

1 AN ACT concerning health.

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

4 Section 5. The Sexual Assault Survivors Emergency
5 Treatment Act is amended by changing Sections 1a, 1a-1, 2,
6 2-1, 2.1, 2.1-1, 5, 5-1, 5.4, and 9.5 as follows:

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

8 Sec. 1a. Definitions.

9 (a) In this Act:

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

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

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

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

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

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

15 "Department" means the Department of Public Health.

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

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

24 "Health care professional" means a physician, a physician
25 assistant, a sexual assault forensic examiner, an advanced
26 practice registered nurse, a registered professional nurse, a

1 licensed practical nurse, or a sexual assault nurse examiner.

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

9 "Illinois State Police Sexual Assault Evidence Collection
10 Kit" means a prepackaged set of materials and forms to be used
11 for the collection of evidence relating to sexual assault. The
12 standardized evidence collection kit for the State of Illinois
13 shall be the Illinois State Police Sexual Assault Evidence
14 Collection Kit.

15 "Law enforcement agency having jurisdiction" means the law
16 enforcement agency in the jurisdiction where an alleged sexual
17 assault or sexual abuse occurred.

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

20 "Medical forensic services" means health care delivered to
21 patients within or under the care and supervision of personnel
22 working in a designated emergency department of a hospital or
23 an approved pediatric health care facility. "Medical forensic
24 services" includes, but is not limited to, taking a medical
25 history, performing photo documentation, performing a physical
26 and anogenital examination, assessing the patient for evidence

1 collection, collecting evidence in accordance with a statewide
2 sexual assault evidence collection program administered by the
3 Illinois State Police using the Illinois State Police Sexual
4 Assault Evidence Collection Kit, if appropriate, assessing the
5 patient for drug-facilitated or alcohol-facilitated sexual
6 assault, providing an evaluation of and care for sexually
7 transmitted infection and human immunodeficiency virus (HIV),
8 pregnancy risk evaluation and care, and discharge and
9 follow-up healthcare planning.

10 "Pediatric health care facility" means a clinic or
11 physician's office that provides medical services to patients
12 under the age of 18 ~~pediatric patients~~.

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

17 "Photo documentation" means digital photographs or
18 colposcope videos stored and backed up securely in the
19 original file format.

20 "Physician" means a person licensed to practice medicine
21 in all its branches.

22 "Physician assistant" has the meaning provided in Section
23 4 of the Physician Assistant Practice Act of 1987.

24 "Prepubescent sexual assault survivor" means a female who
25 is under the age of 18 years and has not had a first menstrual
26 cycle or a male who is under the age of 18 years and has not

1 started to develop secondary sex characteristics who presents
2 for medical forensic services in relation to injuries or
3 trauma resulting from a sexual assault.

4 "Qualified medical provider" means a board-certified child
5 abuse pediatrician, board-eligible child abuse pediatrician, a
6 sexual assault forensic examiner, or a sexual assault nurse
7 examiner who has access to photo documentation tools, and who
8 participates in peer review.

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

11 "Sexual assault" means:

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

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

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

26 "Sexual assault nurse examiner" means an advanced practice

1 registered nurse or registered professional nurse who has
2 completed a sexual assault nurse examiner training program
3 that meets the Sexual Assault Nurse Examiner Education
4 Guidelines established by the International Association of
5 Forensic Nurses.

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

13 "Sexual assault survivor" means a person who presents for
14 medical forensic services in relation to injuries or trauma
15 resulting from a sexual assault.

16 "Sexual assault transfer plan" means a written plan
17 developed by a hospital and approved by the Department, which
18 describes the hospital's procedures for transferring sexual
19 assault survivors to another hospital, and an approved
20 pediatric health care facility, if applicable, in order to
21 receive medical forensic services.

22 "Sexual assault treatment plan" means a written plan that
23 describes the procedures and protocols for providing medical
24 forensic services to sexual assault survivors who present
25 themselves for such services, either directly or through
26 transfer from a hospital or an approved pediatric health care

1 facility.

2 "Transfer hospital" means a hospital with a sexual assault
3 transfer plan approved by the Department.

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

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

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

26 (b) This Section is effective on and after January 1, 2024

1 2022.

2 (Source: P.A. 101-81, eff. 7-12-19; 101-634, eff. 6-5-20;
3 102-22, eff. 6-25-21; 102-538, eff. 8-20-21; 102-674, eff.
4 11-30-21; revised 12-16-21.)

5 (410 ILCS 70/1a-1)

6 (Section scheduled to be repealed on December 31, 2023)

7 Sec. 1a-1. Definitions.

8 (a) In this Act:

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

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

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

23 "Approved federally qualified health center" means a
24 facility as defined in Section 1905(1)(2)(B) of the federal
25 Social Security Act with a sexual assault treatment plan

1 approved by the Department to provide medical forensic
2 services to sexual assault survivors 13 years old or older who
3 present with a complaint of sexual assault within a minimum of
4 the last 7 days or who have disclosed past sexual assault by a
5 specific individual and were in the care of that individual
6 within a minimum of the last 7 days.

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

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

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

22 "Department" means the Department of Public Health.

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

1 "Federally qualified health center" means a facility as
2 defined in Section 1905(1)(2)(B) of the federal Social
3 Security Act that provides primary care or sexual health
4 services.

5 "Follow-up healthcare" means healthcare services related
6 to a sexual assault, including laboratory services and
7 pharmacy services, rendered within 90 days of the initial
8 visit for medical forensic services.

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

13 "Hospital" means a hospital licensed under the Hospital
14 Licensing Act or operated under the University of Illinois
15 Hospital Act, any outpatient center included in the hospital's
16 sexual assault treatment plan where hospital employees provide
17 medical forensic services, and an out-of-state hospital that
18 has consented to the jurisdiction of the Department under
19 Section 2.06-1.

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

26 "Law enforcement agency having jurisdiction" means the law

1 enforcement agency in the jurisdiction where an alleged sexual
2 assault or sexual abuse occurred.

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

5 "Medical forensic services" means health care delivered to
6 patients within or under the care and supervision of personnel
7 working in a designated emergency department of a hospital,
8 approved pediatric health care facility, or an approved
9 federally qualified health centers.

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

23 "Pediatric health care facility" means a clinic or
24 physician's office that provides medical services to patients
25 under the age of 18 ~~pediatric patients~~.

26 "Pediatric sexual assault survivor" means a person under

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

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

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

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

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

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

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

24 "Sexual assault" means:

25 (1) an act of sexual conduct; as used in this
26 paragraph, "sexual conduct" has the meaning provided under

1 Section 11-0.1 of the Criminal Code of 2012; or

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

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

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

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

26 "Sexual assault survivor" means a person who presents for

1 medical forensic services in relation to injuries or trauma
2 resulting from a sexual assault.

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

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

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

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

24 "Treatment hospital" means a hospital with a sexual
25 assault treatment plan approved by the Department to provide
26 medical forensic services to all sexual assault survivors who

1 present with a complaint of sexual assault within a minimum of
2 the last 7 days or who have disclosed past sexual assault by a
3 specific individual and were in the care of that individual
4 within a minimum of the last 7 days.

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

13 (b) This Section is repealed on December 31, 2023.

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

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

17 Sec. 2. Hospital and approved pediatric health care
18 facility requirements for sexual assault plans.

19 (a) Every hospital required to be licensed by the
20 Department pursuant to the Hospital Licensing Act, or operated
21 under the University of Illinois Hospital Act that provides
22 general medical and surgical hospital services shall provide
23 either (i) transfer services to all sexual assault survivors,
24 (ii) medical forensic services to all sexual assault
25 survivors, or (iii) transfer services to pediatric sexual

1 assault survivors and medical forensic services to sexual
2 assault survivors 13 years old or older, in accordance with
3 rules adopted by the Department.

4 In addition, every such hospital, regardless of whether or
5 not a request is made for reimbursement, shall submit to the
6 Department a plan to provide either (i) transfer services to
7 all sexual assault survivors, (ii) medical forensic services
8 to all sexual assault survivors, or (iii) transfer services to
9 pediatric sexual assault survivors and medical forensic
10 services to sexual assault survivors 13 years old or older
11 within the time frame established by the Department. The
12 Department shall approve such plan for either (i) transfer
13 services to all sexual assault survivors, (ii) medical
14 forensic services to all sexual assault survivors, or (iii)
15 transfer services to pediatric sexual assault survivors and
16 medical forensic services to sexual assault survivors 13 years
17 old or older, if it finds that the implementation of the
18 proposed plan would provide (i) transfer services or (ii)
19 medical forensic services for sexual assault survivors in
20 accordance with the requirements of this Act and provide
21 sufficient protections from the risk of pregnancy to sexual
22 assault survivors. Notwithstanding anything to the contrary in
23 this paragraph, the Department may approve a sexual assault
24 transfer plan for the provision of medical forensic services
25 if:

26 (1) a treatment hospital with approved pediatric

1 transfer has agreed, as part of an areawide treatment
2 plan, to accept sexual assault survivors 13 years of age
3 or older from the proposed transfer hospital, if the
4 treatment hospital with approved pediatric transfer is
5 geographically closer to the transfer hospital than a
6 treatment hospital or another treatment hospital with
7 approved pediatric transfer and such transfer is not
8 unduly burdensome on the sexual assault survivor; and

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

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

20 In counties with a population of less than 1,000,000, the
21 Department may not approve a sexual assault transfer plan for
22 a hospital located within a 20-mile radius of a 4-year public
23 university, not including community colleges, unless there is
24 a treatment hospital with a sexual assault treatment plan
25 approved by the Department within a 20-mile radius of the
26 4-year public university.

1 A transfer must be in accordance with federal and State
2 laws and local ordinances.

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

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

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

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

20 After July 1, 2020 or once a treatment hospital or a
21 treatment hospital with approved pediatric transfer certifies
22 compliance with subsection (a-7) of Section 5, whichever
23 occurs first, each treatment hospital and treatment hospital
24 with approved pediatric transfer shall ensure that emergency
25 department attending physicians, physician assistants,
26 advanced practice registered nurses, and registered

1 professional nurses providing clinical services, who do not
2 meet the definition of a qualified medical provider in Section
3 1a of this Act, receive a minimum of 2 hours of continuing
4 education on responding to sexual assault survivors every 2
5 years. Protocols for training shall be included in the
6 hospital's sexual assault treatment plan.

7 Sexual assault training provided under this subsection may
8 be provided in person or online and shall include, but not be
9 limited to:

10 (1) information provided on the provision of medical
11 forensic services;

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

14 (3) information on sexual assault epidemiology,
15 neurobiology of trauma, drug-facilitated sexual assault,
16 child sexual abuse, and Illinois sexual assault-related
17 laws; and

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

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

23 (a-5) A hospital must submit a plan to provide either (i)
24 transfer services to all sexual assault survivors, (ii)
25 medical forensic services to all sexual assault survivors, or
26 (iii) transfer services to pediatric sexual assault survivors

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

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

18 (b) An approved pediatric health care facility may provide
19 medical forensic services, in accordance with rules adopted by
20 the Department, to all ~~pediatric~~ sexual assault survivors
21 under the age of 18 who present for medical forensic services
22 in relation to injuries or trauma resulting from a sexual
23 assault. These services shall be provided by a qualified
24 medical provider.

25 A pediatric health care facility must participate in or
26 submit an areawide treatment plan under Section 3 of this Act

1 that includes a treatment hospital. If a pediatric health care
2 facility does not provide certain medical or surgical services
3 that are provided by hospitals, the areawide sexual assault
4 treatment plan must include a procedure for ensuring a sexual
5 assault survivor in need of such medical or surgical services
6 receives the services at the treatment hospital. The areawide
7 treatment plan may also include a treatment hospital with
8 approved pediatric transfer.

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

1 or who have disclosed past sexual assault by a specific
2 individual and were in the care of that individual within a
3 minimum of the last 7 days until the Department has approved a
4 treatment plan.

5 If an approved pediatric health care facility is not open
6 24 hours a day, 7 days a week, it shall post signage at each
7 public entrance to its facility that:

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

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

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

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

16 (5) has a black background with white bold capital
17 lettering in a clear and easy to read font that is at least
18 72-point type, and with "call 911" in at least 125-point
19 type;

20 (6) is posted clearly and conspicuously on or adjacent
21 to the door at each entrance and, if building materials
22 allow, is posted internally for viewing through glass; if
23 posted externally, the sign shall be made of
24 weather-resistant and theft-resistant materials,
25 non-removable, and adhered permanently to the building;
26 and

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

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

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

17 (d) Every treatment hospital, treatment hospital with
18 approved pediatric transfer, and approved pediatric health
19 care facility's sexual assault treatment plan shall include
20 procedures for complying with mandatory reporting requirements
21 pursuant to (1) the Abused and Neglected Child Reporting Act;
22 (2) the Abused and Neglected Long Term Care Facility Residents
23 Reporting Act; (3) the Adult Protective Services Act; and (iv)
24 the Criminal Identification Act.

25 (e) Each treatment hospital, treatment hospital with
26 approved pediatric transfer, and approved pediatric health

1 care facility shall submit to the Department every 6 months,
2 in a manner prescribed by the Department, the following
3 information:

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

6 (2) The total number of Illinois Sexual Assault
7 Evidence Collection Kits:

8 (A) offered to (i) all sexual assault survivors
9 and (ii) pediatric sexual assault survivors pursuant
10 to paragraph (1.5) of subsection (a-5) of Section 5;

11 (B) completed for (i) all sexual assault survivors
12 and (ii) pediatric sexual assault survivors; and

13 (C) declined by (i) all sexual assault survivors
14 and (ii) pediatric sexual assault survivors.

15 This information shall be made available on the
16 Department's website.

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

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

21 (410 ILCS 70/2-1)

22 (Section scheduled to be repealed on December 31, 2023)

23 Sec. 2-1. Hospital, approved pediatric health care
24 facility, and approved federally qualified health center
25 requirements for sexual assault plans.

1 (a) Every hospital required to be licensed by the
2 Department pursuant to the Hospital Licensing Act, or operated
3 under the University of Illinois Hospital Act that provides
4 general medical and surgical hospital services shall provide
5 either (i) transfer services to all sexual assault survivors,
6 (ii) medical forensic services to all sexual assault
7 survivors, or (iii) transfer services to pediatric sexual
8 assault survivors and medical forensic services to sexual
9 assault survivors 13 years old or older, in accordance with
10 rules adopted by the Department.

11 In addition, every such hospital, regardless of whether or
12 not a request is made for reimbursement, shall submit to the
13 Department a plan to provide either (i) transfer services to
14 all sexual assault survivors, (ii) medical forensic services
15 to all sexual assault survivors, or (iii) transfer services to
16 pediatric sexual assault survivors and medical forensic
17 services to sexual assault survivors 13 years old or older
18 within the time frame established by the Department. The
19 Department shall approve such plan for either (i) transfer
20 services to all sexual assault survivors, (ii) medical
21 forensic services to all sexual assault survivors, or (iii)
22 transfer services to pediatric sexual assault survivors and
23 medical forensic services to sexual assault survivors 13 years
24 old or older, if it finds that the implementation of the
25 proposed plan would provide (i) transfer services or (ii)
26 medical forensic services for sexual assault survivors in

1 accordance with the requirements of this Act and provide
2 sufficient protections from the risk of pregnancy to sexual
3 assault survivors. Notwithstanding anything to the contrary in
4 this paragraph, the Department may approve a sexual assault
5 transfer plan for the provision of medical forensic services
6 if:

7 (1) a treatment hospital with approved pediatric
8 transfer has agreed, as part of an areawide treatment
9 plan, to accept sexual assault survivors 13 years of age
10 or older from the proposed transfer hospital, if the
11 treatment hospital with approved pediatric transfer is
12 geographically closer to the transfer hospital than a
13 treatment hospital or another treatment hospital with
14 approved pediatric transfer and such transfer is not
15 unduly burdensome on the sexual assault survivor; and

16 (2) a treatment hospital has agreed, as a part of an
17 areawide treatment plan, to accept sexual assault
18 survivors under 13 years of age from the proposed transfer
19 hospital and transfer to the treatment hospital would not
20 unduly burden the sexual assault survivor.

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

1 In counties with a population of less than 1,000,000, the
2 Department may not approve a sexual assault transfer plan for
3 a hospital located within a 20-mile radius of a 4-year public
4 university, not including community colleges, unless there is
5 a treatment hospital with a sexual assault treatment plan
6 approved by the Department within a 20-mile radius of the
7 4-year public university.

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

10 A treatment hospital with approved pediatric transfer must
11 submit an areawide treatment plan under Section 3-1 of this
12 Act that includes a written agreement with a treatment
13 hospital stating that the treatment hospital will provide
14 medical forensic services to pediatric sexual assault
15 survivors transferred from the treatment hospital with
16 approved pediatric transfer. The areawide treatment plan may
17 also include an approved pediatric health care facility.

18 A transfer hospital must submit an areawide treatment plan
19 under Section 3-1 of this Act that includes a written
20 agreement with a treatment hospital stating that the treatment
21 hospital will provide medical forensic services to all sexual
22 assault survivors transferred from the transfer hospital. The
23 areawide treatment plan may also include an approved pediatric
24 health care facility. Notwithstanding anything to the contrary
25 in this paragraph, the areawide treatment plan may include a
26 written agreement with a treatment hospital with approved

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

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

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

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

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

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

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

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

1 The online training made available by the Office of the
2 Attorney General under subsection (b) of Section 10-1 may be
3 used to comply with this subsection.

4 (a-5) A hospital must submit a plan to provide either (i)
5 transfer services to all sexual assault survivors, (ii)
6 medical forensic services to all sexual assault survivors, or
7 (iii) transfer services to pediatric sexual assault survivors
8 and medical forensic services to sexual assault survivors 13
9 years old or older as required in subsection (a) of this
10 Section within 60 days of the Department's request. Failure to
11 submit a plan as described in this subsection shall subject a
12 hospital to the imposition of a fine by the Department. The
13 Department may impose a fine of up to \$500 per day until the
14 hospital submits a plan as described in this subsection. No
15 fine shall be taken or assessed until 12 months after the
16 effective date of this amendatory Act of the 102nd General
17 Assembly.

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

1 the Department. No fine shall be taken or assessed until 12
2 months after the effective date of this amendatory Act of the
3 102nd General Assembly.

4 (b) An approved pediatric health care facility may provide
5 medical forensic services, in accordance with rules adopted by
6 the Department, to all ~~pediatric~~ sexual assault survivors
7 under the age of 18 who present for medical forensic services
8 in relation to injuries or trauma resulting from a sexual
9 assault. These services shall be provided by a qualified
10 medical provider.

11 A pediatric health care facility must participate in or
12 submit an areawide treatment plan under Section 3-1 of this
13 Act that includes a treatment hospital. If a pediatric health
14 care facility does not provide certain medical or surgical
15 services that are provided by hospitals, the areawide sexual
16 assault treatment plan must include a procedure for ensuring a
17 sexual assault survivor in need of such medical or surgical
18 services receives the services at the treatment hospital. The
19 areawide treatment plan may also include a treatment hospital
20 with approved pediatric transfer.

21 The Department shall review a proposed sexual assault
22 treatment plan submitted by a pediatric health care facility
23 within 60 days after receipt of the plan. If the Department
24 finds that the proposed plan meets the minimum requirements
25 set forth in Section 5-1 of this Act and that implementation of
26 the proposed plan would provide medical forensic services for

1 ~~pediatric~~ sexual assault survivors under the age of 18, then
2 the Department shall approve the plan. If the Department does
3 not approve a plan, then the Department shall notify the
4 pediatric health care facility that the proposed plan has not
5 been approved. The pediatric health care facility shall have
6 30 days to submit a revised plan. The Department shall review
7 the revised plan within 30 days after receipt of the plan and
8 notify the pediatric health care facility whether the revised
9 plan is approved or rejected. A pediatric health care facility
10 may not provide medical forensic services to ~~pediatric~~ sexual
11 assault survivors under the age of 18 who present with a
12 complaint of sexual assault within a minimum of the last 7 days
13 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 until the Department has approved a
16 treatment plan.

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

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

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

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

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

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

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

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

16 (b-5) An approved federally qualified health center may
17 provide medical forensic services, in accordance with rules
18 adopted by the Department, to all sexual assault survivors 13
19 years old or older who present for medical forensic services
20 in relation to injuries or trauma resulting from a sexual
21 assault during the duration, and 90 days thereafter, of a
22 proclamation issued by the Governor declaring a disaster, or a
23 successive proclamation regarding the same disaster, in all
24 102 counties due to a public health emergency. These services
25 shall be provided by (i) a qualified medical provider,
26 physician, physician assistant, or advanced practice

1 registered nurse who has received a minimum of 10 hours of
2 sexual assault training provided by a qualified medical
3 provider on current Illinois legislation, how to properly
4 perform a medical forensic examination, evidence collection,
5 drug and alcohol facilitated sexual assault, and forensic
6 photography and has all documentation and photos peer reviewed
7 by a qualified medical provider or (ii) until the federally
8 qualified health care center certifies to the Department, in a
9 form and manner prescribed by the Department, that it employs
10 or contracts with a qualified medical provider in accordance
11 with subsection (a-7) of Section 5-1, whichever occurs first.

12 A federally qualified health center must participate in or
13 submit an areawide treatment plan under Section 3-1 of this
14 Act that includes a treatment hospital. If a federally
15 qualified health center does not provide certain medical or
16 surgical services that are provided by hospitals, the areawide
17 sexual assault treatment plan must include a procedure for
18 ensuring a sexual assault survivor in need of such medical or
19 surgical services receives the services at the treatment
20 hospital. The areawide treatment plan may also include a
21 treatment hospital with approved pediatric transfer or an
22 approved pediatric health care facility.

23 The Department shall review a proposed sexual assault
24 treatment plan submitted by a federally qualified health
25 center within 14 days after receipt of the plan. If the
26 Department finds that the proposed plan meets the minimum

1 requirements set forth in Section 5-1 and that implementation
2 of the proposed plan would provide medical forensic services
3 for sexual assault survivors 13 years old or older, then the
4 Department shall approve the plan. If the Department does not
5 approve a plan, then the Department shall notify the federally
6 qualified health center that the proposed plan has not been
7 approved. The federally qualified health center shall have 14
8 days to submit a revised plan. The Department shall review the
9 revised plan within 14 days after receipt of the plan and
10 notify the federally qualified health center whether the
11 revised plan is approved or rejected. A federally qualified
12 health center may not (i) provide medical forensic services to
13 sexual assault survivors 13 years old or older who present
14 with a complaint of sexual assault within a minimum of the
15 previous 7 days or (ii) who have disclosed past sexual assault
16 by a specific individual and were in the care of that
17 individual within a minimum of the previous 7 days until the
18 Department has approved a treatment plan.

19 If an approved federally qualified health center is not
20 open 24 hours a day, 7 days a week, it shall post signage at
21 each public entrance to its facility that:

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

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

1 (3) lists the approved federally qualified health
2 center's hours of operation;

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

4 (5) has a black background with white bold capital
5 lettering in a clear and easy to read font that is at least
6 72-point type, and with "call 911" in at least 125-point
7 type;

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

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

18 A copy of the proposed sign must be submitted to the
19 Department and approved as part of the approved federally
20 qualified health center's sexual assault treatment plan.

21 (c) Each treatment hospital, treatment hospital with
22 approved pediatric transfer, approved pediatric health care
23 facility, and approved federally qualified health center must
24 enter into a memorandum of understanding with a rape crisis
25 center for medical advocacy services, if these services are
26 available to the treatment hospital, treatment hospital with

1 approved pediatric transfer, approved pediatric health care
2 facility, or approved federally qualified health center. With
3 the consent of the sexual assault survivor, a rape crisis
4 counselor shall remain in the exam room during the collection
5 for forensic evidence.

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

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

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

22 (2) The total number of Illinois Sexual Assault
23 Evidence Collection Kits:

24 (A) offered to (i) all sexual assault survivors
25 and (ii) pediatric sexual assault survivors pursuant
26 to paragraph (1.5) of subsection (a-5) of Section 5-1;

1 (B) completed for (i) all sexual assault survivors
2 and (ii) pediatric sexual assault survivors; and

3 (C) declined by (i) all sexual assault survivors
4 and (ii) pediatric sexual assault survivors.

5 This information shall be made available on the
6 Department's website.

7 (f) This Section is repealed on December 31, 2023.

8 (Source: P.A. 101-634, eff. 6-5-20; 102-22, eff. 6-25-21;
9 102-674, eff. 11-30-21.)

10 (410 ILCS 70/2.1) (from Ch. 111 1/2, par. 87-2.1)

11 Sec. 2.1. Plan of correction; penalties.

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

25 If the Department finds the Plan of Correction

1 unacceptable, the hospital or approved pediatric health care
2 facility shall have 10 working days to resubmit an acceptable
3 Plan of Correction. Upon notification that its Plan of
4 Correction is acceptable, a hospital or approved pediatric
5 health care facility shall implement the Plan of Correction
6 within 60 days.

7 (b) The failure of a hospital to submit an acceptable Plan
8 of Correction or to implement the Plan of Correction, within
9 the time frames required in this Section, will subject a
10 hospital to the imposition of a fine by the Department. The
11 Department may impose a fine of up to \$500 per day until a
12 hospital complies with the requirements of this Section. If a
13 hospital submits 2 Plans of Correction that are found to not be
14 acceptable by the Department, the hospital shall become
15 subject to the imposition of a fine by the Department.

16 If an approved pediatric health care facility fails to
17 submit an acceptable Plan of Correction or to implement the
18 Plan of Correction within the time frames required in this
19 Section, then the Department shall notify the approved
20 pediatric health care facility that the approved pediatric
21 health care facility may not provide medical forensic services
22 under this Act. The Department may impose a fine of up to \$500
23 per patient provided services in violation of this Act. If an
24 approved pediatric facility submits 2 Plans of Correction that
25 are found to not be acceptable by the Department, the approved
26 pediatric health care facility shall become subject to the

1 imposition of a fine by the Department and the termination of
2 its approved sexual assault treatment plan.

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

11 (d) This Section is effective on and after January 1,
12 2024.

13 (Source: P.A. 101-81, eff. 7-12-19; 101-634, eff. 6-5-20;
14 102-22, eff. 6-25-21; 102-674, eff. 11-30-21.)

15 (410 ILCS 70/2.1-1)

16 (Section scheduled to be repealed on December 31, 2023)

17 Sec. 2.1-1. Plan of correction; penalties.

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

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

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

19 (b) The failure of a hospital to submit an acceptable Plan
20 of Correction or to implement the Plan of Correction, within
21 the time frames required in this Section, will subject a
22 hospital to the imposition of a fine by the Department. If a
23 hospital submits 2 Plans of Correction that are found to not be
24 acceptable by the Department, the facility shall become
25 subject to the imposition of a fine by the Department. The
26 Department may impose a fine of up to \$500 per day until a

1 hospital complies with the requirements of this Section. No
2 fine shall be taken or assessed until 12 months after the
3 effective date of this amendatory Act of the 102nd General
4 Assembly.

5 If an approved pediatric health care facility or approved
6 federally qualified health center fails to submit an
7 acceptable Plan of Correction or to implement the Plan of
8 Correction within the time frames required in this Section,
9 then the Department shall notify the approved pediatric health
10 care facility or approved federally qualified health center
11 that the approved pediatric health care facility or approved
12 federally qualified health center may not provide medical
13 forensic services under this Act. If an approved pediatric
14 health care facility or approved federally qualified health
15 center submits 2 Plans of Correction that are found to not be
16 acceptable by the Department, the facility shall become
17 subject to the imposition of a fine by the Department and the
18 termination of its approved sexual assault treatment plan. The
19 Department may impose a fine of up to \$500 per patient provided
20 services in violation of this Act. No fine shall be taken or
21 assessed until 12 months after the effective date of this
22 amendatory Act of the 102nd General Assembly.

23 (c) Before imposing a fine pursuant to this Section, the
24 Department shall provide the hospital, or approved pediatric
25 health care facility, or approved federally qualified health
26 center via certified mail with written notice and an

1 opportunity for an administrative hearing. Such hearing must
2 be requested within 10 working days after receipt of the
3 Department's Notice. All hearings shall be conducted in
4 accordance with the Department's rules in administrative
5 hearings.

6 (d) This Section is repealed on December 31, 2023.

7 (Source: P.A. 101-634, eff. 6-5-20; 102-22, eff. 6-25-21;
8 102-674, eff. 11-30-21.)

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

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

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

20 ~~A Beginning January 1, 2023, a~~ qualified medical provider
21 must provide the services set forth in subsection (a-5).

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

1 (1) Appropriate medical forensic services without
2 delay, in a private, age-appropriate or
3 developmentally-appropriate space, required to ensure the
4 health, safety, and welfare of a sexual assault survivor
5 and which may be used as evidence in a criminal proceeding
6 against a person accused of the sexual assault, in a
7 proceeding under the Juvenile Court Act of 1987, or in an
8 investigation under the Abused and Neglected Child
9 Reporting Act.

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

18 Records of medical forensic services of sexual assault
19 survivors under the age of 18 shall be retained by the
20 hospital for a period of 60 years after the sexual assault
21 survivor reaches the age of 18. Records of medical
22 forensic services of sexual assault survivors 18 years of
23 age or older shall be retained by the hospital for a period
24 of 20 years after the date the record was created.

25 Records of medical forensic services may only be
26 disseminated in accordance with Section 6.5 of this Act

1 and other State and federal law.

2 (1.5) An offer to complete the Illinois Sexual Assault
3 Evidence Collection Kit for any sexual assault survivor
4 who presents within a minimum of the last 7 days of the
5 assault or who has disclosed past sexual assault by a
6 specific individual and was in the care of that individual
7 within a minimum of the last 7 days.

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

19 ~~Before January 1, 2023, the information required~~
20 ~~under this subparagraph shall be provided in person by~~
21 ~~the health care professional providing medical~~
22 ~~forensic services directly to the sexual assault~~
23 ~~survivor.~~

24 The ~~On and after January 1, 2023, the~~ information
25 required under this subparagraph shall be provided in
26 person by the qualified medical provider providing

1 medical forensic services directly to the sexual
2 assault survivor.

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

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

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

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

25 (3.5) After a medical evidentiary or physical
26 examination, access to a shower at no cost, unless

1 showering facilities are unavailable.

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

11 (5) Photo documentation of the sexual assault
12 survivor's injuries, anatomy involved in the assault, or
13 other visible evidence on the sexual assault survivor's
14 body to supplement the medical forensic history and
15 written documentation of physical findings and evidence
16 beginning July 1, 2019. Photo documentation does not
17 replace written documentation of the injury.

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

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

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

1 is a memorandum of understanding between the hospital or
2 approved pediatric health care facility and a rape crisis
3 center. With the consent of the sexual assault survivor, a
4 rape crisis counselor shall remain in the exam room during
5 the medical forensic examination.

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

9 (10) A treatment hospital, a treatment hospital with
10 approved pediatric transfer, an out-of-state hospital as
11 defined in Section 5.4, or an approved pediatric health
12 care facility shall comply with the rules relating to the
13 collection and tracking of sexual assault evidence adopted
14 by the Illinois State Police under Section 50 of the
15 Sexual Assault Evidence Submission Act.

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

18 (a-7) Every ~~By January 1, 2023, every~~ hospital with a
19 treatment plan approved by the Department shall employ or
20 contract with a qualified medical provider to initiate medical
21 forensic services to a sexual assault survivor within 90
22 minutes of the patient presenting to the treatment hospital or
23 treatment hospital with approved pediatric transfer. The
24 provision of medical forensic services by a qualified medical
25 provider shall not delay the provision of life-saving medical
26 care.

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

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

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

21 (d) This Section is effective on and after January 1, 2024
22 ~~2022~~.

23 (Source: P.A. 101-81, eff. 7-12-19; 101-377, eff. 8-16-19;
24 101-634, eff. 6-5-20; 102-22, eff. 6-25-21; 102-538, eff.
25 8-20-21; 102-674, eff. 11-30-21; revised 12-16-21.)

1 (410 ILCS 70/5-1)

2 (Section scheduled to be repealed on December 31, 2023)

3 Sec. 5-1. Minimum requirements for medical forensic
4 services provided to sexual assault survivors by hospitals,
5 approved pediatric health care facilities, and approved
6 federally qualified health centers.

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

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

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

22 (1) Appropriate medical forensic services without
23 delay, in a private, age-appropriate or
24 developmentally-appropriate space, required to ensure the
25 health, safety, and welfare of a sexual assault survivor
26 and which may be used as evidence in a criminal proceeding

1 against a person accused of the sexual assault, in a
2 proceeding under the Juvenile Court Act of 1987, or in an
3 investigation under the Abused and Neglected Child
4 Reporting Act.

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

13 Records of medical forensic services of sexual assault
14 survivors under the age of 18 shall be retained by the
15 hospital for a period of 60 years after the sexual assault
16 survivor reaches the age of 18. Records of medical
17 forensic services of sexual assault survivors 18 years of
18 age or older shall be retained by the hospital for a period
19 of 20 years after the date the record was created.

20 Records of medical forensic services may only be
21 disseminated in accordance with Section 6.5-1 of this Act
22 and other State and federal law.

23 (1.5) An offer to complete the Illinois Sexual Assault
24 Evidence Collection Kit for any sexual assault survivor
25 who presents within a minimum of the last 7 days of the
26 assault or who has disclosed past sexual assault by a

1 specific individual and was in the care of that individual
2 within a minimum of the last 7 days.

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

14 Before January 1, 2023, the information required
15 under this subparagraph shall be provided in person by
16 the health care professional providing medical
17 forensic services directly to the sexual assault
18 survivor.

19 On and after January 1, 2023, the information
20 required under this subparagraph shall be provided in
21 person by the qualified medical provider providing
22 medical forensic services directly to the sexual
23 assault survivor.

24 The written information provided shall be the
25 information created in accordance with Section 10-1 of
26 this Act.

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

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

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

20 (3.5) After a medical evidentiary or physical
21 examination, access to a shower at no cost, unless
22 showering facilities are unavailable.

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

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

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

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

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

19 (8) Medical advocacy services provided by a rape
20 crisis counselor whose communications are protected under
21 Section 8-802.1 of the Code of Civil Procedure, if there
22 is a memorandum of understanding between the hospital or
23 approved pediatric health care facility and a rape crisis
24 center. With the consent of the sexual assault survivor, a
25 rape crisis counselor shall remain in the exam room during
26 the medical forensic examination.

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

4 (10) A treatment hospital, a treatment hospital with
5 approved pediatric transfer, an out-of-state hospital as
6 defined in Section 5.4, or an approved pediatric health
7 care facility shall comply with the rules relating to the
8 collection and tracking of sexual assault evidence adopted
9 by the Department of State Police under Section 50 of the
10 Sexual Assault Evidence Submission Act.

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

13 (a-7) By January 1, 2023, every hospital with a treatment
14 plan approved by the Department shall employ or contract with
15 a qualified medical provider to initiate medical forensic
16 services to a sexual assault survivor within 90 minutes of the
17 patient presenting to the treatment hospital or treatment
18 hospital with approved pediatric transfer. The provision of
19 medical forensic services by a qualified medical provider
20 shall not delay the provision of life-saving medical care.

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

1 Minors to Health Care Services ~~Medical Procedures~~ Act, the
2 Health Care Surrogate Act, or other applicable State and
3 federal laws.

4 (b-5) Every hospital, approved pediatric health care
5 facility, or approved federally qualified health center
6 providing medical forensic services to sexual assault
7 survivors shall issue a voucher to any sexual assault survivor
8 who is eligible to receive one in accordance with Section
9 5.2-1 of this Act. The hospital, approved pediatric health
10 care facility, or approved federally qualified health center
11 shall make a copy of the voucher and place it in the medical
12 record of the sexual assault survivor. The hospital, approved
13 pediatric health care facility, or approved federally
14 qualified health center shall provide a copy of the voucher to
15 the sexual assault survivor after discharge upon request.

16 (c) Nothing in this Section creates a physician-patient
17 relationship that extends beyond discharge from the hospital,
18 or approved pediatric health care facility, or approved
19 federally qualified health center.

20 (d) This Section is repealed on December 31, 2023.

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

23 (410 ILCS 70/5.4)

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

25 (a) Nothing in this Section shall prohibit the transfer of

1 a patient in need of medical services from a hospital that has
2 been designated as a trauma center by the Department in
3 accordance with Section 3.90 of the Emergency Medical Services
4 (EMS) Systems Act.

5 (b) A transfer hospital, treatment hospital with approved
6 pediatric transfer, or approved pediatric health care facility
7 may transfer a sexual assault survivor to an out-of-state
8 hospital that is located in a county that borders Illinois ~~has~~
9 ~~been designated as a trauma center by the Department under~~
10 ~~Section 3.90 of the Emergency Medical Services (EMS) Systems~~
11 ~~Act~~ if the out-of-state hospital: (1) submits an areawide
12 treatment plan approved by the Department; and (2) has
13 certified the following to the Department in a form and manner
14 prescribed by the Department that the out-of-state hospital
15 will:

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

18 (ii) comply with all requirements of this Act
19 applicable to treatment hospitals, including, but not
20 limited to, offering evidence collection to any Illinois
21 sexual assault survivor who presents with a complaint of
22 sexual assault within a minimum of the last 7 days or who
23 has disclosed past sexual assault by a specific individual
24 and was in the care of that individual within a minimum of
25 the last 7 days and not billing the sexual assault
26 survivor for medical forensic services or 90 days of

1 follow-up healthcare;

2 (iii) use an Illinois State Police Sexual Assault
3 Evidence Collection Kit to collect forensic evidence from
4 an Illinois sexual assault survivor;

5 (iv) ensure its staff cooperates with Illinois law
6 enforcement agencies and are responsive to subpoenas
7 issued by Illinois courts; and

8 (v) provide appropriate transportation upon the
9 completion of medical forensic services back to the
10 transfer hospital or treatment hospital with pediatric
11 transfer where the sexual assault survivor initially
12 presented seeking medical forensic services, unless the
13 sexual assault survivor chooses to arrange his or her own
14 transportation.

15 (c) Subsection (b) of this Section is inoperative on and
16 after January 1, 2029 ~~2024~~.

17 (Source: P.A. 100-775, eff. 1-1-19.)

18 (410 ILCS 70/9.5)

19 (Section scheduled to be repealed on January 1, 2024)

20 Sec. 9.5. Sexual Assault Medical Forensic Services
21 Implementation Task Force.

22 (a) The Sexual Assault Medical Forensic Services
23 Implementation Task Force is created to assist hospitals and
24 approved pediatric health care facilities with the
25 implementation of the changes made by this amendatory Act of

1 the 100th General Assembly. The Task Force shall consist of
2 the following members, who shall serve without compensation:

3 (1) one member of the Senate appointed by the
4 President of the Senate, who may designate an alternate
5 member;

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

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

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

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

19 (6) one member representing the Department of Public
20 Health appointed by the Director of Public Health;

21 (7) one member representing the Illinois State Police
22 appointed by the Director of the Illinois State Police;

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

26 (9) six members representing hospitals appointed by

1 the head of a statewide organization representing the
2 interests of hospitals in Illinois, at least one of whom
3 shall represent small and rural hospitals and at least one
4 of these members shall represent urban hospitals;

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

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

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

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

23 (14) two members representing sexual assault nurse
24 examiners appointed by the head of a statewide
25 organization representing the interests of forensic nurses
26 in Illinois, at least one of whom shall represent

1 pediatric/adolescent sexual assault nurse examiners and at
2 least one of these members shall represent
3 adult/adolescent sexual assault nurse examiners;

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

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

14 (17) two members ~~one member~~ representing children's
15 advocacy centers appointed by the head of a statewide
16 organization representing the interests of children's
17 advocacy centers in Illinois, one of whom represents rural
18 child advocacy centers and one of whom represents urban
19 child advocacy centers.

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

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

1 date of this Section.

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

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

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

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

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

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

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

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

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

12 (8) to submit a report to the General Assembly by
13 January 1, 2024 ~~2023~~ regarding the status of
14 implementation of this amendatory Act of the 100th General
15 Assembly, including, but not limited to, the impact of
16 transfers to out-of-state hospitals on sexual assault
17 survivors, ~~and~~ the availability of treatment hospitals in
18 Illinois, and the status of pediatric sexual assault care.

19 ~~The,~~ the report to the General Assembly shall be filed
20 with the Clerk of the House of Representatives and the
21 Secretary of the Senate in electronic form only, in the
22 manner that the Clerk and the Secretary shall direct.

23 (d) This Section is repealed on January 1, 2025 ~~2024~~.

24 (Source: P.A. 102-538, eff. 8-20-21.)

25 Section 99. Effective date. This Act takes effect January
26 1, 2023, except that this Section and the changes to Section

1 9.5 of the Sexual Assault Survivors Emergency Treatment Act
2 take effect upon becoming law.