



Sen. Julie A. Morrison

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LRB100 20715 MJP 40025 a

1 AMENDMENT TO HOUSE BILL 5245

2 AMENDMENT NO. _____. Amend House Bill 5245 by replacing
3 everything after the enacting clause with the following:

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.

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

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

16 "Board-certified child abuse pediatrician" means a
17 physician certified by the American Board of Pediatrics in
18 child abuse pediatrics.

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

23 "Department" means the Department of Public Health.

24 "Emergency contraception" means medication as approved by
25 the federal Food and Drug Administration (FDA) that can
26 significantly reduce the risk of pregnancy if taken within 72

1 hours after sexual assault.

2 "Follow-up healthcare" means healthcare services related
3 to a sexual assault, including laboratory services and pharmacy
4 services, rendered within 90 days of the initial visit for
5 medical forensic hospital emergency services.

6 ~~"Forensic services" means the collection of evidence
7 pursuant to a statewide sexual assault evidence collection
8 program administered by the Department of State Police, using
9 the Illinois State Police Sexual Assault Evidence Collection
10 Kit.~~

11 "Health care professional" means a physician, a physician
12 assistant, a sexual assault forensic examiner, or an advanced
13 practice registered nurse, a registered professional nurse, a
14 licensed practical nurse, or a sexual assault nurse examiner.

15 "Hospital" means a hospital licensed under the Hospital
16 Licensing Act or operated under the University of Illinois
17 Hospital Act, any outpatient center included in the hospital's
18 sexual assault treatment plan where hospital employees provide
19 medical forensic services, and an out-of-state hospital that
20 has consented to the jurisdiction of the Department under
21 Section 2.06 has the meaning given to that term in the Hospital
22 Licensing Act.

23 ~~"Hospital emergency services" means healthcare delivered
24 to outpatients within or under the care and supervision of
25 personnel working in a designated emergency department of a
26 hospital, including, but not limited to, care ordered by such~~

1 ~~personnel for a sexual assault survivor in the emergency~~
2 ~~department.~~

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

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

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

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

1 and care for sexually transmitted infection and human
2 immunodeficiency virus (HIV), pregnancy risk evaluation and
3 care, and discharge and follow-up healthcare planning.

4 "Pediatric health care facility" means a clinic or
5 physician's office that provides medical services to pediatric
6 patients.

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

10 "Photo documentation" means digital photographs or
11 colposcope videos stored and backed-up securely in the original
12 file format.

13 ~~"Nurse" means a nurse licensed under the Nurse Practice~~
14 ~~Act.~~

15 "Physician" means a person licensed to practice medicine in
16 all its branches.

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

19 "Prepubescent sexual assault survivor" means a female who
20 is under the age of 18 years and has not had a first menstrual
21 cycle or a male who is under the age of 18 years and has not
22 started to develop secondary sex characteristics who presents
23 for medical forensic services in relation to injuries or trauma
24 resulting from a sexual assault.

25 "Qualified medical provider" means a board-certified child
26 abuse pediatrician, board-eligible child abuse pediatrician, a

1 sexual assault forensic examiner, or a sexual assault nurse
2 examiner who has access to photo documentation tools, and who
3 participates in peer review.

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

6 "Sexual assault" means:

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

10 (2) any act of sexual penetration; as used in this
11 paragraph, "sexual penetration" has the meaning provided
12 under Section 11-0.1 of the Criminal Code of 2012 and
13 includes, ~~or sexual penetration, as defined in Section~~
14 ~~11-0.1 of the Criminal Code of 2012, including,~~ without
15 limitation, acts prohibited under Sections 11-1.20 through
16 11-1.60 of the Criminal Code of 2012.

17 "Sexual assault forensic examiner" means a physician or
18 physician assistant who has completed training that meets or is
19 substantially similar to the Sexual Assault Nurse Examiner
20 Education Guidelines established by the International
21 Association of Forensic Nurses.

22 "Sexual assault nurse examiner" means an advanced practice
23 registered nurse or registered professional nurse who has
24 completed a sexual assault nurse examiner training program that
25 meets the Sexual Assault Nurse Examiner Education Guidelines
26 established by the International Association of Forensic

1 Nurses.

2 "Sexual assault services voucher" means a document
3 generated by a hospital or approved pediatric health care
4 facility at the time the sexual assault survivor receives
5 outpatient medical forensic services that may be used to seek
6 payment for any ambulance services, medical forensic services,
7 laboratory services, pharmacy services, and follow-up
8 healthcare provided as a result of the sexual assault.

9 "Sexual assault survivor" means a person who presents for
10 medical forensic hospital emergency services in relation to
11 injuries or trauma resulting from a sexual assault.

12 "Sexual assault transfer plan" means a written plan
13 developed by a hospital and approved by the Department, which
14 describes the hospital's procedures for transferring sexual
15 assault survivors to another hospital, and an approved
16 pediatric health care facility, if applicable, in order to
17 receive medical forensic services ~~emergency treatment~~.

18 "Sexual assault treatment plan" means a written plan
19 ~~developed by a hospital~~ that describes the ~~hospital's~~
20 procedures and protocols for providing medical ~~hospital~~
21 ~~emergency services~~ and forensic services to sexual assault
22 survivors who present themselves for such services, either
23 directly or through transfer from a ~~another~~ hospital or an
24 approved pediatric health care facility.

25 "Transfer hospital" means a hospital with a sexual assault
26 transfer plan approved by the Department.

1 "Transfer services" means the appropriate medical
2 screening examination and necessary stabilizing treatment
3 prior to the transfer of a sexual assault survivor to a
4 hospital or an approved pediatric health care facility that
5 provides medical ~~hospital emergency services~~ and forensic
6 services to sexual assault survivors pursuant to a sexual
7 assault treatment plan or areawide sexual assault treatment
8 plan.

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

16 "Treatment hospital with approved pediatric transfer"
17 means a hospital with a treatment plan approved by the
18 Department to provide medical forensic services to sexual
19 assault survivors 13 years old or older who present with a
20 complaint of sexual assault within a minimum of the last 7 days
21 or who have disclosed past sexual assault by a specific
22 individual and were in the care of that individual within a
23 minimum of the last 7 days.

24 ~~"Voucher" means a document generated by a hospital at the~~
25 ~~time the sexual assault survivor receives hospital emergency~~
26 ~~and forensic services that a sexual assault survivor may~~

1 ~~present to providers for follow-up healthcare.~~

2 (Source: P.A. 99-454, eff. 1-1-16; 99-801, eff. 1-1-17;
3 100-513, eff. 1-1-18.)

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

5 Sec. 2. Hospital and approved pediatric health care
6 facility requirements for sexual assault plans.

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

22 In addition, every such hospital, regardless of whether or
23 not a request is made for reimbursement, shall submit to the
24 Department a plan to provide either (i) transfer services to
25 all sexual assault survivors, ~~or~~ (ii) medical hospital

1 ~~emergency services and forensic services to all sexual assault~~
2 ~~survivors, or (iii) transfer services to pediatric sexual~~
3 ~~assault survivors and medical forensic services to sexual~~
4 ~~assault survivors 13 years old or older. Such plan shall be~~
5 ~~submitted within 60 days after receipt of the Department's~~
6 ~~request for this plan, to the Department for approval prior to~~
7 ~~such plan becoming effective. The Department shall approve such~~
8 ~~plan for either (i) transfer services to all sexual assault~~
9 ~~survivors, ~~or~~ (ii) medical hospital emergency services and~~
10 ~~forensic services to all sexual assault survivors, or (iii)~~
11 ~~transfer services to pediatric sexual assault survivors and~~
12 ~~medical forensic services to sexual assault survivors 13 years~~
13 ~~old or older, if it finds that the implementation of the~~
14 ~~proposed plan would provide ~~adequate~~ (i) transfer services or~~
15 ~~(ii) medical hospital emergency services and forensic services~~
16 ~~for sexual assault survivors in accordance with the~~
17 ~~requirements of this Act and provide sufficient protections~~
18 ~~from the risk of pregnancy to sexual assault survivors.~~

19 The Department may not approve a sexual assault transfer
20 plan unless a treatment hospital has agreed, as a part of an
21 areawide treatment plan, to accept sexual assault survivors
22 from the proposed transfer hospital and a transfer to the
23 treatment hospital would not unduly burden the sexual assault
24 survivor.

25 In counties with a population of less than 1,000,000, the
26 Department may not approve a sexual assault transfer plan for a

1 hospital located within a 20-mile radius of a 4-year public
2 university, not including community colleges, unless there is a
3 treatment hospital with a sexual assault treatment plan
4 approved by the Department within a 20-mile radius of the
5 4-year public university.

6 A transfer must be in accordance with federal and State
7 laws and local ordinances.

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

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

23 Beginning January 1, 2019, each treatment hospital and
24 treatment hospital with approved pediatric transfer shall
25 ensure that emergency department attending physicians,
26 physician assistants, advanced practice registered nurses, and

1 registered professional nurses providing clinical services,
2 who do not meet the definition of a qualified medical provider
3 in Section 1a of this Act, receive a minimum of 2 hours of
4 sexual assault training by July 1, 2020 or until the treatment
5 hospital or treatment hospital with approved pediatric
6 transfer certifies to the Department, in a form and manner
7 prescribed by the Department, that it employs or contracts with
8 a qualified medical provider in accordance with subsection
9 (a-7) of Section 5, whichever occurs first.

10 After July 1, 2020 or once a treatment hospital or a
11 treatment hospital with approved pediatric transfer certifies
12 compliance with subsection (a-7) of Section 5, whichever occurs
13 first, each treatment hospital and treatment hospital with
14 approved pediatric transfer shall ensure that emergency
15 department attending physicians, physician assistants,
16 advanced practice registered nurses, and registered
17 professional nurses providing clinical services, who do not
18 meet the definition of a qualified medical provider in Section
19 1a of this Act, receive a minimum of 2 hours of continuing
20 education on responding to sexual assault survivors every 2
21 years. Protocols for training shall be included in the
22 hospital's sexual assault treatment plan.

23 Sexual assault training provided under this subsection may
24 be provided in person or online and shall include, but not be
25 limited to:

26 (1) information provided on the provision of medical

1 forensic services;

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

4 (3) information on sexual assault epidemiology,
5 neurobiology of trauma, drug-facilitated sexual assault,
6 child sexual abuse, and Illinois sexual assault-related
7 laws; and

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

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

13 (b) An approved pediatric health care facility may provide
14 medical forensic services, in accordance with rules adopted by
15 the Department, to all pediatric sexual assault survivors who
16 present for medical forensic services in relation to injuries
17 or trauma resulting from a sexual assault. These services shall
18 be provided by a qualified medical provider.

19 A pediatric health care facility must participate in or
20 submit an areawide treatment plan under Section 3 of this Act
21 that includes a treatment hospital. If a pediatric health care
22 facility does not provide certain medical or surgical services
23 that are provided by hospitals, the areawide sexual assault
24 treatment plan must include a procedure for ensuring a sexual
25 assault survivor in need of such medical or surgical services
26 receives the services at the treatment hospital. The areawide

1 treatment plan may also include a treatment hospital with
2 approved pediatric transfer.

3 The Department shall review a proposed sexual assault
4 treatment plan submitted by a pediatric health care facility
5 within 60 days after receipt of the plan. If the Department
6 finds that the proposed plan meets the minimum requirements set
7 forth in Section 5 of this Act and that implementation of the
8 proposed plan would provide medical forensic services for
9 pediatric sexual assault survivors, then the Department shall
10 approve the plan. If the Department does not approve a plan,
11 then the Department shall notify the pediatric health care
12 facility that the proposed plan has not been approved. The
13 pediatric health care facility shall have 30 days to submit a
14 revised plan. The Department shall review the revised plan
15 within 30 days after receipt of the plan and notify the
16 pediatric health care facility whether the revised plan is
17 approved or rejected. A pediatric health care facility may not
18 provide medical forensic services to pediatric sexual assault
19 survivors who present with a complaint of sexual assault within
20 a minimum of the last 7 days or who have disclosed past sexual
21 assault by a specific individual and were in the care of that
22 individual within a minimum of the last 7 days until the
23 Department has approved a treatment plan.

24 If an approved pediatric health care facility is not open
25 24 hours a day, 7 days a week, it shall post signage at each
26 public entrance to its facility that:

- 1 (1) is at least 14 inches by 14 inches in size;
- 2 (2) directs those seeking services as follows: "If
3 closed, call 911 for services or go to the closest hospital
4 emergency department, (insert name) located at (insert
5 address).";
- 6 (3) lists the approved pediatric health care
7 facility's hours of operation;
- 8 (4) lists the street address of the building;
- 9 (5) has a black background with white bold capital
10 lettering in a clear and easy to read font that is at least
11 72-point type, and with "call 911" in at least 125-point
12 type;
- 13 (6) is posted clearly and conspicuously on or adjacent
14 to the door at each entrance and, if building materials
15 allow, is posted internally for viewing through glass; if
16 posted externally, the sign shall be made of
17 weather-resistant and theft-resistant materials,
18 non-removable, and adhered permanently to the building;
19 and
- 20 (7) has lighting that is part of the sign itself or is
21 lit with a dedicated light that fully illuminates the sign.
- 22 A copy of the proposed sign must be submitted to the
23 Department and approved as part of the approved pediatric
24 health care facility's sexual assault treatment plan.
- 25 (c) Each treatment hospital, treatment hospital with
26 approved pediatric transfer, and approved pediatric health

1 care facility must enter into a memorandum of understanding
2 with a rape crisis center for medical advocacy services, if
3 these services are available to the treatment hospital,
4 treatment hospital with approved pediatric transfer, or
5 approved pediatric health care facility. With the consent of
6 the sexual assault survivor, a rape crisis counselor shall
7 remain in the exam room during the collection for forensic
8 evidence.

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

17 (e) Each treatment hospital, treatment hospital with
18 approved pediatric transfer, and approved pediatric health
19 care facility shall submit to the Department every 6 months, in
20 a manner prescribed by the Department, the following
21 information:

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

24 (2) The total number of Illinois Sexual Assault
25 Evidence Collection Kits:

26 (A) offered to (i) all sexual assault survivors and

1 (ii) pediatric sexual assault survivors pursuant to
2 paragraph (1.5) of subsection (a-5) of Section 5;

3 (B) completed for (i) all sexual assault survivors
4 and (ii) pediatric sexual assault survivors; and

5 (C) declined by (i) all sexual assault survivors
6 and (ii) pediatric sexual assault survivors.

7 This information shall be made available on the
8 Department's website.

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

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

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

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

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

26 ~~(4) A list of hospitals at which the periodic site~~

1 ~~review required by this Act has been conducted.~~
2 ~~When a hospital listed as noncompliant under item (3) of this~~
3 ~~Section submits and implements the required Plan of Correction,~~
4 ~~the Department shall immediately update the report on its~~
5 ~~Internet website to reflect that hospital's compliance.~~

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

7 (410 ILCS 70/2.05 new)

8 Sec. 2.05. Department requirements.

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

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

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

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

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

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

26 (4) Each hospital and approved pediatric care facility

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

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

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

20 (410 ILCS 70/2.06 new)

21 Sec. 2.06. Consent to jurisdiction. A pediatric health care
22 facility that submits a plan to the Department for approval
23 under Section 2 or an out-of-state hospital that submits an
24 areawide treatment plan in accordance with subsection (b) of
25 Section 5.4 consents to the jurisdiction and oversight of the

1 Department, including, but not limited to, inspections,
2 investigations, and evaluations arising out of complaints
3 relevant to this Act made to the Department. A pediatric health
4 care facility that submits a plan to the Department for
5 approval under Section 2 or an out-of-state hospital that
6 submits an areawide treatment plan in accordance with
7 subsection (b) of Section 5.4 shall be deemed to have given
8 consent to annual inspections, surveys, or evaluations
9 relevant to this Act by properly identified personnel of the
10 Department or by such other properly identified persons,
11 including local health department staff, as the Department may
12 designate. In addition, representatives of the Department
13 shall have access to and may reproduce or photocopy any books,
14 records, and other documents maintained by the pediatric health
15 care facility or the facility's representatives or the
16 out-of-state hospital or the out-of-state hospital's
17 representative to the extent necessary to carry out this Act.
18 No representative, agent, or person acting on behalf of the
19 pediatric health care facility or out-of-state hospital in any
20 manner shall intentionally prevent, interfere with, or attempt
21 to impede in any way any duly authorized investigation and
22 enforcement of this Act. The Department shall have the power to
23 adopt rules to carry out the purpose of regulating a pediatric
24 health care facility or out-of-state hospital. In carrying out
25 oversight of a pediatric health care facility or an
26 out-of-state hospital, the Department shall respect the

1 confidentiality of all patient records, including by complying
2 with the patient record confidentiality requirements set out in
3 Section 6.14b of the Hospital Licensing Act.

4 (410 ILCS 70/2.1) (from Ch. 111 1/2, par. 87-2.1)

5 Sec. 2.1. Plan of correction; penalties.

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

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

25 (b) The failure of a hospital to submit an acceptable Plan

1 of Correction or to implement the Plan of Correction, within
2 the time frames required in this Section, will subject a
3 hospital to the imposition of a fine by the Department. The
4 Department may impose a fine of up to \$500 per day until a
5 hospital complies with the requirements of this Section.

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

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

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

23 (410 ILCS 70/2.2)

24 Sec. 2.2. Emergency contraception.

25 (a) The General Assembly finds:

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

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

9 (3) As approved for use by the Federal Food and Drug
10 Administration (FDA), emergency contraception can
11 significantly reduce the risk of pregnancy if taken within
12 72 hours after the sexual assault.

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

16 (b) ~~Every~~ Within 120 days after the effective date of this
17 ~~amendatory Act of the 92nd General Assembly, every~~ hospital or
18 approved pediatric health care facility providing services to
19 sexual assault survivors in accordance with a plan approved
20 under Section 2 must develop a protocol that ensures that each
21 survivor of sexual assault will receive medically and factually
22 accurate and written and oral information about emergency
23 contraception; the indications and contraindications
24 ~~counter-indications~~ and risks associated with the use of
25 emergency contraception; and a description of how and when
26 victims may be provided emergency contraception at no cost upon

1 the written order of a physician licensed to practice medicine
2 in all its branches, a licensed advanced practice registered
3 nurse, or a licensed physician assistant. The Department shall
4 approve the protocol if it finds that the implementation of the
5 protocol would provide sufficient protection for survivors of
6 sexual assault.

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

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

16 (410 ILCS 70/3) (from Ch. 111 1/2, par. 87-3)

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

1 is designated to provide in the plan agreed upon by the
2 participants. An areawide plan ~~Areawide plans~~ may include
3 treatment hospitals, treatment hospitals with approved
4 pediatric transfer, transfer hospitals, approved pediatric
5 health care facilities, or out-of-state hospitals as provided
6 in Section 5.4 ~~hospital transfer plans~~. All areawide plans
7 shall be submitted to the Department for approval, prior to
8 becoming effective. The Department shall approve a proposed
9 plan if it finds that the minimum requirements set forth in
10 Section 5 and implementation of the plan would provide for
11 appropriate medical ~~hospital emergency services~~ and forensic
12 services for the people of the area to be served.

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

14 (410 ILCS 70/5) (from Ch. 111 1/2, par. 87-5)

15 Sec. 5. Minimum requirements for medical forensic services
16 provided to sexual assault survivors by hospitals and approved
17 pediatric health care facilities ~~providing hospital emergency~~
18 ~~services and forensic services to sexual assault survivors.~~

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

1 subsection (a-5). following:

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

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

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

21 Records of medical forensic services, including
22 results of examinations and tests, the Illinois State
23 Police Medical Forensic Documentation Forms, the Illinois
24 State Police Patient Discharge Materials, and the Illinois
25 State Police Patient Consent: Collect and Test Evidence or
26 Collect and Hold Evidence Form, shall be maintained by the

1 hospital or approved pediatric health care facility as part
2 of the patient's electronic medical record.

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

10 Records of medical forensic services may only be
11 disseminated in accordance with Section 6.5 of this Act and
12 other State and federal law.

13 (1.5) An offer to complete the Illinois Sexual Assault
14 Evidence Collection Kit for any sexual assault survivor who
15 presents within a minimum of the last 7 days of the assault
16 or who has disclosed past sexual assault by a specific
17 individual and was in the care of that individual within a
18 minimum of the last 7 days.

19 (A) Appropriate oral and written information
20 concerning evidence-based guidelines for the
21 appropriateness of evidence collection depending on
22 the sexual development of the sexual assault survivor,
23 the type of sexual assault, and the timing of the
24 sexual assault shall be provided to the sexual assault
25 survivor. Evidence collection is encouraged for
26 prepubescent sexual assault survivors who present to a

1 hospital or approved pediatric health care facility
2 with a complaint of sexual assault within a minimum of
3 96 hours after the sexual assault.

4 Before January 1, 2022, the information required
5 under this subparagraph shall be provided in person by
6 the health care professional providing medical
7 forensic services directly to the sexual assault
8 survivor.

9 On and after January 1, 2022, the information
10 required under this subparagraph shall be provided in
11 person by the qualified medical provider providing
12 medical forensic services directly to the sexual
13 assault survivor.

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

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

25 (2) Appropriate ~~appropriate~~ oral and written
26 information concerning the possibility of infection,

1 sexually transmitted infection, including an evaluation of
2 the sexual assault survivor's risk of contracting human
3 immunodeficiency virus (HIV) from sexual assault, disease
4 and pregnancy resulting from sexual assault.†

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

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

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

1 ~~assault survivor's risk of contracting human~~
2 ~~immunodeficiency virus (HIV) from the sexual assault;~~

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

7 (7) Referral ~~referral~~ by hospital or approved
8 pediatric health care facility personnel for appropriate
9 counseling. ~~;~~ ~~and~~

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

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

24 (a-7) By January 1, 2022, every hospital with a treatment
25 plan approved by the Department shall employ or contract with a
26 qualified medical provider to initiate medical forensic

1 services to a sexual assault survivor within 90 minutes of the
2 patient presenting to the treatment hospital or treatment
3 hospital with approved pediatric transfer. The provision of
4 medical forensic services by a qualified medical provider shall
5 not delay the provision of life-saving medical care.

6 (b) Any person who is a sexual assault survivor who seeks
7 medical ~~emergency hospital services~~ and forensic services or
8 follow-up healthcare under this Act shall be provided such
9 services without the consent of any parent, guardian,
10 custodian, surrogate, or agent. If a sexual assault survivor is
11 unable to consent to medical forensic services, the services
12 may be provided under the Consent by Minors to Medical
13 Procedures Act, the Health Care Surrogate Act, or other
14 applicable State and federal laws.

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

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

1 (Source: P.A. 99-173, eff. 7-29-15; 99-454, eff. 1-1-16;
2 99-642, eff. 7-28-16; 100-513, eff. 1-1-18.)

3 (410 ILCS 70/5.1 new)

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

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

14 Photo documentation of a sexual assault survivor under the
15 age of 18 shall be retained for a period of 60 years after the
16 sexual assault survivor reaches the age of 18. Photo
17 documentation of a sexual assault survivor 18 years of age or
18 older shall be retained for a period of 20 years after the
19 record was created.

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

1 the Abused and Neglected Child Reporting Act. Any dissemination
2 of photo documentation, including for peer review, an expert
3 second opinion, or in any court or administrative proceeding or
4 investigation, must be in accordance with State and federal
5 law.

6 (410 ILCS 70/5.2 new)

7 Sec. 5.2. Sexual assault services voucher.

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

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

20 (1) Identification of employee positions responsible
21 for issuing sexual assault services vouchers.

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

25 (3) A statement to be signed by each employee of an

1 approved pediatric health care facility with access to the
2 Medical Electronic Data Interchange or successor system
3 affirming that the Medical Electronic Data Interchange or
4 successor system will only be used for the purpose of
5 issuing sexual assault services vouchers.

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

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

17 (1) the name and date of birth of the sexual assault
18 survivor;

19 (2) the service provided;

20 (3) the charge of service;

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

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

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

26 The Department of Healthcare and Family Services Sexual

1 Assault Emergency Treatment Program shall electronically
2 verify, using the Medical Electronic Data Interchange or a
3 successor system, that a sexual assault services voucher was
4 issued to a sexual assault survivor prior to issuing payment
5 for the services.

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

14 (410 ILCS 70/5.3 new)

15 Sec. 5.3. Pediatric sexual assault care.

16 (a) The General Assembly finds:

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

25 (2) Sexual abuse against the pediatric population is

1 distinct, particularly due to their dependence on their
2 caregivers and the ability of perpetrators to manipulate
3 and silence them (especially when the perpetrators are
4 family members or other adults trusted by, or with power
5 over, children). Sexual abuse is often hidden by
6 perpetrators, unwitnessed by others, and may leave no
7 obvious physical signs on child victims.

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

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

17 (b) If a medically stable pediatric sexual assault survivor
18 presents at a transfer hospital or treatment hospital with
19 approved pediatric transfer that has a plan approved by the
20 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 hospital's plan.

24 If the transferring hospital confirms that medical
25 forensic services can be initiated within 90 minutes of the
26 patient's arrival at the approved pediatric health care

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

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

25 (c) If a medically stable pediatric sexual assault survivor
26 presents at a treatment hospital that has a plan approved by

1 the Department requesting medical forensic services, then the
2 hospital emergency department staff shall contact an approved
3 pediatric health care facility, if one is designated in the
4 treatment hospital's areawide treatment plan.

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

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

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

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

12 (410 ILCS 70/5.4 new)

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

14 (a) Nothing in this Section shall prohibit the transfer of
15 a patient in need of medical services from a hospital that has
16 been designated as a trauma center by the Department in
17 accordance with Section 3.90 of the Emergency Medical Services
18 (EMS) Systems Act.

19 (b) A transfer hospital, treatment hospital with approved
20 pediatric transfer, or approved pediatric health care facility
21 may transfer a sexual assault survivor to an out-of-state
22 hospital that has been designated as a trauma center by the
23 Department under Section 3.90 of the Emergency Medical Services
24 (EMS) Systems Act if the out-of-state hospital: (1) submits an
25 areawide treatment plan approved by the Department; and (2) has

1 certified the following to the Department in a form and manner
2 prescribed by the Department that the out-of-state hospital
3 will:

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

6 (ii) comply with all requirements of this Act
7 applicable to treatment hospitals, including, but not
8 limited to, offering evidence collection to any Illinois
9 sexual assault survivor who presents with a complaint of
10 sexual assault within a minimum of the last 7 days or who
11 has disclosed past sexual assault by a specific individual
12 and was in the care of that individual within a minimum of
13 the last 7 days and not billing the sexual assault survivor
14 for medical forensic services or 90 days of follow-up
15 healthcare;

16 (iii) use an Illinois State Police Sexual Assault
17 Evidence Collection Kit to collect forensic evidence from
18 an Illinois sexual assault survivor;

19 (iv) ensure its staff cooperates with Illinois law
20 enforcement agencies and are responsive to subpoenas
21 issued by Illinois courts; and

22 (v) provide appropriate transportation upon the
23 completion of medical forensic services back to the
24 transfer hospital or treatment hospital with pediatric
25 transfer where the sexual assault survivor initially
26 presented seeking medical forensic services, unless the

1 sexual assault survivor chooses to arrange his or her own
2 transportation.

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

5 (410 ILCS 70/5.5)

6 Sec. 5.5. Minimum reimbursement requirements for follow-up
7 healthcare.

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

16 (1) a physical examination;

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

19 (3) appropriate medications, including HIV
20 prophylaxis, in accordance with the Centers for Disease
21 Control and Prevention's guidelines.

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

1 (c) Nothing in this Section requires a hospital, pediatric
2 health care facility, health care professional, laboratory, or
3 pharmacy to provide follow-up healthcare to a sexual assault
4 survivor.

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

6 (410 ILCS 70/6.1) (from Ch. 111 1/2, par. 87-6.1)

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

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

22 (410 ILCS 70/6.2) (from Ch. 111 1/2, par. 87-6.2)

23 Sec. 6.2. Assistance and grants. The Department shall
24 assist in the development and operation of programs which

1 provide medical ~~hospital emergency services~~ and forensic
2 services to sexual assault survivors, and, where necessary, to
3 provide grants to hospitals and approved pediatric health care
4 facilities for this purpose.

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

6 (410 ILCS 70/6.4) (from Ch. 111 1/2, par. 87-6.4)

7 Sec. 6.4. Sexual assault evidence collection program.

8 (a) There is created a statewide sexual assault evidence
9 collection program to facilitate the prosecution of persons
10 accused of sexual assault. This program shall be administered
11 by the Illinois State Police. The program shall consist of the
12 following: (1) distribution of sexual assault evidence
13 collection kits which have been approved by the Illinois State
14 Police to hospitals and approved pediatric health care
15 facilities that request them, or arranging for such
16 distribution by the manufacturer of the kits, (2) collection of
17 the kits from hospitals and approved pediatric health care
18 facilities after the kits have been used to collect evidence,
19 (3) analysis of the collected evidence and conducting of
20 laboratory tests, (4) maintaining the chain of custody and
21 safekeeping of the evidence for use in a legal proceeding, and
22 (5) the comparison of the collected evidence with the genetic
23 marker grouping analysis information maintained by the
24 Department of State Police under Section 5-4-3 of the Unified
25 Code of Corrections and with the information contained in the

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

12 (a-5) (Blank).

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

23 (c) (Blank). ~~In this Section, "sexual assault nurse~~
24 ~~examiner" means a registered nurse who has completed a sexual~~
25 ~~assault nurse examiner (SANE) training program that meets the~~
26 ~~Forensic Sexual Assault Nurse Examiner Education Guidelines~~

1 ~~established by the International Association of Forensic~~
2 ~~Nurses.~~

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

4 (410 ILCS 70/6.5)

5 Sec. 6.5. Written consent to the release of sexual assault
6 evidence for testing.

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

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

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

24 (3) If the survivor is an adult who has a guardian of
25 the person, a health care surrogate, or an agent acting

1 under a health care power of attorney, the consent of the
2 guardian, surrogate, or agent is not required to release
3 evidence and information concerning the sexual assault or
4 sexual abuse. If the adult is unable to provide consent for
5 the release of evidence and information and a guardian,
6 surrogate, or agent under a health care power of attorney
7 is unavailable or unwilling to release the information,
8 then an investigating law enforcement officer may
9 authorize the release.

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

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

24 (c) If a written consent to allow law enforcement to hold
25 ~~test~~ the sexual assault evidence is ~~not~~ signed at the
26 completion of medical ~~hospital emergency services and forensic~~

1 services, the hospital or approved pediatric health care
2 facility shall include the following information in its
3 discharge instructions:

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

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

18 (3) the name, address, and phone number of the law
19 enforcement agency having jurisdiction, or if unknown the
20 name, address, and phone number of the law enforcement
21 agency contacted by the hospital or approved pediatric
22 health care facility under Section 3.2 of the Criminal
23 Identification Act; and

24 (4) the name and phone number of a local rape crisis
25 center.

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

1 (410 ILCS 70/6.6)

2 Sec. 6.6. Submission of sexual assault evidence.

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

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

1 Section 3.2 of the Criminal Identification Act.

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

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

1 assault evidence was collected, the law enforcement agency
2 having jurisdiction, the dates, times and names of persons
3 notified under subsections (b) and (c) of this Section. The
4 notification shall be made within 14 days of the collection of
5 the sexual assault evidence.

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

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

8 Sec. 7. Reimbursement.

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

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

1 full payment.

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

21 (3) If a sexual assault survivor is neither eligible to
22 receive benefits under the medical assistance program
23 under Article V of the Public Aid Code nor covered by a
24 policy of insurance or a public or private health coverage
25 program, the ambulance provider, hospital, approved
26 pediatric health care facility, health care professional,

1 laboratory, or pharmacy shall submit the request for
2 reimbursement to the Illinois Sexual Assault Emergency
3 Treatment Program under the Department of Healthcare and
4 Family Services in accordance with 89 Ill. Adm. Code
5 148.510 at the Department of Healthcare and Family
6 Services' allowable rates under the Illinois Public Aid
7 Code.

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

21 (a) precludes hospitals or approved pediatric health care
22 facilities from providing follow-up healthcare and
23 receiving reimbursement under this Section.

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

1 health insurance or coverage for inpatient services.

2 (c) (Blank).

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

9 (e) The Department of Healthcare and Family Services shall
10 establish standards, rules, and regulations to implement this
11 Section.

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

13 (410 ILCS 70/7.5)

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

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

22 (1) charge or submit a bill for any portion of the
23 costs of the services, transportation, or medications to
24 the sexual assault survivor, including any insurance
25 deductible, co-pay, co-insurance, denial of claim by an

1 insurer, spenddown, or any other out-of-pocket expense;

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

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

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

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

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

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

26 (1) a statement that the sexual assault survivor should

1 not be directly billed by any ambulance provider providing
2 transportation services, or by any hospital, approved
3 pediatric health care facility, health care professional,
4 laboratory, or pharmacy for the services the sexual assault
5 survivor received as an outpatient at the hospital or
6 approved pediatric health care facility;

7 (2) a statement that a sexual assault survivor who is
8 admitted to a hospital may be billed for inpatient services
9 provided by a hospital, health care professional,
10 laboratory, or pharmacy;

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

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

21 (5) a phone number the sexual assault survivor may call
22 should the sexual assault survivor receive a bill from the
23 hospital or approved pediatric health care facility for
24 medical ~~hospital emergency services and~~ forensic services;

25 (6) the toll-free phone number of the Office of the
26 Illinois Attorney General, Crime Victim Services Division,

1 which the sexual assault survivor may call should the
2 sexual assault survivor receive a bill from an ambulance
3 provider, approved pediatric health care facility, a
4 health care professional, a laboratory, or a pharmacy.

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

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

1 sent a bill for any medical forensic services and submit the
2 billing protocol to the Crime Victim Services Division of the
3 Office of the Attorney General for approval. Health care
4 professionals who bill as a legal entity may submit a single
5 billing protocol for the billing entity.

6 Within 60 days after the Department's approval of a
7 treatment plan, an approved pediatric health care facility and
8 any health care professional employed by an approved pediatric
9 health care facility must develop a billing protocol that
10 ensures that no survivor of sexual assault is sent a bill for
11 any medical forensic services and submit the billing protocol
12 to the Crime Victim Services Division of the Office of the
13 Attorney General for approval.

14 The billing protocol must include at a minimum:

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

18 (2) a written acknowledgement signed by a person who
19 has completed the training that the person will not bill
20 survivors of sexual assault;

21 (3) prohibitions on submitting any bill for any portion
22 of medical ~~hospital emergency services~~ or forensic
23 services provided to a survivor of sexual assault to a
24 collection agency;

25 (4) prohibitions on taking any action that would
26 adversely affect the credit of the survivor of sexual

1 assault;

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

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

7 The Crime Victim Services Division of the Office of the
8 Attorney General may provide a sample acceptable billing
9 protocol upon request.

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

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

1 Services Division of the Office of the Attorney General.

2 The health care professional or approved pediatric health
3 care facility shall submit any proposed revision to or
4 modification of an approved billing protocol to the Crime
5 Victim Services Division of the Office of the Attorney General
6 for approval. The health care professional or approved
7 pediatric health care facility shall implement the revised or
8 modified billing protocol upon approval by the Crime Victim
9 Services Division of the Office of the Illinois Attorney
10 General.

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

12 (410 ILCS 70/8) (from Ch. 111 1/2, par. 87-8)

13 Sec. 8. Penalties.

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

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

1 provider, laboratory, or pharmacy knowingly violates Section
2 7.5 of the Act:

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

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

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

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

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

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

23 (410 ILCS 70/9) (from Ch. 111 1/2, par. 87-9)

24 Sec. 9. Nothing in this Act shall be construed to require a
25 hospital or an approved pediatric health care facility to

1 provide any services which relate to an abortion.

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

3 (410 ILCS 70/9.5 new)

4 Sec. 9.5. Sexual Assault Medical Forensic Services
5 Implementation Task Force.

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

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

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

17 (3) one member of the House of Representatives
18 appointed by the Speaker of the House of Representatives,
19 who may designate an alternate member;

20 (4) one member of the House of Representatives
21 appointed by the Minority Leader of the House of
22 Representatives, who may designate an alternate member;

23 (5) two members representing the Office of the Attorney
24 General appointed by the Attorney General, one of whom
25 shall be the Sexual Assault Nurse Examiner Coordinator for

1 the State of Illinois;

2 (6) one member representing the Department of Public
3 Health appointed by the Director of Public Health;

4 (7) one member representing the Department of State
5 Police appointed by the Director of State Police;

6 (8) one member representing the Department of
7 Healthcare and Family Services appointed by the Director of
8 Healthcare and Family Services;

9 (9) six members representing hospitals appointed by
10 the head of a statewide organization representing the
11 interests of hospitals in Illinois, at least one of whom
12 shall represent small and rural hospitals and at least one
13 of these members shall represent urban hospitals;

14 (10) one member representing physicians appointed by
15 the head of a statewide organization representing the
16 interests of physicians in Illinois;

17 (11) one member representing emergency physicians
18 appointed by the head of a statewide organization
19 representing the interests of emergency physicians in
20 Illinois;

21 (12) two members representing child abuse
22 pediatricians appointed by the head of a statewide
23 organization representing the interests of child abuse
24 pediatricians in Illinois, at least one of whom shall
25 represent child abuse pediatricians providing medical
26 forensic services in rural locations and at least one of

1 whom shall represent child abuse pediatricians providing
2 medical forensic services in urban locations;

3 (13) one member representing nurses appointed by the
4 head of a statewide organization representing the
5 interests of nurses in Illinois;

6 (14) two members representing sexual assault nurse
7 examiners appointed by the head of a statewide organization
8 representing the interests of forensic nurses in Illinois,
9 at least one of whom shall represent pediatric/adolescent
10 sexual assault nurse examiners and at least one of these
11 members shall represent adult/adolescent sexual assault
12 nurse examiners;

13 (15) one member representing State's Attorneys
14 appointed by the head of a statewide organization
15 representing the interests of State's Attorneys in
16 Illinois;

17 (16) three members representing sexual assault
18 survivors appointed by the head of a statewide organization
19 representing the interests of sexual assault survivors and
20 rape crisis centers, at least one of whom shall represent
21 rural rape crisis centers and at least one of whom shall
22 represent urban rape crisis centers; and

23 (17) one member representing children's advocacy
24 centers appointed by the head of a statewide organization
25 representing the interests of children's advocacy centers
26 in Illinois.

1 The members representing the Office of the Attorney General
2 and the Department of Public Health shall serve as
3 co-chairpersons of the Task Force. The Office of the Attorney
4 General shall provide administrative and other support to the
5 Task Force.

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

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

11 (1) to facilitate the development of areawide
12 treatment plans among hospitals and pediatric health care
13 facilities;

14 (2) to facilitate the development of on-call systems of
15 qualified medical providers and assist hospitals with the
16 development of plans to employ or contract with a qualified
17 medical provider to initiate medical forensic services to a
18 sexual assault survivor within 90 minutes of the patient
19 presenting to the hospital as required in subsection (a-7)
20 of Section 5;

21 (3) to identify photography and storage options for
22 hospitals to comply with the photo documentation
23 requirements in Sections 5 and 5.1;

24 (4) to develop a model written agreement for use by
25 rape crisis centers, hospitals, and approved pediatric
26 health care facilities with sexual assault treatment plans

1 to comply with subsection (c) of Section 2;

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

6 (6) to examine the role of telemedicine in the
7 provision of medical forensic services under this Act and
8 to develop recommendations for statutory change and
9 standards and procedures for the use of telemedicine to be
10 adopted by the Department;

11 (7) to seek inclusion of the International Association
12 of Forensic Nurses Sexual Assault Nurse Examiner Education
13 Guidelines for nurses within the registered nurse training
14 curriculum in Illinois nursing programs and the American
15 College of Emergency Physicians Management of the Patient
16 with the Complaint of Sexual Assault for emergency
17 physicians within the Illinois residency training
18 curriculum for emergency physicians; and

19 (8) to submit a report to the General Assembly by
20 January 1, 2023 regarding the status of implementation of
21 this amendatory Act of the 100th General Assembly,
22 including, but not limited to, the impact of transfers to
23 out-of-state hospitals on sexual assault survivors and the
24 availability of treatment hospitals in Illinois; the
25 report to the General Assembly shall be filed with the
26 Clerk of the House of Representatives and the Secretary of

1 the Senate in electronic form only, in the manner that the
2 Clerk and the Secretary shall direct.

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

4 (410 ILCS 70/10 new)

5 Sec. 10. Sexual Assault Nurse Examiner Program.

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

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

23 The Sexual Assault Nurse Examiner Program shall provide
24 didactic and clinical training opportunities consistent with
25 the Sexual Assault Nurse Examiner Education Guidelines

1 established by the International Association of Forensic
2 Nurses, in sufficient numbers and geographical locations
3 across the State, to assist hospitals with training the
4 necessary number of sexual assault nurse examiners to comply
5 with the requirement of this Act to employ or contract with a
6 qualified medical provider to initiate medical forensic
7 services to a sexual assault survivor within 90 minutes of the
8 patient presenting to the hospital as required in subsection
9 (a-7) of Section 5.

10 The Sexual Assault Nurse Examiner Program shall assist
11 hospitals in establishing trainings to achieve the
12 requirements of this Act.

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

22 (c) The Sexual Assault Nurse Examiner Program, in
23 consultation with qualified medical providers, shall create
24 uniform materials that all treatment hospitals, treatment
25 hospitals with approved pediatric transfer, and approved
26 pediatric health care facilities are required to give patients

1 and non-offending parents or legal guardians, if applicable,
2 regarding the medical forensic exam procedure, laws regarding
3 consenting to medical forensic services, and the benefits and
4 risks of evidence collection, including recommended time
5 frames for evidence collection pursuant to evidence-based
6 research. These materials shall be made available to all
7 hospitals and approved pediatric health care facilities on the
8 Office of the Attorney General's website.

9 Section 99. Effective date. This Act takes effect January
10 1, 2019, except that this Section and the provisions adding
11 Section 9.5 to the Sexual Assault Survivors Emergency Treatment
12 Act take effect upon becoming law.".