

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, and 9 and by
7 adding Sections 2.05, 2.06, 5.1, 5.2, 5.3, 5.4, 9.5, and 10 as
8 follows:

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

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

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

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

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

1 within a minimum of the last 7 days.

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

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

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

16 "Department" means the Department of Public Health.

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

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

25 ~~"Forensic services" means the collection of evidence~~
26 ~~pursuant to a statewide sexual assault evidence collection~~

1 ~~program administered by the Department of State Police, using~~
2 ~~the Illinois State Police Sexual Assault Evidence Collection~~
3 ~~Kit.~~

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

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

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

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

1 Collection Kit.

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

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

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

23 "Pediatric health care facility" means a clinic or
24 physician's office that provides medical services to pediatric
25 patients.

26 "Pediatric sexual assault survivor" means a person under

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

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

6 ~~"Nurse" means a nurse licensed under the Nurse Practice~~
7 ~~Act.~~

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

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

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

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

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

25 "Sexual assault" means:

26 (1) an act of ~~nonconsensual~~ sexual conduct; as used in

1 this paragraph, "sexual conduct" has the meaning provided
2 under Section 11-0.1 of the Criminal Code of 2012; or

3 (2) any act of sexual penetration; as used in this
4 paragraph, "sexual penetration" has the meaning provided
5 under Section 11-0.1 of the Criminal Code of 2012 and
6 includes, ~~or sexual penetration, as defined in Section~~
7 ~~11-0.1 of the Criminal Code of 2012, including,~~ without
8 limitation, acts prohibited under Sections 11-1.20 through
9 11-1.60 of the Criminal Code of 2012.

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

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

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

1 healthcare provided as a result of the sexual assault.

2 "Sexual assault survivor" means a person who presents for
3 medical forensic ~~hospital emergency~~ services in relation to
4 injuries or trauma resulting from a sexual assault.

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

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

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

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

1 plan.

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

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

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

21 (Source: P.A. 99-454, eff. 1-1-16; 99-801, eff. 1-1-17;
22 100-513, eff. 1-1-18.)

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

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

1 (a) Every hospital required to be licensed by the
2 Department pursuant to the Hospital Licensing Act, or operated
3 under the University of Illinois Hospital Act that approved
4 ~~July 1, 1953, as now or hereafter amended, which~~ provides
5 general medical and surgical hospital services shall provide
6 either (i) transfer services to all sexual assault survivors,
7 ~~or~~ (ii) medical hospital emergency services and forensic
8 services to all sexual assault survivors, or (iii) transfer
9 services to pediatric sexual assault survivors and medical
10 forensic services to sexual assault survivors 13 years old or
11 older, in accordance with rules ~~and regulations~~ adopted by the
12 Department, ~~to all sexual assault survivors who apply for~~
13 ~~either (i) transfer services or (ii) hospital emergency~~
14 ~~services and forensic services in relation to injuries or~~
15 ~~trauma resulting from the sexual assault.~~

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

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

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

18 In counties with a population of less than 1,000,000, the
19 Department may not approve a sexual assault transfer plan for a
20 hospital located within a 20-mile radius of a 4-year public
21 university, not including community colleges, unless there is a
22 treatment hospital with a sexual assault treatment plan
23 approved by the Department within a 20-mile radius of the
24 4-year public university.

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

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

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

16 Beginning January 1, 2019, each treatment hospital and
17 treatment hospital with approved pediatric transfer shall
18 ensure that emergency department attending physicians,
19 physician assistants, advanced practice registered nurses,
20 registered professional nurses, and licensed practical nurses
21 providing clinical services receive a minimum of 2 hours of
22 sexual assault training annually, through December 31, 2020 or
23 until the treatment hospital or treatment hospital with
24 approved pediatric transfer certifies to the Department, in a
25 form and manner prescribed by the Department, that it employs
26 or contracts with a qualified medical provider in accordance

1 with subsection (a-7) of Section 5, whichever occurs first.

2 Beginning January 1, 2021 or once a treatment hospital or a
3 treatment hospital with approved pediatric transfer certifies
4 compliance with subsection (a-7) of Section 5, whichever occurs
5 first, each treatment hospital and treatment hospital with
6 approved pediatric transfer shall ensure that emergency
7 department attending physicians, physician assistants,
8 advanced practice registered nurses, registered professional
9 nurses, and licensed practical nurses providing clinical
10 services receive a minimum of 2 hours of continuing education
11 on responding to sexual assault survivors every 2 years.
12 Protocols for training shall be included in the hospital's
13 sexual assault treatment plan.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

23 (d) Every treatment hospital, treatment hospital with
24 approved pediatric transfer, and approved pediatric health
25 care facility's sexual assault treatment plan shall include
26 procedures for complying with mandatory reporting requirements

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

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

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

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

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

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

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

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

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

26 ~~On January 1, 2007, and each January 1 thereafter, the~~

~~Department shall submit a report to the General Assembly containing information on the hospitals in this State that have submitted a plan to provide either (i) transfer services or (ii) hospital emergency services and forensic services to sexual assault survivors. The Department shall post on its Internet website the report required in this Section. The report shall include all of the following:~~

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

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

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

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

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

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

(410 ILCS 70/2.05 new)

Sec. 2.05. Department requirements.

(a) The Department shall periodically conduct on-site reviews of approved sexual assault treatment plans with hospital and approved pediatric health care facility personnel

1 to ensure that the established procedures are being followed.
2 Department personnel conducting the on-site reviews shall
3 attend 4 hours of sexual assault training conducted by a
4 qualified medical provider that includes, but is not limited
5 to, forensic evidence collection provided to sexual assault
6 survivors of any age and Illinois sexual assault-related laws
7 and administrative rules.

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

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

1 update the report on its Internet website to remove the
2 pediatric health care facility's name and information.

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

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

14 (4) Each hospital and approved pediatric care facility
15 at which the periodic on-site review required by Section
16 2.05 of this Act has been conducted, including the date of
17 the on-site review and whether the hospital or approved
18 pediatric care facility was found to be in compliance with
19 its approved plan.

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

26 (c) The Department, in consultation with the Office of the

1 Attorney General, shall adopt administrative rules by January
2 1, 2020 establishing a process for physicians and physician
3 assistants to provide documentation of training and clinical
4 experience that meets the Sexual Assault Nurse Examiner
5 Education Guidelines established by the International
6 Association of Forensic Nurses in order to qualify as a sexual
7 assault forensic examiner.

8 (410 ILCS 70/2.06 new)

9 Sec. 2.06. Consent to jurisdiction. A pediatric health care
10 facility that submits a plan to the Department for approval
11 under Section 2 or an out-of-state hospital that submits an
12 areawide treatment plan in accordance with subsection (b) of
13 Section 5.4 consents to the jurisdiction and oversight of the
14 Department, including, but not limited to, inspections,
15 investigations, and evaluations arising out of complaints
16 relevant to this Act made to the Department. A pediatric health
17 care facility that submits a plan to the Department for
18 approval under Section 2 or an out-of-state hospital that
19 submits an areawide treatment plan in accordance with
20 subsection (b) of Section 5.4 shall be deemed to have given
21 consent to annual inspections, surveys, or evaluations
22 relevant to this Act by properly identified personnel of the
23 Department or by such other properly identified persons,
24 including local health department staff, as the Department may
25 designate. In addition, representatives of the Department

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

18 (410 ILCS 70/2.1) (from Ch. 111 1/2, par. 87-2.1)

19 Sec. 2.1. Plan of correction; penalties.

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

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

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

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

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

1 per patient provided services in violation of this Act.

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

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

11 (410 ILCS 70/2.2)

12 Sec. 2.2. Emergency contraception.

13 (a) The General Assembly finds:

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

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

22 (3) As approved for use by the Federal Food and Drug
23 Administration (FDA), emergency contraception can
24 significantly reduce the risk of pregnancy if taken within
25 72 hours after the sexual assault.

1 (4) By providing emergency contraception to rape
2 victims in a timely manner, the trauma of rape can be
3 significantly reduced.

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

21 The hospital or approved pediatric health care facility
22 shall implement the protocol upon approval by the Department.
23 The Department shall adopt rules and regulations establishing
24 one or more safe harbor protocols and setting minimum
25 acceptable protocol standards that hospitals may develop and
26 implement. The Department shall approve any protocol that meets

1 those standards. The Department may provide a sample acceptable
2 protocol upon request.

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

4 (410 ILCS 70/3) (from Ch. 111 1/2, par. 87-3)

5 Sec. 3. Areawide sexual assault treatment plans;
6 submission. Hospitals and approved pediatric health care
7 facilities in the area to be served may develop and participate
8 in areawide plans that shall describe the medical hospital
9 ~~emergency services and~~ forensic services to sexual assault
10 survivors that each participating hospital and approved
11 pediatric health care facility has agreed to make available.
12 Each hospital and approved pediatric health care facility
13 participating in such a plan shall provide such services as it
14 is designated to provide in the plan agreed upon by the
15 participants. An areawide plan ~~Areawide plans~~ may include
16 treatment hospitals, treatment hospitals with approved
17 pediatric transfer, transfer hospitals, approved pediatric
18 health care facilities, or out-of-state hospitals as provided
19 in Section 5.4 ~~hospital transfer plans~~. All areawide plans
20 shall be submitted to the Department for approval, prior to
21 becoming effective. The Department shall approve a proposed
22 plan if it finds that the minimum requirements set forth in
23 Section 5 and implementation of the plan would provide for
24 appropriate medical ~~hospital emergency services and~~ forensic
25 services for the people of the area to be served.

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

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

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

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

15 Beginning January 1, 2021, a qualified medical provider
16 must provide the services set forth in subsection (a-5).

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

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

1 used as evidence in a criminal proceeding against a person
2 accused of the sexual assault, in a proceeding under the
3 Juvenile Court Act of 1987, or in an investigation under
4 the Abused and Neglected Child Reporting Act. ~~or both; and~~
5 ~~records of the results of such examinations and tests shall~~
6 ~~be maintained by the hospital and made available to law~~
7 ~~enforcement officials upon the request of the sexual~~
8 ~~assault survivor;~~

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

17 Records of medical forensic services of sexual assault
18 survivors under the age of 18 shall be retained by the
19 hospital indefinitely. Records of medical forensic
20 services of sexual assault survivors 18 years of age or
21 older shall be retained by the hospital for a period of 20
22 years.

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

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

17 Before January 1, 2021, the information required
18 under this subparagraph shall be provided in person by
19 the health care professional providing medical
20 forensic services directly to the sexual assault
21 survivor.

22 On and after January 1, 2021, the information
23 required under this subparagraph shall be provided in
24 person by the qualified medical provider providing
25 medical forensic services directly to the sexual
26 assault survivor.

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

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

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

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

24 (4) An ~~an~~ amount of medication, including HIV
25 prophylaxis, for treatment at the hospital or approved
26 pediatric health care facility and after discharge as is

1 deemed appropriate by the attending physician, an advanced
2 practice registered nurse, or a physician assistant in
3 accordance with the Centers for Disease Control and
4 Prevention guidelines and consistent with the hospital's
5 or approved pediatric health care facility's current
6 approved protocol for sexual assault survivors.†

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

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

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

23 (8) Medical advocacy services provided by a rape crisis
24 counselor whose communications are protected under Section
25 8-802.1 of the Code of Civil Procedure, if there is a
26 memorandum of understanding between the hospital or

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

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

11 (a-7) By January 1, 2021, every hospital with a treatment
12 plan approved by the Department shall employ or contract with a
13 qualified medical provider to initiate medical forensic
14 services to a sexual assault survivor within 90 minutes of the
15 patient presenting to the treatment hospital or treatment
16 hospital with approved pediatric transfer. The provision of
17 medical forensic services by a qualified medical provider shall
18 not delay the provision of life-saving medical care.

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

1 applicable State and federal laws.

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

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

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

16 (410 ILCS 70/5.1 new)

17 Sec. 5.1. Storage, retention, and dissemination of photo
18 documentation relating to medical forensic services. Photo
19 documentation taken during a medical forensic examination
20 shall be maintained by the hospital or approved pediatric
21 health care facility as part of the patient's medical record.

22 Photo documentation shall be stored and backed up securely
23 in its original file format in accordance with facility
24 protocol. The facility protocol shall require limited access to
25 the images and be included in the sexual assault treatment plan

1 submitted to the Department.

2 Photo documentation of a sexual assault survivor under the
3 age of 18 shall be retained indefinitely and shall not be
4 destroyed. Photo documentation of a sexual assault survivor 18
5 years of age or older shall be retained for a period of 20
6 years.

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

18 (410 ILCS 70/5.2 new)

19 Sec. 5.2. Sexual assault services voucher.

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

25 (b) Each treatment hospital, treatment hospital with

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

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

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

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

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

22 (d) Any treatment hospital, treatment hospital with
23 approved pediatric transfer, approved pediatric health care
24 facility, health care professional, ambulance provider,
25 laboratory, or pharmacy may submit a bill for services provided
26 to a sexual assault survivor as a result of a sexual assault to

1 the Department of Healthcare and Family Services Sexual Assault
2 Emergency Treatment Program. The bill shall include:

3 (1) the name and date of birth of the sexual assault
4 survivor;

5 (2) the service provided;

6 (3) the charge of service;

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

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

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

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

18 If a sexual assault services voucher was not issued to a
19 sexual assault survivor by the treatment hospital, treatment
20 hospital with approved pediatric transfer, or approved
21 pediatric health care facility, then a health care
22 professional, ambulance provider, laboratory, or pharmacy may
23 submit a request to the Department of Healthcare and Family
24 Services Sexual Assault Emergency Treatment Program to issue a
25 sexual assault services voucher.

1 (410 ILCS 70/5.3 new)

2 Sec. 5.3. Pediatric sexual assault care.

3 (a) The General Assembly finds:

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

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

20 (3) Pediatric sexual assault survivors throughout the
21 State should have access to qualified medical providers who
22 have received specialized training regarding the care of
23 pediatric sexual assault survivors within a reasonable
24 distance from their home.

25 (4) There is a need in Illinois to increase the number
26 of qualified medical providers available to provide

1 medical forensic services to pediatric sexual assault
2 survivors.

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

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

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

1 transferred to a treatment hospital, the hospital emergency
2 department staff shall contact a treatment hospital designated
3 in the hospital's plan to arrange for the transfer of the
4 patient to the treatment hospital for medical forensic
5 services, which are to be initiated within 90 minutes of the
6 patient's arrival at the treatment hospital. The treatment
7 hospital shall provide medical forensic services and may not
8 transfer the patient to another facility. The pediatric sexual
9 assault survivor may be transported by ambulance, law
10 enforcement, or personal vehicle.

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

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

1 vehicle.

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

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

24 (410 ILCS 70/5.4 new)

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

1 (a) Except as provided in subsection (b) of this Section, a
2 transfer hospital, treatment hospital, treatment hospital with
3 approved pediatric transfer, or approved pediatric health care
4 facility may not transfer a sexual assault survivor to a
5 hospital located outside of Illinois for the purpose of
6 receiving medical forensic services. Nothing in this Section
7 shall prohibit the transfer of a patient in need of medical
8 services from a hospital that has been designated as a trauma
9 center by the Department in accordance with Section 3.90 of the
10 Emergency Medical Services (EMS) Systems Act.

11 (b) A transfer hospital, treatment hospital, or a treatment
12 hospital with approved pediatric transfer, or approved
13 pediatric health care facility located in a county adjacent to
14 the city of St. Louis, Missouri may transfer a pediatric sexual
15 assault survivor to an out-of-state hospital located in St.
16 Louis, Missouri, that has been designated as a trauma center by
17 the Department under Section 3.90 of the Emergency Medical
18 Services (EMS) Systems Act if the out-of-state hospital: (1)
19 submits an areawide treatment plan approved by the Department;
20 and (2) has certified the following to the Department in a form
21 and manner prescribed by the Department:

22 (i) that the out-of-state hospital will consent to the
23 jurisdiction of the Department in accordance with Section
24 2.06 of this Act;

25 (ii) that the out-of-state hospital will comply with
26 all requirements of this Act applicable to treatment

1 hospitals, including, but not limited to, offering
2 evidence collection to any Illinois pediatric sexual
3 assault survivor who presents with a complaint of sexual
4 assault within a minimum of the last 7 days or who has
5 disclosed past sexual assault by a specific individual and
6 was in the care of that individual within a minimum of the
7 last 7 days and not billing the sexual assault survivor for
8 medical forensic services or 90 days of follow-up
9 healthcare;

10 (iii) that the out-of-state hospital will use an
11 Illinois State Police Sexual Assault Evidence Collection
12 Kit to collect forensic evidence from an Illinois pediatric
13 sexual assault survivor; and

14 (iv) that the out-of-state hospital will ensure its
15 staff cooperates with Illinois law enforcement agencies
16 and are responsive to subpoenas issued by Illinois courts.

17 (410 ILCS 70/5.5)

18 Sec. 5.5. Minimum reimbursement requirements for follow-up
19 healthcare.

20 (a) Every hospital, pediatric health care facility, health
21 care professional, laboratory, or pharmacy that provides
22 follow-up healthcare to a sexual assault survivor, with the
23 consent of the sexual assault survivor and as ordered by the
24 attending physician, an advanced practice registered nurse, or
25 physician assistant shall be reimbursed for the follow-up

1 healthcare services provided. Follow-up healthcare services
2 include, but are not limited to, the following:

3 (1) a physical examination;

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

6 (3) appropriate medications, including HIV
7 prophylaxis, in accordance with the Centers for Disease
8 Control and Prevention's guidelines.

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

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

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

18 (410 ILCS 70/6.1) (from Ch. 111 1/2, par. 87-6.1)

19 Sec. 6.1. Minimum standards. The Department shall
20 prescribe minimum standards, rules, and regulations necessary
21 to implement this Act and the changes made by this amendatory
22 Act of the 100th General Assembly, which shall apply to every
23 hospital required to be licensed by the Department that
24 provides general medical and surgical hospital services and to
25 every approved pediatric health care facility. Such standards

1 shall include, but not be limited to, a uniform system for
2 recording results of medical examinations and all diagnostic
3 tests performed in connection therewith to determine the
4 condition and necessary treatment of sexual assault survivors,
5 which results shall be preserved in a confidential manner as
6 part of the hospital's or approved pediatric health care
7 facility's ~~hospital~~ record of the sexual assault survivor.

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

9 (410 ILCS 70/6.2) (from Ch. 111 1/2, par. 87-6.2)

10 Sec. 6.2. Assistance and grants. The Department shall
11 assist in the development and operation of programs which
12 provide medical ~~hospital emergency services~~ and forensic
13 services to sexual assault survivors, and, where necessary, to
14 provide grants to hospitals and approved pediatric health care
15 facilities for this purpose.

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

17 (410 ILCS 70/6.4) (from Ch. 111 1/2, par. 87-6.4)

18 Sec. 6.4. Sexual assault evidence collection program.

19 (a) There is created a statewide sexual assault evidence
20 collection program to facilitate the prosecution of persons
21 accused of sexual assault. This program shall be administered
22 by the Illinois State Police. The program shall consist of the
23 following: (1) distribution of sexual assault evidence
24 collection kits which have been approved by the Illinois State

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

24 (a-5) (Blank).

25 (b) The Illinois State Police shall administer a program to
26 train ~~hospitals and~~ hospital and approved pediatric health care

1 facility personnel participating in the sexual assault
2 evidence collection program, in the correct use and application
3 of the sexual assault evidence collection kits. ~~A sexual~~
4 ~~assault nurse examiner may conduct examinations using the~~
5 ~~sexual assault evidence collection kits, without the presence~~
6 ~~or participation of a physician.~~ The Department shall cooperate
7 with the Illinois State Police in this program as it pertains
8 to medical aspects of the evidence collection.

9 (c) (Blank). ~~In this Section, "sexual assault nurse~~
10 ~~examiner" means a registered nurse who has completed a sexual~~
11 ~~assault nurse examiner (SANE) training program that meets the~~
12 ~~Forensic Sexual Assault Nurse Examiner Education Guidelines~~
13 ~~established by the International Association of Forensic~~
14 ~~Nurses.~~

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

16 (410 ILCS 70/6.5)

17 Sec. 6.5. Written consent to the release of sexual assault
18 evidence for testing.

19 (a) Upon the completion of medical ~~hospital emergency~~
20 ~~services and~~ forensic services, the health care professional
21 providing the medical forensic services shall provide the
22 patient the opportunity to sign a written consent to allow law
23 enforcement to submit the sexual assault evidence for testing, l
24 if collected. The written consent shall be on a form included
25 in the sexual assault evidence collection kit and posted on the

1 Illinois State Police website. The consent form shall include
2 whether the survivor consents to the release of information
3 about the sexual assault to law enforcement.

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

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

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

22 (4) Any health care professional or, ~~including any~~
23 ~~physician, advanced practice registered nurse, physician~~
24 ~~assistant, or nurse, sexual assault nurse examiner, and any~~
25 health care institution, including any hospital or
26 approved pediatric health care facility, who provides

1 evidence or information to a law enforcement officer under
2 a written consent as specified in this Section is immune
3 from any civil or professional liability that might arise
4 from those actions, with the exception of willful or wanton
5 misconduct. The immunity provision applies only if all of
6 the requirements of this Section are met.

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

10 (c) If a written consent to allow law enforcement to hold
11 ~~test~~ the sexual assault evidence is ~~not~~ signed at the
12 completion of medical ~~hospital emergency services and~~ forensic
13 services, the hospital or approved pediatric health care
14 facility shall include the following information in its
15 discharge instructions:

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

20 (2) a person authorized to consent to the testing of
21 the sexual assault evidence may sign a written consent to
22 allow law enforcement to test the sexual assault evidence
23 at any time during that 5-year period for an adult victim,
24 or until a minor victim turns 23 years of age by (A)
25 contacting the law enforcement agency having jurisdiction,
26 or if unknown, the law enforcement agency contacted by the

1 hospital or approved pediatric health care facility under
2 Section 3.2 of the Criminal Identification Act; or (B) by
3 working with an advocate at a rape crisis center;

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

10 (4) the name and phone number of a local rape crisis
11 center.

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

13 (410 ILCS 70/6.6)

14 Sec. 6.6. Submission of sexual assault evidence.

15 (a) As soon as practicable, but in no event more than 4
16 hours after the completion of medical ~~hospital emergency~~
17 ~~services and~~ forensic services, the hospital or approved
18 pediatric health care facility shall make reasonable efforts to
19 determine the law enforcement agency having jurisdiction where
20 the sexual assault occurred, if sexual assault evidence was
21 collected. The hospital or approved pediatric health care
22 facility may obtain the name of the law enforcement agency with
23 jurisdiction from the local law enforcement agency.

24 (b) Within 4 hours after the completion of medical ~~hospital~~
25 ~~emergency services and~~ forensic services, the hospital or

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

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

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

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

19 (410 ILCS 70/7) (from Ch. 111 1/2, par. 87-7)

20 Sec. 7. Reimbursement.

21 (a) A hospital, approved pediatric health care facility, or
22 health care professional furnishing medical ~~hospital emergency~~
23 ~~services~~ ~~or~~ forensic services, an ambulance provider
24 furnishing transportation to a sexual assault survivor, a
25 hospital, health care professional, or laboratory providing

1 follow-up healthcare, or a pharmacy dispensing prescribed
2 medications to any sexual assault survivor shall furnish such
3 services or medications to that person without charge and shall
4 seek payment as follows:

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

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

1 allowable rates under the Illinois Public Aid Code. The
2 ambulance provider, hospital, approved pediatric health
3 care facility, health care professional, laboratory, or
4 pharmacy shall accept the amounts paid by the insurance
5 company or health coverage program and the Illinois Sexual
6 Assault Treatment Program as full payment.

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

20 (4) If a sexual assault survivor presents a sexual
21 assault services voucher for follow-up healthcare, the
22 healthcare professional, pediatric health care facility,
23 or laboratory that provides follow-up healthcare or the
24 pharmacy that dispenses prescribed medications to a sexual
25 assault survivor shall submit the request for
26 reimbursement for follow-up healthcare, pediatric health

1 care facility, laboratory, or pharmacy services to the
2 Illinois Sexual Assault Emergency Treatment Program under
3 the Department of Healthcare and Family Services in
4 accordance with 89 Ill. Adm. Code 148.510 at the Department
5 of Healthcare and Family Services' allowable rates under
6 the Illinois Public Aid Code. Nothing in this subsection
7 (a) precludes hospitals or approved pediatric health care
8 facilities from providing follow-up healthcare and
9 receiving reimbursement under this Section.

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

14 (c) (Blank).

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

21 (e) The Department of Healthcare and Family Services shall
22 establish standards, rules, and regulations to implement this
23 Section.

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

25 (410 ILCS 70/7.5)

1 Sec. 7.5. Prohibition on billing sexual assault survivors
2 directly for certain services; written notice; billing
3 protocols.

4 (a) A hospital, approved pediatric health care facility,
5 health care professional, ambulance provider, laboratory, or
6 pharmacy furnishing medical ~~hospital emergency services,~~
7 forensic services, transportation, follow-up healthcare, or
8 medication to a sexual assault survivor shall not:

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

14 (2) communicate with, harass, or intimidate the sexual
15 assault survivor for payment of services, including, but
16 not limited to, repeatedly calling or writing to the sexual
17 assault survivor and threatening to refer the matter to a
18 debt collection agency or to an attorney for collection,
19 enforcement, or filing of other process;

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

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

24 (5) take any other action adverse to the sexual assault
25 survivor or his or her family on account of providing
26 services to the sexual assault survivor.

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

5 (c) ~~Every~~ ~~Within 60 days after the effective date of this~~
6 ~~amendatory Act of the 99th General Assembly, every~~ hospital and
7 approved pediatric health care facility providing treatment
8 services to sexual assault survivors in accordance with a plan
9 approved under Section 2 of this Act shall provide a written
10 notice to a sexual assault survivor. The written notice must
11 include, but is not limited to, the following:

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

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

23 (3) a statement that prior to leaving the hospital or
24 approved pediatric health care facility ~~emergency~~
25 ~~department of the treating facility~~, the hospital or
26 approved pediatric health care facility ~~hospital~~ will give

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

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

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

11 (6) the toll-free phone number of the Office of the
12 Illinois Attorney General, Crime Victim Services Division,
13 which the sexual assault survivor may call should the
14 sexual assault survivor receive a bill from an ambulance
15 provider, approved pediatric health care facility, a
16 health care professional, a laboratory, or a pharmacy.

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

20 (d) Within 60 days after the effective date of this
21 amendatory Act of the 99th General Assembly, every health care
22 professional, except for those employed by a hospital or
23 hospital affiliate, as defined in the Hospital Licensing Act,
24 or those employed by a hospital operated under the University
25 of Illinois Hospital Act, who bills separately for medical
26 ~~hospital emergency services~~ or forensic services must develop a

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

18 Within 60 days after the Department's approval of a
19 treatment plan, an approved pediatric health care facility and
20 any health care professional employed by an approved pediatric
21 health care facility must develop a billing protocol that
22 ensures that no survivor of sexual assault is sent a bill for
23 any medical forensic services and submit the billing protocol
24 to the Crime Victim Services Division of the Office of the
25 Attorney General for approval.

26 The billing protocol must include at a minimum:

1 (1) a description of training for persons who prepare
2 bills for medical ~~hospital emergency services~~ and forensic
3 services;

4 (2) a written acknowledgement signed by a person who
5 has completed the training that the person will not bill
6 survivors of sexual assault;

7 (3) prohibitions on submitting any bill for any portion
8 of medical ~~hospital emergency services~~ or forensic
9 services provided to a survivor of sexual assault to a
10 collection agency;

11 (4) prohibitions on taking any action that would
12 adversely affect the credit of the survivor of sexual
13 assault;

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

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

19 The Crime Victim Services Division of the Office of the
20 Attorney General may provide a sample acceptable billing
21 protocol upon request.

22 The Office of the Attorney General shall approve a proposed
23 protocol if it finds that the implementation of the protocol
24 would result in no survivor of sexual assault being billed or
25 sent a bill for medical ~~hospital emergency services~~ or forensic
26 services.

1 If the Office of the Attorney General determines that
2 implementation of the protocol could result in the billing of a
3 survivor of sexual assault for medical ~~hospital emergency~~
4 ~~services~~ or forensic services, the Office of the Attorney
5 General shall provide the health care professional or approved
6 pediatric health care facility with a written statement of the
7 deficiencies in the protocol. The health care professional or
8 approved pediatric health care facility shall have 30 days to
9 submit a revised billing protocol addressing the deficiencies
10 to the Office of the Attorney General. The health care
11 professional or approved pediatric health care facility shall
12 implement the protocol upon approval by the Crime Victim
13 Services Division of the Office of the Attorney General.

14 The health care professional or approved pediatric health
15 care facility shall submit any proposed revision to or
16 modification of an approved billing protocol to the Crime
17 Victim Services Division of the Office of the Attorney General
18 for approval. The health care professional or approved
19 pediatric health care facility shall implement the revised or
20 modified billing protocol upon approval by the Crime Victim
21 Services Division of the Office of the Illinois Attorney
22 General.

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

24 (410 ILCS 70/8) (from Ch. 111 1/2, par. 87-8)

25 Sec. 8. Penalties.

1 (a) Any hospital or approved pediatric health care facility
2 violating any provisions of this Act other than Section 7.5
3 shall be guilty of a petty offense for each violation, and any
4 fine imposed shall be paid into the general corporate funds of
5 the city, incorporated town or village in which the hospital or
6 approved pediatric health care facility is located, or of the
7 county, in case such hospital is outside the limits of any
8 incorporated municipality.

9 (b) The Attorney General may seek the assessment of one or
10 more of the following civil monetary penalties in any action
11 filed under this Act where the hospital, approved pediatric
12 health care facility, health care professional, ambulance
13 provider, laboratory, or pharmacy knowingly violates Section
14 7.5 of the Act:

15 (1) For willful violations of paragraphs (1), (2), (4),
16 or (5) of subsection (a) of Section 7.5 or subsection (c)
17 of Section 7.5, the civil monetary penalty shall not exceed
18 \$500 per violation.

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

23 (3) For violations of paragraph (3) of subsection (a)
24 of Section 7.5, the civil monetary penalty shall not exceed
25 \$500 for each day the bill is with a collection agency.

26 (4) For violations involving the failure to submit

1 billing protocols within the time period required under
2 subsection (d) of Section 7.5, the civil monetary penalty
3 shall not exceed \$100 per day until the health care
4 professional or approved pediatric health care facility
5 complies with subsection (d) of Section 7.5.

6 All civil monetary penalties shall be deposited into the
7 Violent Crime Victims Assistance Fund.

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

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

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

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

14 (410 ILCS 70/9.5 new)

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

17 (a) The Sexual Assault Medical Forensic Services
18 Implementation Task Force is created to assist hospitals and
19 approved pediatric health care facilities with the
20 implementation of the changes made by this amendatory Act of
21 the 100th General Assembly. The Task Force shall consist of the
22 following members, who shall serve without compensation:

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

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

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

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

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

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

16 (7) one member representing the Department of State
17 Police appointed by the Director of State Police;

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

21 (9) six members representing hospitals appointed by
22 the head of a statewide organization representing the
23 interests of hospitals in Illinois, at least one of whom
24 shall represent small and rural hospitals and at least one
25 of these members shall represent urban hospitals;

26 (10) one member representing physicians appointed by

1 the head of a statewide organization representing the
2 interests of physicians in Illinois;

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

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

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

18 (14) two members representing sexual assault nurse
19 examiners appointed by the head of a statewide organization
20 representing the interests of forensic nurses in Illinois,
21 at least one of whom shall represent pediatric/adolescent
22 sexual assault nurse examiners and at least one of these
23 members shall represent adult/adolescent sexual assault
24 nurse examiners;

25 (15) one member representing State's Attorneys
26 appointed by the head of a statewide organization

1 representing the interests of State's Attorneys in
2 Illinois;

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

9 (17) one member representing children's advocacy
10 centers appointed by the head of a statewide organization
11 representing the interests of children's advocacy centers
12 in Illinois.

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

18 (b) The first meeting of the Task Force shall be called by
19 the co-chairpersons no later than 90 days after the effective
20 date of this Section.

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

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

26 (2) to facilitate the development of on-call systems of

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

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

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

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

18 (6) to examine the role of telemedicine in the
19 provision of medical forensic services under this Act and
20 to develop recommendations for statutory change and
21 standards and procedures for the use of telemedicine to be
22 adopted by the Department.

23 (d) This Section is repealed on January 1, 2021.

24 (410 ILCS 70/10 new)

25 Sec. 10. Sexual Assault Nurse Examiner Program.

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

8 (b) By March 1, 2019, the Sexual Assault Nurse Examiner
9 Program shall develop and make available to hospitals 4 hours
10 of online sexual assault training for emergency department
11 clinical staff to meet the training requirement established in
12 subsection (a) of Section 2. The Sexual Assault Nurse Examiner
13 Program shall obtain continuing medical education and
14 continuing education credits for this training, if possible.

15 The Sexual Assault Nurse Examiner Program shall provide
16 didactic and clinical training opportunities consistent with
17 the Sexual Assault Nurse Examiner Education Guidelines
18 established by the International Association of Forensic
19 Nurses to assist hospitals with employing or contracting with a
20 qualified medical provider to initiate medical forensic
21 services to a sexual assault survivor within 90 minutes of the
22 patient presenting to the hospital as required in subsection
23 (a-7) of Section 5.

24 The Sexual Assault Nurse Examiner Program shall assist
25 hospitals in establishing trainings to achieve the
26 requirements of this Act.

1 For the purpose of providing continuing medical education
2 credit in accordance with the Medical Practice Act of 1987 and
3 administrative rules adopted under the Medical Practice Act of
4 1987 and continuing education credit in accordance with the
5 Nurse Practice Act and administrative rules adopted under the
6 Nurse Practice Act to health care professionals for the
7 completion of sexual assault training provided by the Sexual
8 Assault Nurse Examiner Program under this Act, the Office of
9 the Attorney General shall be considered a State agency.

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

23 Section 99. Effective date. This Act takes effect January
24 1, 2019, except that this Section and the provisions adding
25 Section 9.5 to the Sexual Assault Survivors Emergency Treatment
26 Act take effect upon becoming law.