

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 training that meets or is
12 substantially similar to the Sexual Assault Nurse Examiner
13 Education Guidelines established by the International
14 Association of Forensic 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 pedsiatric 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, and
20 registered professional nurses providing clinical services,
21 who do not meet the definition of a qualified medical provider
22 in Section 1a of this Act, receive a minimum of 2 hours of
23 sexual assault training by July 1, 2020 or until the treatment
24 hospital or treatment hospital with approved pediatric
25 transfer certifies to the Department, in a form and manner
26 prescribed by the Department, that it employs or contracts with

1 a qualified medical provider in accordance with subsection
2 (a-7) of Section 5, whichever occurs first.

3 After July 1, 2020 or once a treatment hospital or a
4 treatment hospital with approved pediatric transfer certifies
5 compliance with subsection (a-7) of Section 5, whichever occurs
6 first, each treatment hospital and treatment hospital with
7 approved pediatric transfer shall ensure that emergency
8 department attending physicians, physician assistants,
9 advanced practice registered nurses, and registered
10 professional nurses providing clinical services, who do not
11 meet the definition of a qualified medical provider in Section
12 1a of this Act, receive a minimum of 2 hours of continuing
13 education on responding to sexual assault survivors every 2
14 years. Protocols for training shall be included in the
15 hospital's sexual assault treatment plan.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 evidence.

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

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

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

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

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

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

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

26 This information shall be made available on the

1 Department's website.

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

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

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

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

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

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

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

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

1 (410 ILCS 70/2.05 new)

2 Sec. 2.05. Department requirements.

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

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

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

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

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

19 (4) Each hospital and approved pediatric care facility
20 at which the periodic on-site review required by Section
21 2.05 of this Act has been conducted, including the date of
22 the on-site review and whether the hospital or approved
23 pediatric care facility was found to be in compliance with
24 its approved plan.

25 (5) Each areawide treatment plan submitted to the
26 Department pursuant to Section 3 of this Act, including

1 which treatment hospitals, treatment hospitals with
2 approved pediatric transfer, transfer hospitals and
3 approved pediatric health care facilities are identified
4 in each areawide treatment plan.

5 (c) The Department, in consultation with the Office of the
6 Attorney General, shall adopt administrative rules by January
7 1, 2020 establishing a process for physicians and physician
8 assistants to provide documentation of training and clinical
9 experience that meets or is substantially similar to the Sexual
10 Assault Nurse Examiner Education Guidelines established by the
11 International Association of Forensic Nurses in order to
12 qualify as a sexual assault forensic examiner.

13 (410 ILCS 70/2.06 new)

14 Sec. 2.06. Consent to jurisdiction. A pediatric health care
15 facility that submits a plan to the Department for approval
16 under Section 2 or an out-of-state hospital that submits an
17 areawide treatment plan in accordance with subsection (b) of
18 Section 5.4 consents to the jurisdiction and oversight of the
19 Department, including, but not limited to, inspections,
20 investigations, and evaluations arising out of complaints
21 relevant to this Act made to the Department. A pediatric health
22 care facility that submits a plan to the Department for
23 approval under Section 2 or an out-of-state hospital that
24 submits an areawide treatment plan in accordance with
25 subsection (b) of Section 5.4 shall be deemed to have given

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

23 (410 ILCS 70/2.1) (from Ch. 111 1/2, par. 87-2.1)

24 Sec. 2.1. Plan of correction; penalties.

25 (a) If the Department surveyor determines that the hospital

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

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

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

25 If an approved pediatric health care facility fails to
26 submit an acceptable Plan of Correction or to implement the

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

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

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

16 (410 ILCS 70/2.2)

17 Sec. 2.2. Emergency contraception.

18 (a) The General Assembly finds:

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

24 (2) Each year over 32,000 women become pregnant in the
25 United States as the result of rape and approximately 50%

1 of these pregnancies end in abortion.

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

6 (4) By providing emergency contraception to rape
7 victims in a timely manner, the trauma of rape can be
8 significantly reduced.

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

26 The hospital or approved pediatric health care facility

1 shall implement the protocol upon approval by the Department.
2 The Department shall adopt rules and regulations establishing
3 one or more safe harbor protocols and setting minimum
4 acceptable protocol standards that hospitals may develop and
5 implement. The Department shall approve any protocol that meets
6 those standards. The Department may provide a sample acceptable
7 protocol upon request.

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

9 (410 ILCS 70/3) (from Ch. 111 1/2, par. 87-3)

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

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

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

7 (410 ILCS 70/5) (from Ch. 111 1/2, par. 87-5)

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

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

20 Beginning January 1, 2022, a qualified medical provider
21 must provide the services set forth in subsection (a-5).

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

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

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

22 Records of medical forensic services of sexual assault
23 survivors under the age of 18 shall be retained by the
24 hospital for a period of 60 years after the sexual assault
25 survivor reaches the age of 18. Records of medical forensic
26 services of sexual assault survivors 18 years of age or

1 older shall be retained by the hospital for a period of 20
2 years after the date the record was created.

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

6 (1.5) An offer to complete the Illinois Sexual Assault
7 Evidence Collection Kit for any sexual assault survivor who
8 presents within a minimum of the last 7 days of the assault
9 or who has disclosed past sexual assault by a specific
10 individual and was in the care of that individual within a
11 minimum of the last 7 days.

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

23 Before January 1, 2022, the information required
24 under this subparagraph shall be provided in person by
25 the health care professional providing medical
26 forensic services directly to the sexual assault

1 survivor.

2 On and after January 1, 2022, the information
3 required under this subparagraph shall be provided in
4 person by the qualified medical provider providing
5 medical forensic services directly to the sexual
6 assault survivor.

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

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

18 (2) Appropriate ~~appropriate~~ oral and written
19 information concerning the possibility of infection,
20 sexually transmitted infection, including an evaluation of
21 the sexual assault survivor's risk of contracting human
22 immunodeficiency virus (HIV) from sexual assault, ~~disease~~
23 and pregnancy resulting from sexual assault.†

24 (3) Appropriate ~~appropriate~~ oral and written
25 information concerning accepted medical procedures,
26 laboratory tests, medication, and possible

1 contraindications of such medication available for the
2 prevention or treatment of infection or disease resulting
3 from sexual assault.~~†~~

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

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

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

26 (7) Referral ~~referral~~ by hospital or approved

1 pediatric health care facility personnel for appropriate
2 counseling. ~~and~~

3 (8) Medical advocacy services provided by a rape crisis
4 counselor whose communications are protected under Section
5 8-802.1 of the Code of Civil Procedure, if there is a
6 memorandum of understanding between the hospital or
7 approved pediatric health care facility and a rape crisis
8 center. With the consent of the sexual assault survivor, a
9 rape crisis counselor shall remain in the exam room during
10 the medical forensic examination. ~~when HIV prophylaxis is~~
11 ~~deemed appropriate, an initial dose or doses of HIV~~
12 ~~prophylaxis, along with written and oral instructions~~
13 ~~indicating the importance of timely follow-up healthcare.~~

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

17 (a-7) By January 1, 2022, every hospital with a treatment
18 plan approved by the Department shall employ or contract with a
19 qualified medical provider to initiate medical forensic
20 services to a sexual assault survivor within 90 minutes of the
21 patient presenting to the treatment hospital or treatment
22 hospital with approved pediatric transfer. The provision of
23 medical forensic services by a qualified medical provider shall
24 not delay the provision of life-saving medical care.

25 (b) Any person who is a sexual assault survivor who seeks
26 medical ~~emergency hospital services and forensic services or~~

1 follow-up healthcare under this Act shall be provided such
2 services without the consent of any parent, guardian,
3 custodian, surrogate, or agent. If a sexual assault survivor is
4 unable to consent to medical forensic services, the services
5 may be provided under the Consent by Minors to Medical
6 Procedures Act, the Health Care Surrogate Act, or other
7 applicable State and federal laws.

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

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

20 (Source: P.A. 99-173, eff. 7-29-15; 99-454, eff. 1-1-16;
21 99-642, eff. 7-28-16; 100-513, eff. 1-1-18.)

22 (410 ILCS 70/5.1 new)

23 Sec. 5.1. Storage, retention, and dissemination of photo
24 documentation relating to medical forensic services. Photo
25 documentation taken during a medical forensic examination

1 shall be maintained by the hospital or approved pediatric
2 health care facility as part of the patient's medical record.

3 Photo documentation shall be stored and backed up securely
4 in its original file format in accordance with facility
5 protocol. The facility protocol shall require limited access to
6 the images and be included in the sexual assault treatment plan
7 submitted to the Department.

8 Photo documentation of a sexual assault survivor under the
9 age of 18 shall be retained for a period of 60 years after the
10 sexual assault survivor reaches the age of 18. Photo
11 documentation of a sexual assault survivor 18 years of age or
12 older shall be retained for a period of 20 years after the
13 record was created.

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

1 Sec. 5.2. Sexual assault services voucher.

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

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

14 (1) Identification of employee positions responsible
15 for issuing sexual assault services vouchers.

16 (2) Identification of employee positions with access
17 to the Medical Electronic Data Interchange or successor
18 system.

19 (3) A statement to be signed by each employee of an
20 approved pediatric health care facility with access to the
21 Medical Electronic Data Interchange or successor system
22 affirming that the Medical Electronic Data Interchange or
23 successor system will only be used for the purpose of
24 issuing sexual assault services vouchers.

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

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

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

10 (1) the name and date of birth of the sexual assault
11 survivor;

12 (2) the service provided;

13 (3) the charge of service;

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

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

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

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

25 If a sexual assault services voucher was not issued to a
26 sexual assault survivor by the treatment hospital, treatment

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

7 (410 ILCS 70/5.3 new)

8 Sec. 5.3. Pediatric sexual assault care.

9 (a) The General Assembly finds:

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

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

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

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

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

17 If the transferring hospital confirms that medical
18 forensic services can be initiated within 90 minutes of the
19 patient's arrival at the approved pediatric health care
20 facility following an immediate transfer, then the hospital
21 emergency department staff shall notify the patient and
22 non-offending parent or legal guardian that the patient will be
23 transferred for medical forensic services and shall provide the
24 patient and non-offending parent or legal guardian the option
25 of being transferred to the approved pediatric health care
26 facility or the treatment hospital designated in the hospital's

1 plan. The pediatric sexual assault survivor may be transported
2 by ambulance, law enforcement, or personal vehicle.

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

18 (c) If a medically stable pediatric sexual assault survivor
19 presents at a treatment hospital that has a plan approved by
20 the Department requesting medical forensic services, then the
21 hospital emergency department staff shall contact an approved
22 pediatric health care facility, if one is designated in the
23 treatment hospital's areawide treatment plan.

24 If medical forensic services can be initiated within 90
25 minutes after the patient's arrival at the approved pediatric
26 health care facility following an immediate transfer, the

1 hospital emergency department staff shall provide the patient
2 and non-offending parent or legal guardian the option of having
3 medical forensic services performed at the treatment hospital
4 or at the approved pediatric health care facility. If the
5 patient or non-offending parent or legal guardian chooses to be
6 transferred, the pediatric sexual assault survivor may be
7 transported by ambulance, law enforcement, or personal
8 vehicle.

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

16 (d) If a pediatric sexual assault survivor presents at an
17 approved pediatric health care facility requesting medical
18 forensic services or the facility is contacted by law
19 enforcement or the Department of Children and Family Services
20 requesting medical forensic services for a pediatric sexual
21 assault survivor, the services shall be provided at the
22 facility if the medical forensic services can be initiated
23 within 90 minutes after the patient's arrival at the facility.
24 If medical forensic services cannot be initiated within 90
25 minutes after the patient's arrival at the facility, then the
26 patient shall be transferred to a treatment hospital designated

1 in the approved pediatric health care facility's plan for
2 medical forensic services. The pediatric sexual assault
3 survivor may be transported by ambulance, law enforcement, or
4 personal vehicle.

5 (410 ILCS 70/5.4 new)

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

7 (a) Nothing in this Section shall prohibit the transfer of
8 a patient in need of medical services from a hospital that has
9 been designated as a trauma center by the Department in
10 accordance with Section 3.90 of the Emergency Medical Services
11 (EMS) Systems Act.

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

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

24 (ii) comply with all requirements of this Act
25 applicable to treatment hospitals, including, but not

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

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

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

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

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

24 (410 ILCS 70/5.5)

25 Sec. 5.5. Minimum reimbursement requirements for follow-up

1 healthcare.

2 (a) Every hospital, pediatric health care facility, health
3 care professional, laboratory, or pharmacy that provides
4 follow-up healthcare to a sexual assault survivor, with the
5 consent of the sexual assault survivor and as ordered by the
6 attending physician, an advanced practice registered nurse, or
7 physician assistant shall be reimbursed for the follow-up
8 healthcare services provided. Follow-up healthcare services
9 include, but are not limited to, the following:

10 (1) a physical examination;

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

13 (3) appropriate medications, including HIV
14 prophylaxis, in accordance with the Centers for Disease
15 Control and Prevention's guidelines.

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

20 (c) Nothing in this Section requires a hospital, pediatric
21 health care facility, health care professional, laboratory, or
22 pharmacy to provide follow-up healthcare to a sexual assault
23 survivor.

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

25 (410 ILCS 70/6.1) (from Ch. 111 1/2, par. 87-6.1)

1 Sec. 6.1. Minimum standards. The Department shall
2 prescribe minimum standards, rules, and regulations necessary
3 to implement this Act and the changes made by this amendatory
4 Act of the 100th General Assembly, which shall apply to every
5 hospital required to be licensed by the Department that
6 provides general medical and surgical hospital services and to
7 every approved pediatric health care facility. Such standards
8 shall include, but not be limited to, a uniform system for
9 recording results of medical examinations and all diagnostic
10 tests performed in connection therewith to determine the
11 condition and necessary treatment of sexual assault survivors,
12 which results shall be preserved in a confidential manner as
13 part of the hospital's or approved pediatric health care
14 facility's ~~hospital~~ record of the sexual assault survivor.

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

16 (410 ILCS 70/6.2) (from Ch. 111 1/2, par. 87-6.2)

17 Sec. 6.2. Assistance and grants. The Department shall
18 assist in the development and operation of programs which
19 provide medical ~~hospital emergency services~~ and forensic
20 services to sexual assault survivors, and, where necessary, to
21 provide grants to hospitals and approved pediatric health care
22 facilities for this purpose.

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

24 (410 ILCS 70/6.4) (from Ch. 111 1/2, par. 87-6.4)

1 Sec. 6.4. Sexual assault evidence collection program.

2 (a) There is created a statewide sexual assault evidence
3 collection program to facilitate the prosecution of persons
4 accused of sexual assault. This program shall be administered
5 by the Illinois State Police. The program shall consist of the
6 following: (1) distribution of sexual assault evidence
7 collection kits which have been approved by the Illinois State
8 Police to hospitals and approved pediatric health care
9 facilities that request them, or arranging for such
10 distribution by the manufacturer of the kits, (2) collection of
11 the kits from hospitals and approved pediatric health care
12 facilities after the kits have been used to collect evidence,
13 (3) analysis of the collected evidence and conducting of
14 laboratory tests, (4) maintaining the chain of custody and
15 safekeeping of the evidence for use in a legal proceeding, and
16 (5) the comparison of the collected evidence with the genetic
17 marker grouping analysis information maintained by the
18 Department of State Police under Section 5-4-3 of the Unified
19 Code of Corrections and with the information contained in the
20 Federal Bureau of Investigation's National DNA database;
21 provided the amount and quality of genetic marker grouping
22 results obtained from the evidence in the sexual assault case
23 meets the requirements of both the Department of State Police
24 and the Federal Bureau of Investigation's Combined DNA Index
25 System (CODIS) policies. The standardized evidence collection
26 kit for the State of Illinois shall be the Illinois State

1 Police Sexual Assault Evidence Kit and shall include a written
2 consent form authorizing law enforcement to test the sexual
3 assault evidence and to provide law enforcement with details of
4 the sexual assault.

5 (a-5) (Blank).

6 (b) The Illinois State Police shall administer a program to
7 train ~~hospitals and hospital~~ and approved pediatric health care
8 facility personnel participating in the sexual assault
9 evidence collection program, in the correct use and application
10 of the sexual assault evidence collection kits. ~~A sexual~~
11 ~~assault nurse examiner may conduct examinations using the~~
12 ~~sexual assault evidence collection kits, without the presence~~
13 ~~or participation of a physician.~~ The Department shall cooperate
14 with the Illinois State Police in this program as it pertains
15 to medical aspects of the evidence collection.

16 (c) (Blank). ~~In this Section, "sexual assault nurse~~
17 ~~examiner" means a registered nurse who has completed a sexual~~
18 ~~assault nurse examiner (SANE) training program that meets the~~
19 ~~Forensic Sexual Assault Nurse Examiner Education Guidelines~~
20 ~~established by the International Association of Forensic~~
21 ~~Nurses.~~

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

23 (410 ILCS 70/6.5)

24 Sec. 6.5. Written consent to the release of sexual assault
25 evidence for testing.

1 (a) Upon the completion of medical ~~hospital emergency~~
2 ~~services and~~ forensic services, the health care professional
3 providing the medical forensic services shall provide the
4 patient the opportunity to sign a written consent to allow law
5 enforcement to submit the sexual assault evidence for testing,
6 if collected. The written consent shall be on a form included
7 in the sexual assault evidence collection kit and posted on the
8 Illinois State Police website. The consent form shall include
9 whether the survivor consents to the release of information
10 about the sexual assault to law enforcement.

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

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

18 (3) If the survivor is an adult who has a guardian of
19 the person, a health care surrogate, or an agent acting
20 under a health care power of attorney, the consent of the
21 guardian, surrogate, or agent is not required to release
22 evidence and information concerning the sexual assault or
23 sexual abuse. If the adult is unable to provide consent for
24 the release of evidence and information and a guardian,
25 surrogate, or agent under a health care power of attorney
26 is unavailable or unwilling to release the information,

1 then an investigating law enforcement officer may
2 authorize the release.

3 (4) Any health care professional ~~or, including any~~
4 ~~physician, advanced practice registered nurse, physician~~
5 ~~assistant, or nurse, sexual assault nurse examiner, and any~~
6 health care institution, including any hospital or
7 approved pediatric health care facility, who provides
8 evidence or information to a law enforcement officer under
9 a written consent as specified in this Section is immune
10 from any civil or professional liability that might arise
11 from those actions, with the exception of willful or wanton
12 misconduct. The immunity provision applies only if all of
13 the requirements of this Section are met.

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

17 (c) If a written consent to allow law enforcement to hold
18 ~~test~~ the sexual assault evidence is ~~not~~ signed at the
19 completion of medical ~~hospital emergency services and forensic~~
20 services, the hospital or approved pediatric health care
21 facility shall include the following information in its
22 discharge instructions:

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

1 (2) a person authorized to consent to the testing of
2 the sexual assault evidence may sign a written consent to
3 allow law enforcement to test the sexual assault evidence
4 at any time during that 5-year period for an adult victim,
5 or until a minor victim turns 23 years of age by (A)
6 contacting the law enforcement agency having jurisdiction,
7 or if unknown, the law enforcement agency contacted by the
8 hospital or approved pediatric health care facility under
9 Section 3.2 of the Criminal Identification Act; or (B) by
10 working with an advocate at a rape crisis center;

11 (3) the name, address, and phone number of the law
12 enforcement agency having jurisdiction, or if unknown the
13 name, address, and phone number of the law enforcement
14 agency contacted by the hospital or approved pediatric
15 health care facility under Section 3.2 of the Criminal
16 Identification Act; and

17 (4) the name and phone number of a local rape crisis
18 center.

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

20 (410 ILCS 70/6.6)

21 Sec. 6.6. Submission of sexual assault evidence.

22 (a) As soon as practicable, but in no event more than 4
23 hours after the completion of medical ~~hospital emergency~~
24 ~~services and~~ forensic services, the hospital or approved
25 pediatric health care facility shall make reasonable efforts to

1 determine the law enforcement agency having jurisdiction where
2 the sexual assault occurred, if sexual assault evidence was
3 collected. The hospital or approved pediatric health care
4 facility may obtain the name of the law enforcement agency with
5 jurisdiction from the local law enforcement agency.

6 (b) Within 4 hours after the completion of ~~medical hospital~~
7 ~~emergency services~~ and forensic services, the hospital or
8 approved pediatric health care facility shall notify the law
9 enforcement agency having jurisdiction that the hospital or
10 approved pediatric health care facility is in possession of
11 sexual assault evidence and the date and time the collection of
12 evidence was completed. The hospital or approved pediatric
13 health care facility shall document the notification in the
14 patient's medical records and shall include the agency
15 notified, the date and time of the notification and the name of
16 the person who received the notification. This notification to
17 the law enforcement agency having jurisdiction satisfies the
18 hospital's or approved pediatric health care facility's
19 requirement to contact its local law enforcement agency under
20 Section 3.2 of the Criminal Identification Act.

21 (c) If the law enforcement agency having jurisdiction has
22 not taken physical custody of sexual assault evidence within 5
23 days of the first contact by the hospital or approved pediatric
24 health care facility, the hospital or approved pediatric health
25 care facility shall renotify the law enforcement agency having
26 jurisdiction that the hospital or approved pediatric health

1 care facility is in possession of sexual assault evidence and
2 the date the sexual assault evidence was collected. The
3 hospital or approved pediatric health care facility shall
4 document the renotification in the patient's medical records
5 and shall include the agency notified, the date and time of the
6 notification and the name of the person who received the
7 notification.

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

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

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

2 Sec. 7. Reimbursement.

3 (a) A hospital, approved pediatric health care facility, or
4 health care professional furnishing medical ~~hospital emergency~~
5 ~~services~~ ~~or~~ forensic services, an ambulance provider
6 furnishing transportation to a sexual assault survivor, a
7 hospital, health care professional, or laboratory providing
8 follow-up healthcare, or a pharmacy dispensing prescribed
9 medications to any sexual assault survivor shall furnish such
10 services or medications to that person without charge and shall
11 seek payment as follows:

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

21 (2) If a sexual assault survivor is covered by one or
22 more policies of health insurance or is a beneficiary under
23 a public or private health coverage program, the ambulance
24 provider, hospital, approved pediatric health care
25 facility, health care professional, laboratory, or
26 pharmacy shall bill the insurance company or program. With

1 respect to such insured patients, applicable deductible,
2 co-pay, co-insurance, denial of claim, or any other
3 out-of-pocket insurance-related expense may be submitted
4 to the Illinois Sexual Assault Emergency Treatment Program
5 of the Department of Healthcare and Family Services in
6 accordance with 89 Ill. Adm. Code 148.510 for payment at
7 the Department of Healthcare and Family Services'
8 allowable rates under the Illinois Public Aid Code. The
9 ambulance provider, hospital, approved pediatric health
10 care facility, health care professional, laboratory, or
11 pharmacy shall accept the amounts paid by the insurance
12 company or health coverage program and the Illinois Sexual
13 Assault Treatment Program as full payment.

14 (3) If a sexual assault survivor is neither eligible to
15 receive benefits under the medical assistance program
16 under Article V of the Public Aid Code nor covered by a
17 policy of insurance or a public or private health coverage
18 program, the ambulance provider, hospital, approved
19 pediatric health care facility, health care professional,
20 laboratory, or pharmacy shall submit the request for
21 reimbursement to the Illinois Sexual Assault Emergency
22 Treatment Program under the Department of Healthcare and
23 Family Services in accordance with 89 Ill. Adm. Code
24 148.510 at the Department of Healthcare and Family
25 Services' allowable rates under the Illinois Public Aid
26 Code.

1 (4) If a sexual assault survivor presents a sexual
2 assault services voucher for follow-up healthcare, the
3 healthcare professional, pediatric health care facility,
4 or laboratory that provides follow-up healthcare or the
5 pharmacy that dispenses prescribed medications to a sexual
6 assault survivor shall submit the request for
7 reimbursement for follow-up healthcare, pediatric health
8 care facility, laboratory, or pharmacy services to the
9 Illinois Sexual Assault Emergency Treatment Program under
10 the Department of Healthcare and Family Services in
11 accordance with 89 Ill. Adm. Code 148.510 at the Department
12 of Healthcare and Family Services' allowable rates under
13 the Illinois Public Aid Code. Nothing in this subsection
14 (a) precludes hospitals or approved pediatric health care
15 facilities from providing follow-up healthcare and
16 receiving reimbursement under this Section.

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

21 (c) (Blank).

22 (d) On and after July 1, 2012, the Department shall reduce
23 any rate of reimbursement for services or other payments or
24 alter any methodologies authorized by this Act or the Illinois
25 Public Aid Code to reduce any rate of reimbursement for
26 services or other payments in accordance with Section 5-5e of

1 the Illinois Public Aid Code.

2 (e) The Department of Healthcare and Family Services shall
3 establish standards, rules, and regulations to implement this
4 Section.

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

6 (410 ILCS 70/7.5)

7 Sec. 7.5. Prohibition on billing sexual assault survivors
8 directly for certain services; written notice; billing
9 protocols.

10 (a) A hospital, approved pediatric health care facility,
11 health care professional, ambulance provider, laboratory, or
12 pharmacy furnishing medical ~~hospital emergency services,~~
13 forensic services, transportation, follow-up healthcare, or
14 medication to a sexual assault survivor shall not:

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

20 (2) communicate with, harass, or intimidate the sexual
21 assault survivor for payment of services, including, but
22 not limited to, repeatedly calling or writing to the sexual
23 assault survivor and threatening to refer the matter to a
24 debt collection agency or to an attorney for collection,
25 enforcement, or filing of other process;

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

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

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

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

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

19 (1) a statement that the sexual assault survivor should
20 not be directly billed by any ambulance provider providing
21 transportation services, or by any hospital, approved
22 pediatric health care facility, health care professional,
23 laboratory, or pharmacy for the services the sexual assault
24 survivor received as an outpatient at the hospital or
25 approved pediatric health care facility;

26 (2) a statement that a sexual assault survivor who is

1 admitted to a hospital may be billed for inpatient services
2 provided by a hospital, health care professional,
3 laboratory, or pharmacy;

4 (3) a statement that prior to leaving the hospital or
5 approved pediatric health care facility ~~emergency~~
6 ~~department of the treating facility~~, the hospital or
7 approved pediatric health care facility ~~hospital~~ will give
8 the sexual assault survivor a sexual assault services
9 voucher for follow-up healthcare if the sexual assault
10 survivor is eligible to receive a sexual assault services
11 voucher;

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

14 (5) a phone number the sexual assault survivor may call
15 should the sexual assault survivor receive a bill from the
16 hospital or approved pediatric health care facility for
17 medical ~~hospital emergency services and~~ forensic services;

18 (6) the toll-free phone number of the Office of the
19 Illinois Attorney General, Crime Victim Services Division,
20 which the sexual assault survivor may call should the
21 sexual assault survivor receive a bill from an ambulance
22 provider, approved pediatric health care facility, a
23 health care professional, a laboratory, or a pharmacy.

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

1 (d) Within 60 days after the effective date of this
2 amendatory Act of the 99th General Assembly, every health care
3 professional, except for those employed by a hospital or
4 hospital affiliate, as defined in the Hospital Licensing Act,
5 or those employed by a hospital operated under the University
6 of Illinois Hospital Act, who bills separately for medical
7 ~~hospital emergency services~~ or forensic services must develop a
8 billing protocol that ensures that no survivor of sexual
9 assault will be sent a bill for any medical ~~hospital emergency~~
10 ~~services or~~ forensic services and submit the billing protocol
11 to the Crime Victim Services Division of the Office of the
12 Attorney General for approval. Within 60 days after the
13 commencement of the provision of medical forensic services,
14 every health care professional, except for those employed by a
15 hospital or hospital affiliate, as defined in the Hospital
16 Licensing Act, or those employed by a hospital operated under
17 the University of Illinois Hospital Act, who bills separately
18 for medical or forensic services must develop a billing
19 protocol that ensures that no survivor of sexual assault is
20 sent a bill for any medical forensic services and submit the
21 billing protocol to the Crime Victim Services Division of the
22 Office of the Attorney General for approval. Health care
23 professionals who bill as a legal entity may submit a single
24 billing protocol for the billing entity.

25 Within 60 days after the Department's approval of a
26 treatment plan, an approved pediatric health care facility and

1 any health care professional employed by an approved pediatric
2 health care facility must develop a billing protocol that
3 ensures that no survivor of sexual assault is sent a bill for
4 any medical forensic services and submit the billing protocol
5 to the Crime Victim Services Division of the Office of the
6 Attorney General for approval.

7 The billing protocol must include at a minimum:

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

11 (2) a written acknowledgement signed by a person who
12 has completed the training that the person will not bill
13 survivors of sexual assault;

14 (3) prohibitions on submitting any bill for any portion
15 of medical ~~hospital emergency services~~ or forensic
16 services provided to a survivor of sexual assault to a
17 collection agency;

18 (4) prohibitions on taking any action that would
19 adversely affect the credit of the survivor of sexual
20 assault;

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

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

26 The Crime Victim Services Division of the Office of the

1 Attorney General may provide a sample acceptable billing
2 protocol upon request.

3 The Office of the Attorney General shall approve a proposed
4 protocol if it finds that the implementation of the protocol
5 would result in no survivor of sexual assault being billed or
6 sent a bill for medical ~~hospital emergency services or~~ forensic
7 services.

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

21 The health care professional or approved pediatric health
22 care facility shall submit any proposed revision to or
23 modification of an approved billing protocol to the Crime
24 Victim Services Division of the Office of the Attorney General
25 for approval. The health care professional or approved
26 pediatric health care facility shall implement the revised or

1 modified billing protocol upon approval by the Crime Victim
2 Services Division of the Office of the Illinois Attorney
3 General.

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

5 (410 ILCS 70/8) (from Ch. 111 1/2, par. 87-8)

6 Sec. 8. Penalties.

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

15 (b) The Attorney General may seek the assessment of one or
16 more of the following civil monetary penalties in any action
17 filed under this Act where the hospital, approved pediatric
18 health care facility, health care professional, ambulance
19 provider, laboratory, or pharmacy knowingly violates Section
20 7.5 of the Act:

21 (1) For willful violations of paragraphs (1), (2), (4),
22 or (5) of subsection (a) of Section 7.5 or subsection (c)
23 of Section 7.5, the civil monetary penalty shall not exceed
24 \$500 per violation.

25 (2) For violations of paragraphs (1), (2), (4), or (5)

1 of subsection (a) of Section 7.5 or subsection (c) of
2 Section 7.5 involving a pattern or practice, the civil
3 monetary penalty shall not exceed \$500 per violation.

4 (3) For violations of paragraph (3) of subsection (a)
5 of Section 7.5, the civil monetary penalty shall not exceed
6 \$500 for each day the bill is with a collection agency.

7 (4) For violations involving the failure to submit
8 billing protocols within the time period required under
9 subsection (d) of Section 7.5, the civil monetary penalty
10 shall not exceed \$100 per day until the health care
11 professional or approved pediatric health care facility
12 complies with subsection (d) of Section 7.5.

13 All civil monetary penalties shall be deposited into the
14 Violent Crime Victims Assistance Fund.

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

16 (410 ILCS 70/9) (from Ch. 111 1/2, par. 87-9)

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

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

21 (410 ILCS 70/9.5 new)

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

24 (a) The Sexual Assault Medical Forensic Services

1 Implementation Task Force is created to assist hospitals and
2 approved pediatric health care facilities with the
3 implementation of the changes made by this amendatory Act of
4 the 100th General Assembly. The Task Force shall consist of the
5 following members, who shall serve without compensation:

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

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

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

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

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

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

23 (7) one member representing the Department of State
24 Police appointed by the Director of State Police;

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

1 Healthcare and Family Services;

2 (9) six members representing hospitals appointed by
3 the head of a statewide organization representing the
4 interests of hospitals in Illinois, at least one of whom
5 shall represent small and rural hospitals and at least one
6 of these members shall represent urban hospitals;

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

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

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

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

25 (14) two members representing sexual assault nurse
26 examiners appointed by the head of a statewide organization

1 representing the interests of forensic nurses in Illinois,
2 at least one of whom shall represent pediatric/adolescent
3 sexual assault nurse examiners and at least one of these
4 members shall represent adult/adolescent sexual assault
5 nurse examiners;

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

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

16 (17) one member representing children's advocacy
17 centers appointed by the head of a statewide organization
18 representing the interests of children's advocacy centers
19 in Illinois.

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

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

1 date of this Section.

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

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

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

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

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

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

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

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

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

12 (8) to submit a report to the General Assembly by
13 January 1, 2023 regarding the status of implementation of
14 this amendatory Act of the 100th General Assembly,
15 including, but not limited to, the impact of transfers to
16 out-of-state hospitals on sexual assault survivors and the
17 availability of treatment hospitals in Illinois; the
18 report to the General Assembly shall be filed with the
19 Clerk of the House of Representatives and the Secretary of
20 the Senate in electronic form only, in the manner that the
21 Clerk and the Secretary shall direct.

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

23 (410 ILCS 70/10 new)

24 Sec. 10. Sexual Assault Nurse Examiner Program.

25 (a) The Sexual Assault Nurse Examiner Program is

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

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

17 The Sexual Assault Nurse Examiner Program shall provide
18 didactic and clinical training opportunities consistent with
19 the Sexual Assault Nurse Examiner Education Guidelines
20 established by the International Association of Forensic
21 Nurses, in sufficient numbers and geographical locations
22 across the State, to assist hospitals with training the
23 necessary number of sexual assault nurse examiners to comply
24 with the requirement of this Act to employ or contract with a
25 qualified medical provider to initiate medical forensic
26 services to a sexual assault survivor within 90 minutes of the

1 patient presenting to the hospital as required in subsection
2 (a-7) of Section 5.

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

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

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

1 Office of the Attorney General's website.

2 Section 99. Effective date. This Act takes effect January
3 1, 2019, except that this Section and the provisions adding
4 Section 9.5 to the Sexual Assault Survivors Emergency Treatment
5 Act take effect upon becoming law.