



100TH GENERAL ASSEMBLY

State of Illinois

2017 and 2018

HB5245

by Rep. Michael D. Unes

SYNOPSIS AS INTRODUCED:

See Index

Amends the Sexual Assault Survivors Emergency Treatment Act. Adds various provisions concerning requirements for hospitals and pediatric health care facilities in relation to pediatric sexual assault care. Provides that a hospital licensed under the Hospital Licensing Act or operated under the University of Illinois Hospital Act (rather than licensed under the Hospital Licensing Act) that provides general medical and surgical hospital services shall provide either transfer services to all sexual assault survivors, medical forensic services to all sexual assault survivors, or transfer services to pediatric sexual assault survivors and medical forensic services to sexual assault survivors 13 years old or older (rather than transfer services or hospital emergency services and forensic services in relation to injuries or trauma resulting from sexual assault). Provides that a pediatric health care facility may provide medical forensic services to pediatric sexual assault survivors. Adds provisions concerning requirements placed on the Department of Public Health; consent to jurisdiction for pediatric health care facilities; storage, retention, and dissemination of photo documentation relating to medical forensic services; sexual assault services vouchers; pediatric sexual assault care; and requirements placed on the Attorney General. Makes other changes.

LRB100 20715 MJP 36183 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

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, 2.1, 2.2,
6 3, 5, 5.5, 6.1, 6.2, 6.4, 6.5, 6.6, 7, 7.5, 8, 8.5, and 9 and by
7 adding Sections 2.05, 2.06, 5.1, 5.2, 5.3, and 10 as follows:

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

9 Sec. 1a. Definitions. In this Act:

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

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

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

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

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

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

15 "Department" means the Department of Public Health.

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

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

24 "~~Forensic services~~" means ~~the collection of evidence~~
25 ~~pursuant to a statewide sexual assault evidence collection~~
26 ~~program administered by the Department of State Police, using~~

1 ~~the Illinois State Police Sexual Assault Evidence Collection~~
2 ~~Kit.~~

3 "Health care professional" means a physician, a physician
4 assistant, a sexual assault forensic examiner, or 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 and any outpatient center included in the
10 hospital's sexual assault treatment plan where hospital
11 employees provide medical forensic services ~~has the meaning~~
12 ~~given to that term in the Hospital Licensing Act.~~

13 ~~"Hospital emergency services" means healthcare delivered~~
14 ~~to outpatients within or under the care and supervision of~~
15 ~~personnel working in a designated emergency department of a~~
16 ~~hospital, including, but not limited to, care ordered by such~~
17 ~~personnel for a sexual assault survivor in the emergency~~
18 ~~department.~~

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

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

1 assault or sexual abuse occurred.

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

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

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

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

26 "Photo documentation" means digital photographs or

1 colposcope videos stored and backed-up securely in the original
2 file format.

3 ~~"Nurse" means a nurse licensed under the Nurse Practice~~
4 ~~Act.~~

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

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

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

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

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

22 "Sexual assault" means:

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

26 (2) any act of sexual penetration; as used in this

1 paragraph, "sexual penetration" has the meaning provided under
2 Section 11-0.1 of the Criminal Code of 2012 and includes, ~~or~~
3 sexual penetration, as defined in Section 11-0.1 of the
4 Criminal Code of 2012, including, without limitation, acts
5 prohibited under Sections 11-1.20 through 11-1.60 of the
6 Criminal Code of 2012.

7 "Sexual assault forensic examiner" means a physician or
8 physician assistant who has completed a training program that
9 meets the Sexual Assault Nurse Examiner Education Guidelines
10 established by the International Association of Forensic
11 Nurses.

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

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

25 "Sexual assault survivor" means a person who presents for
26 medical forensic ~~hospital emergency~~ services in relation to

1 injuries or trauma resulting from a sexual assault.

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

8 "Sexual assault treatment plan" means a written plan
9 ~~developed by a hospital~~ that describes the ~~hospital's~~
10 procedures and protocols for providing medical ~~hospital~~
11 ~~emergency services and~~ forensic services to sexual assault
12 survivors who present themselves for such services, either
13 directly or through transfer from a another hospital or an
14 approved pediatric health care facility.

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

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

25 "Treatment hospital" means a hospital with a sexual assault
26 treatment plan approved by the Department to provide medical

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

14 ~~"Voucher" means a document generated by a hospital at the~~
15 ~~time the sexual assault survivor receives hospital emergency~~
16 ~~and forensic services that a sexual assault survivor may~~
17 ~~present to providers for follow up healthcare.~~

18 (Source: P.A. 99-454, eff. 1-1-16; 99-801, eff. 1-1-17;
19 100-513, eff. 1-1-18.)

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

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

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

1 ~~July 1, 1953, as now or hereafter amended, which~~ provides
2 general medical and surgical hospital services shall provide
3 either (i) transfer services to all sexual assault survivors,
4 ~~or~~ (ii) medical hospital emergency services and forensic
5 services to all sexual assault survivors, or (iii) transfer
6 services to pediatric sexual assault survivors and medical
7 forensic services to sexual assault survivors 13 years old or
8 older, in accordance with rules ~~and regulations~~ adopted by the
9 Department, ~~to all sexual assault survivors who apply for~~
10 ~~either (i) transfer services or (ii) hospital emergency~~
11 ~~services and forensic services in relation to injuries or~~
12 ~~trauma resulting from the sexual assault.~~

13 In addition, every such hospital, regardless of whether or
14 not a request is made for reimbursement, shall submit to the
15 Department a plan to provide either (i) transfer services to
16 all sexual assault survivors, ~~or~~ (ii) medical hospital
17 ~~emergency services~~ and forensic services to all sexual assault
18 survivors, or (iii) transfer services to pediatric sexual
19 assault survivors and medical forensic services to sexual
20 assault survivors 13 years old or older. ~~Such plan shall be~~
21 ~~submitted within 60 days after receipt of the Department's~~
22 ~~request for this plan, to the Department for approval prior to~~
23 ~~such plan becoming effective.~~ The Department shall approve such
24 plan for either (i) transfer services to all sexual assault
25 survivors, ~~or~~ (ii) medical hospital emergency services and
26 forensic services to all sexual assault survivors, or (iii)

1 transfer services to pediatric sexual assault survivors and
2 medical forensic services to sexual assault survivors 13 years
3 old or older, if it finds that the implementation of the
4 proposed plan would provide ~~adequate~~ (i) transfer services or
5 (ii) medical ~~hospital emergency services and~~ forensic services
6 for sexual assault survivors in accordance with the
7 requirements of this Act and provide sufficient protections
8 from the risk of pregnancy to sexual assault survivors.

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

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

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

26 Beginning January 1, 2019 and until January 1, 2023, each

1 treatment hospital and treatment hospital with approved
2 pediatric transfer must provide a minimum of 4 hours of sexual
3 assault training annually for emergency department physicians,
4 physician assistants, advanced practice nurses, registered
5 professional nurses, and licensed practical nurses providing
6 clinical services.

7 Beginning January 1, 2023, each treatment hospital and
8 treatment hospital with approved pediatric transfer must
9 provide a minimum of 2 hours of sexual assault training
10 annually for emergency department physicians, physician
11 assistants, advanced practice nurses, registered professional
12 nurses, and licensed practical nurses providing clinical
13 services. Protocols for training shall be included in the
14 hospital's sexual assault treatment plan.

15 Sexual assault training provided under this subsection
16 shall include, but not be limited to:

17 (1) information provided by a qualified medical
18 provider on the provision of medical forensic services;

19 (2) information on the use of the Illinois Sexual
20 Assault Evidence Collection Kit provided by a qualified
21 medical provider or by Illinois State Police in accordance
22 with subsection (b) of Section 6.4;

23 (3) information on sexual assault epidemiology,
24 neurobiology of trauma, drug-facilitated sexual assault,
25 child sexual abuse, and Illinois sexual assault-related
26 laws provided by a qualified medical provider, a rape

1 crisis center, or a children's advocacy center; and

2 (4) information on the hospital's sexual
3 assault-related policies and procedures provided by
4 hospital personnel.

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

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

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

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

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

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

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

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

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

1 (5) has a black background with white bold capital
2 lettering in a clear and easy to read font that is at least
3 72-point type, and with "call 911" in at least 125-point
4 type;

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

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

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

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

24 (d) Every treatment hospital, treatment hospital with
25 approved pediatric transfer, and approved pediatric health
26 care facility's sexual assault treatment plan shall include

1 procedures for complying with mandatory reporting requirements
2 pursuant to (1) the Abused and Neglected Child Reporting Act;
3 (2) the Abused and Neglected Long Term Care Facility Residents
4 Reporting Act; (3) the Adult Protective Services Act; and (iv)
5 the Criminal Identification Act.

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

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

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

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

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

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

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

24 ~~The Department shall periodically conduct on site reviews~~
25 ~~of such approved plans with hospital personnel to insure that~~
26 ~~the established procedures are being followed.~~

1 ~~On January 1, 2007, and each January 1 thereafter, the~~
2 ~~Department shall submit a report to the General Assembly~~
3 ~~containing information on the hospitals in this State that have~~
4 ~~submitted a plan to provide either (i) transfer services or~~
5 ~~(ii) hospital emergency services and forensic services to~~
6 ~~sexual assault survivors. The Department shall post on its~~
7 ~~Internet website the report required in this Section. The~~
8 ~~report shall include all of the following:~~

9 ~~(1) A list of all hospitals that have submitted a plan.~~

10 ~~(2) A list of hospitals whose plans have been found by~~
11 ~~the Department to be in compliance with this Act.~~

12 ~~(3) A list of hospitals that have failed to submit an~~
13 ~~acceptable Plan of Correction within the time required by~~
14 ~~Section 2.1 of this Act.~~

15 ~~(4) A list of hospitals at which the periodic site~~
16 ~~review required by this Act has been conducted.~~

17 ~~When a hospital listed as noncompliant under item (3) of this~~
18 ~~Section submits and implements the required Plan of Correction,~~
19 ~~the Department shall immediately update the report on its~~
20 ~~Internet website to reflect that hospital's compliance.~~

21 (Source: P.A. 94-762, eff. 5-12-06; 95-432, eff. 1-1-08.)

22 (410 ILCS 70/2.05 new)

23 Sec. 2.05. Department requirements.

24 (a) The Department shall periodically conduct on-site
25 reviews of approved sexual assault treatment plans with

1 hospital and approved pediatric health care facility personnel
2 to ensure that the established procedures are being followed.
3 Department personnel conducting the on-site reviews shall
4 attend 8 hours of sexual assault training conducted by a
5 qualified medical provider that includes, but is not limited
6 to, information on sexual assault epidemiology, medical
7 forensic services, child sexual abuse, and Illinois sexual
8 assault-related laws and administrative rules.

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

23 (1) Each hospital and pediatric care facility that has
24 submitted a plan, including the submission date of the
25 plan, type of plan submitted, and the date the plan was
26 approved or denied. If a pediatric health care facility

1 withdraws its plan, the Department shall immediately
2 update the report on its Internet website to remove the
3 pediatric health care facility's name and information.

4 (2) Each hospital that has failed to submit a plan as
5 required in subsection (a).

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

15 (4) Each hospital and approved pediatric care facility
16 at which the periodic on-site review required by Section 2
17 of this Act has been conducted, including the date of the
18 on-site review and whether the hospital or approved
19 pediatric care facility was found to be in compliance with
20 its approved plan.

21 (5) Each areawide treatment plan submitted to the
22 Department pursuant to Section 3 of this Act, including
23 which treatment hospitals, treatment hospitals with
24 approved pediatric transfer, transfer hospitals and
25 approved pediatric health care facilities are identified
26 in each areawide treatment plan.

1 (410 ILCS 70/2.06 new)

2 Sec. 2.06. Consent to jurisdiction. A pediatric health care
3 facility that submits a plan to the Department for approval
4 under Section 2 consents to the jurisdiction and oversight of
5 the Department, including, but not limited to, inspections,
6 investigations, and evaluations arising out of complaints
7 relevant to this Act made to the Department. A pediatric health
8 care facility that submits a plan to the Department for
9 approval under Section 2 shall be deemed to have given consent
10 to annual inspections, surveys, or evaluations relevant to this
11 Act by properly identified personnel of the Department or by
12 such other properly identified persons, including local health
13 department staff, as the Department may designate. In addition,
14 representatives of the Department shall have access to and may
15 reproduce or photocopy any books, records, and other documents
16 maintained by the pediatric health care facility or the
17 facility's representatives to the extent necessary to carry out
18 this Act. No representative, agent, or person acting on behalf
19 of the pediatric health care facility in any manner shall
20 intentionally prevent, interfere with, or attempt to impede in
21 any way any duly authorized investigation and enforcement of
22 this Act. The Department shall have the power to adopt rules to
23 carry out the purpose of regulating a pediatric health care
24 facility.

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

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

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

1 hospital complies with the requirements of this Section.

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

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

18 (Source: P.A. 94-762, eff. 5-12-06; 95-432, eff. 1-1-08.)

19 (410 ILCS 70/2.2)

20 Sec. 2.2. Emergency contraception.

21 (a) The General Assembly finds:

22 (1) Crimes of sexual assault and sexual abuse cause
23 significant physical, emotional, and psychological trauma
24 to the victims. This trauma is compounded by a victim's
25 fear of becoming pregnant and bearing a child as a result

1 of the sexual assault.

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

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

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

12 (b) ~~Every~~ Within 120 days after the effective date of this
13 ~~amendatory Act of the 92nd General Assembly, every~~ hospital or
14 approved pediatric health care facility providing services to
15 sexual assault survivors in accordance with a plan approved
16 under Section 2 must develop a protocol that ensures that each
17 survivor of sexual assault will receive medically and factually
18 accurate and written and oral information about emergency
19 contraception; the indications and contraindications
20 ~~counter-indications~~ and risks associated with the use of
21 emergency contraception; and a description of how and when
22 victims may be provided emergency contraception at no cost upon
23 the written order of a physician licensed to practice medicine
24 in all its branches, a licensed advanced practice registered
25 nurse, or a licensed physician assistant. The Department shall
26 approve the protocol if it finds that the implementation of the

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

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

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

12 (410 ILCS 70/3) (from Ch. 111 1/2, par. 87-3)

13 Sec. 3. Areawide sexual assault treatment plans;
14 submission. Hospitals and approved pediatric health care
15 facilities in the area to be served may develop and participate
16 in areawide plans that shall describe the medical hospital
17 ~~emergency services and~~ forensic services to sexual assault
18 survivors that each participating hospital and approved
19 pediatric health care facility has agreed to make available.
20 Each hospital and approved pediatric health care facility
21 participating in such a plan shall provide such services as it
22 is designated to provide in the plan agreed upon by the
23 participants. Areawide plans may include treatment hospital,
24 treatment hospital with approved pediatric transfer, transfer
25 hospital, and approved pediatric health care facility hospital

1 ~~transfer~~ plans. All areawide plans shall be submitted to the
2 Department for approval, prior to becoming effective. The
3 Department shall approve a proposed plan if it finds that the
4 minimum requirements set forth in Section 5 and implementation
5 of the plan would provide for appropriate medical ~~hospital~~
6 ~~emergency services and~~ forensic services for the people of the
7 area to be served.

8 (Source: P.A. 95-432, eff. 1-1-08.)

9 (410 ILCS 70/5) (from Ch. 111 1/2, par. 87-5)

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

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

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

24 (a-5) A hospital, approved pediatric health care facility,
25 or qualified medical provider shall provide the following

1 services in accordance with subsection (a):

2 (1) Appropriate ~~appropriate~~ medical forensic services
3 without delay, in a private, age-appropriate or
4 developmentally-appropriate space, examinations and
5 ~~laboratory tests~~ required to ensure the health, safety, and
6 welfare of a sexual assault survivor and ~~or~~ which may be
7 used as evidence in a criminal proceeding against a person
8 accused of the sexual assault, in a proceeding under the
9 Juvenile Court Act of 1987, or in an investigation under
10 the Abused and Neglected Child Reporting Act., ~~or both;~~ and
11 ~~records of the results of such examinations and tests shall~~
12 ~~be maintained by the hospital and made available to law~~
13 ~~enforcement officials upon the request of the sexual~~
14 ~~assault survivor;~~

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

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

26 (1.5) An offer to complete the Illinois Sexual Assault

1 Evidence Collection Kit for any sexual assault survivor who
2 presents within a minimum of the last 7 days or who has
3 disclosed past sexual assault by a specific individual and
4 were in the care of that individual within a minimum of the
5 last 7 days.

6 (A) Evidence collection must be completed at the
7 sexual assault survivor's request. A sexual assault
8 nurse examiner may conduct an examination using the
9 Illinois State Police Sexual Assault Evidence
10 Collection Kit without the presence or participation
11 of a physician.

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

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

1 survivor.

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

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

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

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

22 (4) An ~~an~~ amount of medication, including HIV
23 prophylaxis, for treatment at the hospital or approved
24 pediatric health care facility and after discharge as is
25 deemed appropriate by the attending physician, an advanced
26 practice registered nurse, or a physician assistant in

1 accordance with the Centers for Disease Control and
2 Prevention guidelines and consistent with the hospital's
3 or approved pediatric health care facility's current
4 approved protocol for sexual assault survivors.†

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

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

18 (7) Referral ~~referral~~ by hospital or approved
19 pediatric health care facility personnel for appropriate
20 counseling.† ~~and~~

21 (8) Medical advocacy services provided by a rape crisis
22 counselor whose communications are protected under Section
23 8-802.1 of the Code of Civil Procedure pursuant to a
24 written agreement between the hospital or approved
25 pediatric health care facility and a rape crisis center,
26 where available. With the consent of the sexual assault

1 survivor, a rape crisis counselor shall remain in the exam
2 room during the medical forensic examination. ~~when HIV~~
3 ~~prophylaxis is deemed appropriate, an initial dose or doses~~
4 ~~of HIV prophylaxis, along with written and oral~~
5 ~~instructions indicating the importance of timely follow up~~
6 ~~healthcare.~~

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

9 (a-7) By January 1, 2023, every hospital with a treatment
10 plan approved by the Department shall employ or contract with a
11 qualified medical provider to initiate medical forensic
12 services to a sexual assault survivor within 90 minutes of the
13 patient presenting to the hospital.

14 (b) Any person who is a sexual assault survivor who seeks
15 medical emergency hospital services and forensic services or
16 follow-up healthcare under this Act shall be provided such
17 services without the consent of any parent, guardian,
18 custodian, surrogate, or agent.

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

1 ~~survivor after discharge upon request.~~

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

5 (Source: P.A. 99-173, eff. 7-29-15; 99-454, eff. 1-1-16;
6 99-642, eff. 7-28-16; 100-513, eff. 1-1-18.)

7 (410 ILCS 70/5.1 new)

8 Sec. 5.1. Storage, retention, and dissemination of photo
9 documentation relating to medical forensic services. Photo
10 documentation taken during a medical forensic examination
11 shall be maintained by the hospital or approved pediatric
12 health care facility as part of the patient's medical record.

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

18 Photo documentation of a sexual assault survivor shall be
19 retained indefinitely and shall not be destroyed.

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

1 Abused and Neglected Child Reporting Act. Any additional
2 dissemination of photo documentation must be in accordance with
3 State and federal law.

4 (410 ILCS 70/5.2 new)

5 Sec. 5.2. Sexual assault services voucher.

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

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

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

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

23 (3) A statement to be signed by each employee of an
24 approved pediatric health care facility with access to the
25 Medical Electronic Data Interchange or successor system

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

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

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

15 (1) the name and date of birth of the sexual assault
16 survivor;

17 (2) the service provided;

18 (3) the charge of service;

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

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

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

24 The Department of Healthcare and Family Services Sexual
25 Assault Emergency Treatment Program shall electronically
26 verify, using the Medical Electronic Data Interchange or a

1 successor system, that a sexual assault services voucher was
2 issued to a sexual assault survivor prior to issuing payment
3 for the services.

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

12 (410 ILCS 70/5.3 new)

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 who
8 have received specialized training regarding the care of
9 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 sexual assault survivor
16 presents at a transfer hospital or treatment hospital with
17 approved pediatric transfer that has a plan approved by the
18 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.

22 If the transferring hospital confirms that medical
23 forensic services can be initiated within 90 minutes of the
24 patient's arrival at the approved pediatric health care
25 facility following an immediate transfer, then the hospital
26 emergency department staff shall notify the patient and

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

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

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

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

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

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

21 (d) If a pediatric sexual assault survivor presents at an
22 approved pediatric health care facility requesting medical
23 forensic services or the facility is contacted by law
24 enforcement or the Department of Children and Family Services
25 requesting medical forensic services for a pediatric sexual
26 assault survivor, the services shall be provided at the

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

10 (410 ILCS 70/5.5)

11 Sec. 5.5. Minimum reimbursement requirements for follow-up
12 healthcare.

13 (a) Every hospital, pediatric health care facility, health
14 care professional, laboratory, or pharmacy that provides
15 follow-up healthcare to a sexual assault survivor, with the
16 consent of the sexual assault survivor and as ordered by the
17 attending physician, an advanced practice registered nurse, or
18 physician assistant shall be reimbursed for the follow-up
19 healthcare services provided. Follow-up healthcare services
20 include, but are not limited to, the following:

21 (1) a physical examination;

22 (2) laboratory tests to determine the presence or
23 absence of sexually transmitted infection ~~disease~~; and

24 (3) appropriate medications, including HIV
25 prophylaxis, in accordance with the Centers for Disease

1 Control and Prevention's guidelines.

2 (b) Reimbursable follow-up healthcare is limited to office
3 visits with a physician, advanced practice registered nurse, or
4 physician assistant within 90 days after an initial visit for
5 hospital medical forensic ~~emergency~~ services.

6 (c) Nothing in this Section requires a hospital, pediatric
7 health care facility, health care professional, laboratory, or
8 pharmacy to provide follow-up healthcare to a sexual assault
9 survivor.

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

11 (410 ILCS 70/6.1) (from Ch. 111 1/2, par. 87-6.1)

12 Sec. 6.1. Minimum standards. The Department shall
13 prescribe minimum standards, rules, and regulations necessary
14 to implement this Act, which shall apply to every hospital
15 required to be licensed by the Department that provides general
16 medical and surgical hospital services and to every approved
17 pediatric health care facility. Such standards shall include,
18 but not be limited to, a uniform system for recording results
19 of medical examinations and all diagnostic tests performed in
20 connection therewith to determine the condition and necessary
21 treatment of sexual assault survivors, which results shall be
22 preserved in a confidential manner as part of the hospital's or
23 approved pediatric health care facility's ~~hospital~~ record of
24 the sexual assault survivor.

25 (Source: P.A. 95-432, eff. 1-1-08.)

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

2 Sec. 6.2. Assistance and grants. The Department shall
3 assist in the development and operation of programs which
4 provide medical ~~hospital emergency services~~ and forensic
5 services to sexual assault survivors, and, where necessary, to
6 provide grants to hospitals and approved pediatric health care
7 facilities for this purpose.

8 (Source: P.A. 95-432, eff. 1-1-08.)

9 (410 ILCS 70/6.4) (from Ch. 111 1/2, par. 87-6.4)

10 Sec. 6.4. Sexual assault evidence collection program.

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

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

16 (a-5) (Blank).

17 (b) The Illinois State Police shall administer a program to
18 train ~~hospitals and hospital~~ and approved pediatric health care
19 facility personnel participating in the sexual assault
20 evidence collection program, in the correct use and application
21 of the sexual assault evidence collection kits. ~~A sexual~~
22 ~~assault nurse examiner may conduct examinations using the~~
23 ~~sexual assault evidence collection kits, without the presence~~
24 ~~or participation of a physician.~~ The Department shall cooperate
25 with the Illinois State Police in this program as it pertains
26 to medical aspects of the evidence collection.

1 (c) (Blank). ~~In this Section, "sexual assault nurse~~
2 ~~examiner" means a registered nurse who has completed a sexual~~
3 ~~assault nurse examiner (SANE) training program that meets the~~
4 ~~Forensic Sexual Assault Nurse Examiner Education Guidelines~~
5 ~~established by the International Association of Forensic~~
6 ~~Nurses.~~

7 (Source: P.A. 99-801, eff. 1-1-17.)

8 (410 ILCS 70/6.5)

9 Sec. 6.5. Written consent to the release of sexual assault
10 evidence for testing.

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

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

23 (2) If the survivor is a minor who is under 13 years of
24 age, the written consent to release the sexual assault
25 evidence for testing may be signed by the parent, guardian,

1 investigating law enforcement officer, or Department of
2 Children and Family Services.

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

14 (4) Any health care professional or, ~~including any~~
15 ~~physician, advanced practice registered nurse, physician~~
16 ~~assistant, or nurse, sexual assault nurse examiner, and any~~
17 health care institution, including any hospital or
18 approved pediatric health care facility, who provides
19 evidence or information to a law enforcement officer under
20 a written consent as specified in this Section is immune
21 from any civil or professional liability that might arise
22 from those actions, with the exception of willful or wanton
23 misconduct. The immunity provision applies only if all of
24 the requirements of this Section are met.

25 (b) The hospital or approved pediatric health care facility
26 shall keep a copy of a signed or unsigned written consent form

1 in the patient's medical record.

2 (c) If a written consent to allow law enforcement to hold
3 ~~test~~ the sexual assault evidence is ~~not~~ signed at the
4 completion of medical ~~hospital emergency services and~~ forensic
5 services, the hospital or approved pediatric health care
6 facility shall include the following information in its
7 discharge instructions:

8 (1) the sexual assault evidence will be stored for 5
9 years from the completion of an Illinois State Police
10 Sexual Assault Evidence Collection Kit, or 5 years from the
11 age of 18 years, whichever is longer;

12 (2) a person authorized to consent to the testing of
13 the sexual assault evidence may sign a written consent to
14 allow law enforcement to test the sexual assault evidence
15 at any time during that 5-year period for an adult victim,
16 or until a minor victim turns 23 years of age by (A)
17 contacting the law enforcement agency having jurisdiction,
18 or if unknown, the law enforcement agency contacted by the
19 hospital or approved pediatric health care facility under
20 Section 3.2 of the Criminal Identification Act; or (B) by
21 working with an advocate at a rape crisis center;

22 (3) the name, address, and phone number of the law
23 enforcement agency having jurisdiction, or if unknown the
24 name, address, and phone number of the law enforcement
25 agency contacted by the hospital or approved pediatric
26 health care facility under Section 3.2 of the Criminal

1 Identification Act; and

2 (4) the name and phone number of a local rape crisis
3 center.

4 (Source: P.A. 99-801, eff. 1-1-17; 100-513, eff. 1-1-18.)

5 (410 ILCS 70/6.6)

6 Sec. 6.6. Submission of sexual assault evidence.

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

16 (b) Within 4 hours after the completion of medical ~~hospital~~
17 ~~emergency services and~~ forensic services, the hospital or
18 approved pediatric health care facility shall notify the law
19 enforcement agency having jurisdiction that the hospital or
20 approved pediatric health care facility is in possession of
21 sexual assault evidence and the date and time the collection of
22 evidence was completed. The hospital or approved pediatric
23 health care facility shall document the notification in the
24 patient's medical records and shall include the agency
25 notified, the date and time of the notification and the name of

1 the person who received the notification. This notification to
2 the law enforcement agency having jurisdiction satisfies the
3 hospital's or approved pediatric health care facility's
4 requirement to contact its local law enforcement agency under
5 Section 3.2 of the Criminal Identification Act.

6 (c) If the law enforcement agency having jurisdiction has
7 not taken physical custody of sexual assault evidence within 5
8 days of the first contact by the hospital or approved pediatric
9 health care facility, the hospital or approved pediatric health
10 care facility shall renotify the law enforcement agency having
11 jurisdiction that the hospital or approved pediatric health
12 care facility is in possession of sexual assault evidence and
13 the date the sexual assault evidence was collected. The
14 hospital or approved pediatric health care facility shall
15 document the renotification in the patient's medical records
16 and shall include the agency notified, the date and time of the
17 notification and the name of the person who received the
18 notification.

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

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

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

11 (410 ILCS 70/7) (from Ch. 111 1/2, par. 87-7)

12 Sec. 7. Reimbursement.

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

22 (1) If a sexual assault survivor is eligible to receive
23 benefits under the medical assistance program under
24 Article V of the Illinois Public Aid Code, the ambulance
25 provider, hospital, approved pediatric health care

1 facility, health care professional, laboratory, or
2 pharmacy must submit the bill to the Department of
3 Healthcare and Family Services or the appropriate Medicaid
4 managed care organization and accept the amount paid as
5 full payment.

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

25 (3) If a sexual assault survivor is neither eligible to
26 receive benefits under the medical assistance program

1 under Article V of the Public Aid Code nor covered by a
2 policy of insurance or a public or private health coverage
3 program, the ambulance provider, hospital, approved
4 pediatric health care facility, health care professional,
5 laboratory, or pharmacy shall submit the request for
6 reimbursement to the Illinois Sexual Assault Emergency
7 Treatment Program under the Department of Healthcare and
8 Family Services in accordance with 89 Ill. Adm. Code
9 148.510 at the Department of Healthcare and Family
10 Services' allowable rates under the Illinois Public Aid
11 Code.

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

1 receiving reimbursement under this Section.

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

6 (c) (Blank).

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

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

16 (Source: P.A. 98-463, eff. 8-16-13; 99-454, eff. 1-1-16.)

17 (410 ILCS 70/7.5)

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

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

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

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

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

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

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

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

23 (c) ~~Every~~ Within 60 days after the effective date of this
24 ~~amendatory Act of the 99th General Assembly, every~~ hospital and
25 approved pediatric health care facility providing treatment
26 services to sexual assault survivors in accordance with a plan

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

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

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

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

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

25 (5) a phone number the sexual assault survivor may call
26 should the sexual assault survivor receive a bill from the

1 hospital or approved pediatric health care facility for
2 medical ~~hospital emergency services and~~ forensic services;

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

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

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

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

25 (3) prohibitions on submitting any bill for any portion
26 of medical ~~hospital emergency services~~ or forensic

1 services provided to a survivor of sexual assault to a
2 collection agency;

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

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

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

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

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

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

1 submit a revised billing protocol addressing the deficiencies
2 to the Office of the Attorney General. The health care
3 professional or approved pediatric health care facility shall
4 implement the protocol upon approval by the Crime Victim
5 Services Division of the 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 Crime
9 Victim Services Division of the Office of the Attorney General
10 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 Crime Victim
13 Services Division of the Office of the Illinois Attorney
14 General.

15 (Source: P.A. 99-454, eff. 1-1-16.)

16 (410 ILCS 70/8) (from Ch. 111 1/2, par. 87-8)

17 Sec. 8. Penalties.

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

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

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

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

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

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

24 All civil monetary penalties shall be deposited into the
25 Violent Crime Victims Assistance Fund.

26 (Source: P.A. 99-454, eff. 1-1-16.)

1 (410 ILCS 70/9) (from Ch. 111 1/2, par. 87-9)

2 Sec. 9. Nothing in this Act shall be construed to require a
3 hospital or an approved pediatric health care facility to
4 provide any services which relate to an abortion.

5 (Source: P.A. 79-564.)

6 (410 ILCS 70/10 new)

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

1		INDEX
2		Statutes amended in order of appearance
3	410 ILCS 70/1a	from Ch. 111 1/2, par. 87-1a
4	410 ILCS 70/2	from Ch. 111 1/2, par. 87-2
5	410 ILCS 70/2.05 new	
6	410 ILCS 70/2.06 new	
7	410 ILCS 70/2.1	from Ch. 111 1/2, par. 87-2.1
8	410 ILCS 70/2.2	
9	410 ILCS 70/3	from Ch. 111 1/2, par. 87-3
10	410 ILCS 70/5	from Ch. 111 1/2, par. 87-5
11	410 ILCS 70/5.1 new	
12	410 ILCS 70/5.2 new	
13	410 ILCS 70/5.3 new	
14	410 ILCS 70/5.5	
15	410 ILCS 70/6.1	from Ch. 111 1/2, par. 87-6.1
16	410 ILCS 70/6.2	from Ch. 111 1/2, par. 87-6.2
17	410 ILCS 70/6.4	from Ch. 111 1/2, par. 87-6.4
18	410 ILCS 70/6.5	
19	410 ILCS 70/6.6	
20	410 ILCS 70/7	from Ch. 111 1/2, par. 87-7
21	410 ILCS 70/7.5	
22	410 ILCS 70/8	from Ch. 111 1/2, par. 87-8
23	410 ILCS 70/9	from Ch. 111 1/2, par. 87-9
24	410 ILCS 70/10 new	