~~
22 ~~protocol if it finds that the implementation of the protocol~~
23 ~~would result in no survivor of sexual assault being billed or~~
24 ~~sent a bill for medical forensic services.~~

25 ~~If the Office of the Attorney General determines that~~
26 ~~implementation of the protocol could result in the billing of~~

1 ~~a survivor of sexual assault for medical forensic services,~~
2 ~~the Office of the Attorney General shall provide the health~~
3 ~~care professional or approved pediatric health care facility~~
4 ~~with a written statement of the deficiencies in the protocol.~~
5 ~~The health care professional or approved pediatric health care~~
6 ~~facility shall have 30 days to submit a revised billing~~
7 ~~protocol addressing the deficiencies to the Office of the~~
8 ~~Attorney General. The health care professional or approved~~
9 ~~pediatric health care facility shall implement the protocol~~
10 ~~upon approval by the Office of the Attorney General.~~

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

18 (e) This Section is effective on and after January 1,
19 2024.

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

23 (410 ILCS 70/8) (from Ch. 111 1/2, par. 87-8)

24 Sec. 8. Penalties.

25 (a) The Department shall implement a complaint system

1 through which the Department may receive complaints of
2 violations of this Act. The Department may use an existing
3 complaint system to fulfill the requirements of this Section.

4 After receiving a complaint, the Department shall
5 determine whether a violation of any provision of the Act has
6 occurred. The Department may work with the Attorney General's
7 Office to verify complaints that the Attorney General's Office
8 Health Care Bureau has received pursuant to Section 7.5. Upon
9 determining a violation of any provision of the Act has
10 occurred, the Department shall issue a written warning of
11 violation and statement of deficiencies listing the specific
12 items of noncompliance to the hospital or approved pediatric
13 health care facility. The Department may issue a written
14 warning without monetary penalty for the initial violation.
15 The hospital or approved pediatric health care facility may
16 reply to the Department with written comments and a response
17 to the violations cited by the Department. If the Department
18 deems the response to be inadequate to the notice of
19 violation, the Department may impose a civil monetary penalty
20 against the hospital or approved pediatric health care
21 facility as follows:

22 (1) the Department shall issue a minimum fine of
23 \$1,500 but less than \$3,000 for a second violation; and

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

26 In imposing a monetary penalty, the Department shall

1 consider the following factors:

2 (1) the alleged violation or violations and the
3 adequacy of the response by the hospital or pediatric
4 facility;

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

8 (3) any federal deficiencies cited by the Department
9 in the last 5 years or as cited by the Centers for Medicare
10 and Medicaid (CMS) in the last 5 years; and

11 (4) the existing and potential risks to patients
12 seeking treatment and support from the hospital or
13 pediatric facility.

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

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

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

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

24 The Department shall follow all rules and practice of
25 procedure for hearings conducted under this Section pursuant
26 to 77 Ill. Adm. Code 100. After an administrative hearing

1 before an administrative law judge or hearing officer, the
2 Director shall issue a final written decision, or a final
3 order, based on the administrative law judge's findings of
4 fact, conclusions of law, and recommendation. The final order
5 shall also include the monetary penalty against such hospital
6 or pediatric facility.

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

10 (a-10) The fines shall be deposited into the Sexual
11 Assault Survivor Treatment Regulation Fund, a special fund
12 that is created in the State treasury, and, subject to
13 appropriation and as directed by the Department of Public
14 Health, may be expended for any purpose under this Act and for
15 no other purpose. Any hospital or approved pediatric health
16 care facility violating any provisions of this Act other than
17 Section 7.5 shall be guilty of a petty offense for each
18 violation, and any fine imposed shall be paid into the general
19 corporate funds of the city, incorporated town or village in
20 which the hospital or approved pediatric health care facility
21 is located, or of the county, in case such hospital is outside
22 the limits of any incorporated municipality.

23 (b) (Blank). ~~The Attorney General may seek the assessment~~
24 ~~of one or more of the following civil monetary penalties in any~~
25 ~~action filed under this Act where the hospital, approved~~
26 ~~pediatric health care facility, health care professional,~~

1 ~~ambulance provider, laboratory, or pharmacy knowingly violates~~
2 ~~Section 7.5 of the Act.~~

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

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

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

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

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

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

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

1 (410 ILCS 70/10)

2 Sec. 10. Sexual Assault Nurse Examiner Program.

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

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

20 The Sexual Assault Nurse Examiner Program shall provide
21 didactic and clinical training opportunities consistent with
22 the Sexual Assault Nurse Examiner Education Guidelines
23 established by the International Association of Forensic
24 Nurses, in sufficient numbers and geographical locations
25 across the State, to assist hospitals with training the

1 necessary number of sexual assault nurse examiners to comply
2 with the requirement of this Act to employ or contract with a
3 qualified medical provider to initiate medical forensic
4 services to a sexual assault survivor within 90 minutes of the
5 patient presenting to the hospital as required in subsection
6 (a-7) of Section 5.

7 The Sexual Assault Nurse Examiner Program shall assist
8 hospitals in establishing trainings to achieve the
9 requirements of this Act.

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

19 (c) The Sexual Assault Nurse Examiner Program, in
20 consultation with qualified medical providers, shall create
21 uniform materials that all hospitals ~~treatment hospitals,~~
22 ~~treatment hospitals with approved pediatric transfer,~~ and
23 approved pediatric health care facilities are required to give
24 patients and non-offending parents or legal guardians, if
25 applicable, regarding the medical forensic exam procedure,
26 laws regarding consenting to medical forensic services, and

1 the benefits and risks of evidence collection, including
2 recommended time frames for evidence collection pursuant to
3 evidence-based research. These materials shall be made
4 available to all hospitals and approved pediatric health care
5 facilities on the Office of the Attorney General's website.

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

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

10 (410 ILCS 70/15 new)

11 Sec. 15. Qualified medical provider list; Sexual Assault
12 Nurse Examiner and Sexual Assault Forensic Examiner
13 qualifications.

14 (a) The Office of the Attorney General shall maintain a
15 list of qualified medical providers, which includes health
16 care professionals who have been qualified by the Sexual
17 Assault Nurse Examiner Program Coordinator at the Office of
18 the Attorney General to practice as an Adult/Adolescent or
19 Pediatric/Adolescent Sexual Assault Nurse Examiner, or
20 Adult/Adolescent or Pediatric/Adolescent Sexual Assault
21 Forensic Examiner. The list may also include Board-certified
22 and Board-eligible child abuse pediatricians.

23 (b) The Sexual Assault Nurse Examiner Program Coordinator
24 shall review documentation submitted by health care
25 professionals in accordance with this Section and ascertain

1 whether standards for qualification are met:

2 (1) To be qualified as an Adult/Adolescent or
3 Pediatric/Adolescent Sexual Assault Forensic Examiner, a
4 physician or physician assistant shall submit
5 documentation of didactic and clinical training, and
6 clinical experience, that meets or is substantially
7 similar to the Sexual Assault Nurse Examiner Education
8 Guidelines, established by the International Association
9 of Forensic Nurses. Didactic and clinical training shall
10 be documented in the form and manner prescribed by the
11 Office of the Attorney General.

12 (2) To be qualified as an Adult/Adolescent or
13 Pediatric/Adolescent Sexual Assault Nurse Examiner, an
14 advanced practice registered nurse or registered
15 professional nurse shall complete didactic and clinical
16 training that is consistent with the Sexual Assault Nurse
17 Examiner Education Guidelines established by the
18 International Association of Forensic Nurses and approved
19 by the Sexual Assault Nurse Examiner Program Coordinator.
20 Didactic and clinical training shall be documented in the
21 form and manner prescribed by the Office of the Attorney
22 General.

23 A valid Sexual Assault Nurse Examiner certification by
24 the International Association of Forensic Nurses is
25 sufficient documentation for the Sexual Assault Nurse
26 Examiner Program Coordinator to qualify an advanced

1 practice registered nurse or registered professional nurse
2 as a qualified medical provider.

3 (3) If a board-certified or board-eligible child abuse
4 pediatrician is included in the current Directory of
5 Healthcare Providers for Child Abuse and Neglect
6 Investigations, published by the Pediatric Resource
7 Center, or the successor report of a different name, then
8 the Sexual Assault Nurse Examiner Program Coordinator may
9 add that person to the list of qualified medical
10 providers.

11 The Office of the Attorney General may require health care
12 professionals to meet additional standards to be on the list,
13 if it is determined necessary at the time to ensure
14 qualification is attained in accordance with applicable laws,
15 rules, regulations, protocols, standards of care, and Sexual
16 Assault Nurse Examiner Program goals.

17 (c) To remain on the Qualified Medical Provider List,
18 Sexual Assault Nurse Examiners and Sexual Assault Forensic
19 Examiners must verify their continuing education and
20 competency as a qualified medical provider every 3 years.
21 Sexual Assault Nurse Examiners and Sexual Assault Forensic
22 Examiners shall submit the following documentation to the
23 Sexual Assault Nurse Examiner Program Coordinator by April
24 30th of the verification year so the Sexual Assault Nurse
25 Examiner Program Coordinator can ascertain whether standards
26 to remain on the Qualified Medical Provider List have been

1 met.

2 A valid Sexual Assault Nurse Examiner certification by the
3 International Association of Forensic Nurses is sufficient
4 documentation to verify a sexual assault nurse examiner's
5 continued education and competency as a qualified medical
6 provider.

7 In lieu of an updated, valid International Association of
8 Forensic Nurses certification, the Sexual Assault Nurse
9 Examiner Coordinator, Emergency Department Director, or the
10 Director of the facility where the health care professional is
11 employed shall attest to the health care professional's
12 continuing education and competency as a qualified medical
13 provider. If the health care professional is contracted to
14 work as a Sexual Assault nurse examiner or sexual assault
15 forensic examiner, then the Sexual assault nurse examiner
16 Coordinator or Director of the staffing company shall attest
17 to the health care professional's continuing education and
18 competency as a qualified medical provider. The attestation
19 shall be in the form and manner prescribed by the Office of the
20 Illinois Attorney General.

21 If the health care professional has had more than a
22 one-year lapse in providing medical forensic services to
23 patients, then a mock medical forensic examination must be
24 completed for skill verification with a sexual assault nurse
25 examiner certified by the International Association of
26 Forensic Nursing.

1 If documentation is submitted by April 30, then the Sexual
2 Assault Nurse Examiner Program Coordinator shall provide
3 notice of whether standards to remain on the Qualified Medical
4 Provider list have been met by June 30th of the same year. If
5 the submission is insufficient, then the notice shall include
6 a statement of deficiencies and the standards for
7 qualification to be met. The health care professional shall
8 have 30 days after the notice is sent to cure a deficient
9 submission. If a health care professional does not meet the
10 standards to be on the Qualified Medical Provider List after a
11 period to cure an insufficient submission, then the health
12 care professional shall be notified and removed from the
13 Qualified Medical Provider List. If a sexual assault nurse
14 examiner or sexual assault forensic examiner on the Qualified
15 Medical Provider list does not verify continued education and
16 competency as a qualified medical provider after 3 years and
17 does not submit documentation to the Sexual Assault Nurse
18 Examiner Program Coordinator by April 30 of the verification
19 year, then the health care professional shall be notified that
20 they will be removed from the Qualified Medical Provider List
21 in 60 days. The health care professional shall submit
22 sufficient documentation to remain on the Qualified Medical
23 Provider list within the 60-day period or be removed from the
24 Qualified Medical Provider List.

25 (d) This Section is effective on and after January 1,
26 2026.

1 (410 ILCS 70/8.5 rep.)

2 Section 15. The Sexual Assault Survivors Emergency

3 Treatment Act is amended by repealing Section 8.5."