



## 104TH GENERAL ASSEMBLY

### State of Illinois

2025 and 2026

HB2374

Introduced 2/4/2025, by Rep. Kelly M. Cassidy

#### SYNOPSIS AS INTRODUCED:

410 ILCS 70/1a	from Ch. 111 1/2, par. 87-1a
410 ILCS 70/2	from Ch. 111 1/2, par. 87-2
410 ILCS 70/2.05	
410 ILCS 70/2.1	from Ch. 111 1/2, par. 87-2.1
410 ILCS 70/2.2	
410 ILCS 70/5	from Ch. 111 1/2, par. 87-5
410 ILCS 70/5.3	
410 ILCS 70/5.4	
410 ILCS 70/7.5	
410 ILCS 70/10	

Amends the Sexual Assault Survivors Emergency Treatment Act. Defines "acute sexual assault" as a sexual assault that has recently occurred within a specified time. Replaces various references to "sexual assault" with "acute sexual assault". Deletes the definition of "prepubescent sexual assault survivor". Changes provisions regarding hospitals located in counties with a population of less than 1,000,000 and within a 20-mile radius of a 4-year public university with respect to a sexual assault treatment plan approved by the Department of Public Health. Makes changes in various provisions concerning plans of correction and penalties for hospitals that commit specified violations of the Act. In provisions regarding requirements for medical forensic services, provides that the provisions of the Act are not intended to prohibit a qualified medical provider from offering an Illinois Sexual Assault Evidence Collection Kit to a sexual assault survivor who presents at a treatment hospital or approved pediatric health care facility with a nonacute complaint of sexual assault if there is a compelling reason for evidence collection, or upon the request of the survivor. In provisions regarding the prohibition on billing sexual assault survivors directly for certain services, changes references to the Office of the Attorney General to references to the Department of Healthcare and Family Services.

LRB104 11915 BDA 22006 b

1 AN ACT concerning health.

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

4 Section 5. The Sexual Assault Survivors Emergency  
5 Treatment Act is amended by changing Sections 1a, 2, 2.05,  
6 2.1, 2.2, 5, 5.3, 5.4, 7.5, and 10 as follows:

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

8 Sec. 1a. Definitions.

9 (a) In this Act:

10 "Acute sexual assault" means a sexual assault that has  
11 recently occurred. For patients under the age of 13, this  
12 means a sexual assault that has occurred within the past 72  
13 hours. For patients 13 years old or older, this means a sexual  
14 assault that has occurred within the past 168 hours.

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

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

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

1 forensic services to sexual assault survivors under the age of  
2 18 who present with a complaint of acute sexual assault ~~within~~  
3 ~~a minimum of the last 7 days or who have disclosed past sexual~~  
4 ~~assault by a specific individual and were in the care of that~~  
5 ~~individual within a minimum of the last 7 days.~~

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

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

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

20 "Department" means the Department of Public Health.

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

25 "Follow-up healthcare" means healthcare services related  
26 to a sexual assault, including laboratory services and

1 pharmacy services, rendered within 180 days of the initial  
2 visit for medical forensic services.

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

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

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

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

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

25 "Medical forensic services" means health care delivered to  
26 patients within or under the care and supervision of personnel

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

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

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

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

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

1 "Physician assistant" has the meaning provided in Section  
2 4 of the Physician Assistant Practice Act of 1987.

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

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

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

16 "Sexual assault" means:

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

20 (2) any act of sexual penetration; as used in this  
21 paragraph, "sexual penetration" has the meaning provided  
22 under Section 11-0.1 of the Criminal Code of 2012 and  
23 includes, without limitation, acts prohibited under  
24 Sections 11-1.20 through 11-1.60 of the Criminal Code of  
25 2012.

26 "Sexual assault forensic examiner" means a physician or

1 physician assistant who has completed training that meets or  
2 is substantially similar to the Sexual Assault Nurse Examiner  
3 Education Guidelines established by the International  
4 Association of Forensic Nurses.

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

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

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

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

1 medical provider.

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

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

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

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

24 "Treatment hospital with approved pediatric transfer"  
25 means a hospital with a treatment plan approved by the  
26 Department to provide medical forensic services to sexual

1 assault survivors 13 years old or older who present with a  
2 complaint of acute sexual assault ~~within a minimum of the last~~  
3 ~~7 days or who have disclosed past sexual assault by a specific~~  
4 ~~individual and were in the care of that individual within a~~  
5 ~~minimum of the last 7 days.~~

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

8 (Source: P.A. 102-22, eff. 6-25-21; 102-538, eff. 8-20-21;  
9 102-674, eff. 11-30-21; 102-813, eff. 5-13-22; 102-1097, eff.  
10 1-1-23; 102-1106, eff. 1-1-23; 103-154, eff. 6-30-23.)

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

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

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

24 In addition, every such hospital, regardless of whether or  
25 not a request is made for reimbursement, shall submit to the

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

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

1 geographically closer to the transfer hospital than a  
2 treatment hospital or another treatment hospital with  
3 approved pediatric transfer and such transfer is not  
4 unduly burdensome on the sexual assault survivor; and

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

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

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

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

25 Hospitals located in counties with a population of less  
26 than 1,000,000 and within a 20-mile radius of a 4-year public

1 university shall submit an areawide sexual assault treatment  
2 plan that is approved by the Department. The approved areawide  
3 plan shall include at least one treatment hospital or  
4 treatment hospital with approved pediatric transfer within the  
5 20-mile radius of the 4-year public university.

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

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

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

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

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

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

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

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

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

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

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

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

26 (a-5) A hospital must submit a plan to provide either (i)

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

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

22 (b) An approved pediatric health care facility may provide  
23 medical forensic services, in accordance with rules adopted by  
24 the Department, to acute ~~all~~ sexual assault survivors under  
25 the age of 18 who present for medical forensic services in  
26 relation to injuries or trauma resulting from a sexual

1 assault. These services shall be provided by a qualified  
2 medical provider.

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

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

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

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

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

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

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

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

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

24 (6) is posted clearly and conspicuously on or adjacent  
25 to the door at each entrance and, if building materials  
26 allow, is posted internally for viewing through glass; if

1 posted externally, the sign shall be made of  
2 weather-resistant and theft-resistant materials,  
3 non-removable, and adhered permanently to the building;  
4 and

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

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

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

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

1 Neglected Long Term Care Facility Residents Reporting Act; (3)  
2 the Adult Protective Services Act; and (iv) the Criminal  
3 Identification Act.

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

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

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

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

17 (B) completed for (i) all acute sexual assault  
18 survivors and (ii) pediatric acute sexual assault  
19 survivors; and

20 (C) declined by (i) all acute sexual assault  
21 survivors and (ii) pediatric acute sexual assault  
22 survivors.

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

25 (f) This Section is effective on and after January 1,  
26 2024.

1 (Source: P.A. 101-73, eff. 7-12-19; 101-634, eff. 6-5-20;  
2 102-22, eff. 6-25-21; 102-674, eff. 11-30-21; 102-1106, eff.  
3 1-1-23.)

4 (410 ILCS 70/2.05)

5 Sec. 2.05. Department requirements.

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

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

1 survivors. The Department shall post the report on its  
2 Internet website on or before October 1, 2019 and, except as  
3 otherwise provided in this Section, update the report every  
4 quarter thereafter. The report shall include all of the  
5 following:

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

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

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

24 (4) Each hospital and approved pediatric care facility  
25 at which the periodic on-site review required by Section  
26 2.05 of this Act has been conducted, including the date of

1 the on-site review and whether the hospital or approved  
2 pediatric care facility was found to be in compliance with  
3 its approved plan.

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

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

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

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

22 (410 ILCS 70/2.1) (from Ch. 111 1/2, par. 87-2.1)

23 Sec. 2.1. Plan of correction; penalties.

24 (a) If the Department surveyor determines that the  
25 hospital or approved pediatric health care facility is not in

1 compliance with its approved plan and rules adopted under this  
2 Act, the surveyor shall provide the hospital or approved  
3 pediatric health care facility with a written warning of  
4 violation and a statement of deficiencies listing the list of  
5 ~~the~~ specific items of noncompliance within 10 working days  
6 after the conclusion of the on-site review. The hospital shall  
7 have 10 working days to submit to the Department a plan of  
8 correction which contains the hospital's or approved pediatric  
9 health care facility's specific proposals for correcting the  
10 items of noncompliance. The Department shall review the plan  
11 of correction and notify the hospital in writing within 10  
12 working days as to whether the plan is acceptable or  
13 unacceptable.

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

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

1 hospital submits 2 Plans of Correction that are found to not be  
2 acceptable by the Department, the hospital shall become  
3 subject to the imposition of a \$2,500 fine by the Department.

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

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

25 (c-5) The Department shall find a hospital in violation of  
26 this subsection if, after the issuance of a written warning to

1 the hospital as described in subsection (a), the Department's  
2 investigation finds that the hospital committed one or more of  
3 the following violations:

4 (1) allowing a nonqualified medical provider to  
5 perform and complete the medical forensic service  
6 examination;

7 (2) refusing to offer a medical forensic service  
8 examination to the sexual assault survivor;

9 (3) failing to provide medical management for sexually  
10 transmitted infections, medical management for HIV, and  
11 emergency contraception; or

12 (4) failing to offer photographic evidence, failing to  
13 secure photographic evidence, or violating Section 6.5.

14 The Department shall impose a fine of \$3,000 for an  
15 initial violation of this subsection and a fine of \$5,000 for  
16 each subsequent violation.

17 (d) This Section is effective on and after January 1,  
18 2024.

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

22 (410 ILCS 70/2.2)

23 Sec. 2.2. Emergency contraception.

24 (a) The General Assembly finds:

25 (1) Crimes of sexual assault and sexual abuse cause

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

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

8 (3) As approved for use by the Federal Food and Drug  
9 Administration (FDA), emergency contraception can  
10 significantly reduce the risk of pregnancy if taken within  
11 72 hours after the sexual assault.

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

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

1 The Department shall approve the protocol if it finds that the  
2 implementation of the protocol would provide sufficient  
3 protection for survivors of acute sexual assault.

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

12 (c) This Section is effective on and after January 1,  
13 2024.

14 (Source: P.A. 101-634, eff. 6-5-20; 102-22, eff. 6-25-21;  
15 102-674, eff. 11-30-21.)

16 (410 ILCS 70/5) (from Ch. 111 1/2, par. 87-5)

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

20 (a) Every hospital and approved pediatric health care  
21 facility providing medical forensic services to acute sexual  
22 assault survivors under this Act shall, as minimum  
23 requirements for such services, provide, with the consent of  
24 the sexual assault survivor, and as ordered by the attending  
25 physician, an advanced practice registered nurse, or a

1 physician assistant, the services set forth in subsection  
2 (a-5).

3 A qualified medical provider must provide the services set  
4 forth in subsection (a-5).

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

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

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

26 Records of medical forensic services of sexual assault

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

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

10 (1.5) An offer to complete the Illinois Sexual Assault  
11 Evidence Collection Kit for any acute sexual assault  
12 survivor ~~who presents within a minimum of the last 7 days~~  
13 ~~of the assault or who has disclosed past sexual assault by~~  
14 ~~a specific individual and was in the care of that~~  
15 ~~individual within a minimum of the last 7 days.~~ Nothing in  
16 this Section is intended to prohibit a qualified medical  
17 provider from offering an Illinois Sexual Assault Evidence  
18 Collection Kit to a sexual assault survivor who presents  
19 at a treatment hospital or approved pediatric health care  
20 facility with a nonacute complaint of sexual assault if  
21 there is a compelling reason for evidence collection, or  
22 upon the request of the survivor.

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

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

8 The information required under this subparagraph  
9 shall be provided in person by the qualified medical  
10 provider providing medical forensic services directly  
11 to the sexual assault survivor.

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

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

23 (2) Appropriate oral and written information  
24 concerning the possibility of infection, sexually  
25 transmitted infection, including an evaluation of the  
26 sexual assault survivor's risk of contracting human

1 immunodeficiency virus (HIV) from sexual assault, and  
2 pregnancy resulting from sexual assault.

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

8 (3.5) After a medical evidentiary or physical  
9 examination, access to a shower at no cost, unless  
10 showering facilities are unavailable.

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

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

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

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

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

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

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

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

1 (a-7) Every hospital, and approved pediatric health care  
2 facility, with a treatment plan approved by the Department  
3 shall employ or contract with a qualified medical provider to  
4 initiate medical forensic services to a sexual assault  
5 survivor within 90 minutes of a concern of acute sexual  
6 assault arising at the hospital or facility. ~~the patient~~  
7 ~~presenting to the treatment hospital or treatment hospital~~  
8 ~~with approved pediatric transfer.~~ The provision of medical  
9 forensic services by a qualified medical provider shall not  
10 delay the provision of life-saving medical care.

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

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

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

4 (d) This Section is effective on and after January 1,  
5 2024.

6 (Source: P.A. 101-81, eff. 7-12-19; 101-377, eff. 8-16-19;  
7 101-634, eff. 6-5-20; 102-22, eff. 6-25-21; 102-538, eff.  
8 8-20-21; 102-674, eff. 11-30-21; 102-813, eff. 5-13-22;  
9 102-1106, eff. 1-1-23.)

10 (410 ILCS 70/5.3)

11 Sec. 5.3. Pediatric sexual assault care.

12 (a) The General Assembly finds:

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

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

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

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

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

13 (b) If a medically stable pediatric sexual assault  
14 survivor presents at a transfer hospital or treatment hospital  
15 with approved pediatric transfer that has a plan approved by  
16 the 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 hospital's plan.

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

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

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

23 (c) If a medically stable pediatric sexual assault  
24 survivor presents at a treatment hospital that has a plan  
25 approved by the Department requesting medical forensic  
26 services, then the hospital emergency department staff shall

1 contact an approved pediatric health care facility, if one is  
2 designated in the treatment hospital's areawide treatment  
3 plan.

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

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

23 (d) If a pediatric acute sexual assault survivor presents  
24 at an approved pediatric health care facility during posted  
25 hours of operation requesting medical forensic services or the  
26 facility is contacted by law enforcement or the Department of

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

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

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

17 (410 ILCS 70/5.4)

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

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

24 (b) A transfer hospital, treatment hospital with approved  
25 pediatric transfer, or approved pediatric health care facility

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

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

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

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

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

25 (v) provide appropriate transportation upon the  
26 completion of medical forensic services back to the

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

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

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

10 (410 ILCS 70/7.5)

11 Sec. 7.5. Prohibition on billing sexual assault survivors  
12 directly for certain services; written notice; billing  
13 protocols.

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

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

24 (2) communicate with, harass, or intimidate the sexual  
25 assault survivor for payment of services, including, but

1 not limited to, repeatedly calling or writing to the  
2 sexual assault survivor and threatening to refer the  
3 matter to a debt collection agency or to an attorney for  
4 collection, enforcement, or filing of other process;

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

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

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

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

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

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

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

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

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

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

26 (5) a phone number the sexual assault survivor may

1 call should the sexual assault survivor receive a bill  
2 from the hospital or approved pediatric health care  
3 facility for medical forensic services;

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

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

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

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

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

18 The billing protocol must include at a minimum:

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

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

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

1           (4) prohibitions on taking any action that would  
2           adversely affect the credit of the survivor of sexual  
3           assault;

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

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

9           The Department of Healthcare and Family Services ~~Office of~~  
10          ~~the Attorney General~~ may provide a sample acceptable billing  
11          protocol upon request.

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

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

1 to the Department of Healthcare and Family Services ~~Office of~~  
2 ~~the Attorney General~~. The health care professional or approved  
3 pediatric health care facility shall implement the protocol  
4 upon approval by the Department of Healthcare and Family  
5 Services ~~Office of the Attorney General~~.

6 The health care professional or approved pediatric health  
7 care facility shall submit any proposed revision to or  
8 modification of an approved billing protocol to the Department  
9 of Healthcare and Family Services ~~Office of the Attorney~~  
10 ~~General~~ for approval. The health care professional or approved  
11 pediatric health care facility shall implement the revised or  
12 modified billing protocol upon approval by the Department of  
13 Healthcare and Family Services ~~Office of the Illinois Attorney~~  
14 ~~General~~.

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

17 (Source: P.A. 101-634, eff. 6-5-20; 101-652, eff. 7-1-21;  
18 102-22, eff. 6-25-21; 102-674, eff. 11-30-21; 102-1097, eff.  
19 1-1-23.)

20 (410 ILCS 70/10)

21 Sec. 10. Sexual Assault Nurse Examiner Program.

22 (a) The Sexual Assault Nurse Examiner Program is  
23 established within the Office of the Attorney General. The  
24 Sexual Assault Nurse Examiner Program shall maintain a list of  
25 sexual assault nurse examiners who have completed didactic and

1 clinical training requirements consistent with the Sexual  
2 Assault Nurse Examiner Education Guidelines established by the  
3 International Association of Forensic Nurses.

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

14 The Sexual Assault Nurse Examiner Program shall provide  
15 didactic and clinical training opportunities consistent with  
16 the Sexual Assault Nurse Examiner Education Guidelines  
17 established by the International Association of Forensic  
18 Nurses, in sufficient numbers and geographical locations  
19 across the State, to assist treatment hospitals and approved  
20 pediatric health care facilities with training the necessary  
21 number of sexual assault nurse examiners to comply with the  
22 requirement of this Act to employ or contract with a qualified  
23 medical provider to initiate medical forensic services to a  
24 sexual assault survivor within 90 minutes of a concern of  
25 acute sexual assault arising at the hospital or facility ~~the~~  
26 ~~patient presenting to the hospital~~ as required in subsection

1 (a-7) of Section 5.

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

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

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

1           (d) This Section is effective on and after January 1,  
2           2024.

3           (Source: P.A. 101-634, eff. 6-5-20; 102-22, eff. 6-25-21;  
4           102-674, eff. 11-30-21.)