



Sen. Rachelle Crowe

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10200HB0347sam002

LRB102 10549 CPF 38952 a

1 AMENDMENT TO HOUSE BILL 347

2 AMENDMENT NO. _____. Amend House Bill 347 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, 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

1 care facility, other than a hospital, with a sexual assault
2 treatment plan approved by the Department to provide medical
3 forensic services to ~~pediatric~~ sexual assault survivors under
4 the age of 18 who present with a complaint of sexual assault
5 within a minimum of the last 7 days or who have disclosed past
6 sexual assault by a specific individual and were in the care of
7 that individual within a minimum of the last 7 days.

8 "Areawide sexual assault treatment plan" means a plan,
9 developed by hospitals or by hospitals and approved pediatric
10 health care facilities in a community or area to be served,
11 which 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 "Follow-up healthcare" means healthcare services related
2 to a sexual assault, including laboratory services and
3 pharmacy services, rendered within 90 days of the initial
4 visit for medical forensic services.

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

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

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

22 "Law enforcement agency having jurisdiction" means the law
23 enforcement agency in the jurisdiction where an alleged sexual
24 assault or sexual abuse occurred.

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

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

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

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

24 "Photo documentation" means digital photographs or
25 colposcope videos stored and backed up securely in the
26 original file format.

1 "Physician" means a person licensed to practice medicine
2 in all its branches.

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

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

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

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

18 "Sexual assault" means:

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

22 (2) any act of sexual penetration; as used in this
23 paragraph, "sexual penetration" has the meaning provided
24 under Section 11-0.1 of the Criminal Code of 2012 and
25 includes, without limitation, acts prohibited under
26 Sections 11-1.20 through 11-1.60 of the Criminal Code of

1 2012.

2 "Sexual assault forensic examiner" means a physician or
3 physician assistant who has completed training that meets or
4 is substantially similar to the Sexual Assault Nurse Examiner
5 Education Guidelines established by the International
6 Association of Forensic Nurses.

7 "Sexual assault nurse examiner" means an advanced practice
8 registered nurse or registered professional nurse who has
9 completed a sexual assault nurse examiner training program
10 that meets the Sexual Assault Nurse Examiner Education
11 Guidelines established by the International Association of
12 Forensic Nurses.

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

20 "Sexual assault survivor" means a person who presents for
21 medical forensic services in relation to injuries or trauma
22 resulting from a sexual assault.

23 "Sexual assault transfer plan" means a written plan
24 developed by a hospital and approved by the Department, which
25 describes the hospital's procedures for transferring sexual
26 assault survivors to another hospital, and an approved

1 pediatric health care facility, if applicable, in order to
2 receive medical forensic services.

3 "Sexual assault treatment plan" means a written plan that
4 describes the procedures and protocols for providing medical
5 forensic services to sexual assault survivors who present
6 themselves for such services, either directly or through
7 transfer from a hospital or an approved pediatric health care
8 facility.

9 "Transfer hospital" means a hospital with a sexual assault
10 transfer plan approved by the Department.

11 "Transfer services" means the appropriate medical
12 screening examination and necessary stabilizing treatment
13 prior to the transfer of a sexual assault survivor to a
14 hospital or an approved pediatric health care facility that
15 provides medical forensic services to sexual assault survivors
16 pursuant to a sexual assault treatment plan or areawide sexual
17 assault treatment plan.

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

25 "Treatment hospital with approved pediatric transfer"
26 means a hospital with a treatment plan approved by the

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

7 (b) This Section is effective on and after January 1, 2024
8 ~~2022~~.

9 (Source: P.A. 101-81, eff. 7-12-19; 101-634, eff. 6-5-20;
10 102-22, eff. 6-25-21; 102-538, eff. 8-20-21; 102-674, eff.
11 11-30-21; revised 12-16-21.)

12 (410 ILCS 70/1a-1)

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

14 Sec. 1a-1. Definitions.

15 (a) In this Act:

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

18 "Ambulance provider" means an individual or entity that
19 owns and operates a business or service using ambulances or
20 emergency medical services vehicles to transport emergency
21 patients.

22 "Approved pediatric health care facility" means a health
23 care facility, other than a hospital, with a sexual assault
24 treatment plan approved by the Department to provide medical
25 forensic services to ~~pediatric~~ sexual assault survivors under

1 the age of 18 who present with a complaint of sexual assault
2 within a minimum of the last 7 days or who have disclosed past
3 sexual assault by a specific individual and were in the care of
4 that individual within a minimum of the last 7 days.

5 "Approved federally qualified health center" means a
6 facility as defined in Section 1905(1)(2)(B) of the federal
7 Social Security Act with a sexual assault treatment plan
8 approved by the Department to provide medical forensic
9 services to sexual assault survivors 13 years old or older who
10 present with a complaint of sexual assault within a minimum of
11 the last 7 days or who have disclosed past sexual assault by a
12 specific individual and were in the care of that individual
13 within a minimum of the last 7 days.

14 "Areawide sexual assault treatment plan" means a plan,
15 developed by hospitals or by hospitals, approved pediatric
16 health care facilities, and approved federally qualified
17 health centers in a community or area to be served, which
18 provides for medical forensic services to sexual assault
19 survivors that shall be made available by each of the
20 participating hospitals and approved pediatric health care
21 facilities.

22 "Board-certified child abuse pediatrician" means a
23 physician certified by the American Board of Pediatrics in
24 child abuse pediatrics.

25 "Board-eligible child abuse pediatrician" means a
26 physician who has completed the requirements set forth by the

1 American Board of Pediatrics to take the examination for
2 certification in child abuse pediatrics.

3 "Department" means the Department of Public Health.

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

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

12 "Follow-up healthcare" means healthcare services related
13 to a sexual assault, including laboratory services and
14 pharmacy services, rendered within 90 days of the initial
15 visit for medical forensic services.

16 "Health care professional" means a physician, a physician
17 assistant, a sexual assault forensic examiner, an advanced
18 practice registered nurse, a registered professional nurse, a
19 licensed practical nurse, or a sexual assault nurse examiner.

20 "Hospital" means a hospital licensed under the Hospital
21 Licensing Act or operated under the University of Illinois
22 Hospital Act, any outpatient center included in the hospital's
23 sexual assault treatment plan where hospital employees provide
24 medical forensic services, and an out-of-state hospital that
25 has consented to the jurisdiction of the Department under
26 Section 2.06-1.

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

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

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

12 "Medical forensic services" means health care delivered to
13 patients within or under the care and supervision of personnel
14 working in a designated emergency department of a hospital,
15 approved pediatric health care facility, or an approved
16 federally qualified health centers.

17 "Medical forensic services" includes, but is not limited
18 to, taking a medical history, performing photo documentation,
19 performing a physical and anogenital examination, assessing
20 the patient for evidence collection, collecting evidence in
21 accordance with a statewide sexual assault evidence collection
22 program administered by the Department of State Police using
23 the Illinois State Police Sexual Assault Evidence Collection
24 Kit, if appropriate, assessing the patient for
25 drug-facilitated or alcohol-facilitated sexual assault,
26 providing an evaluation of and care for sexually transmitted

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

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

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

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

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

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

24 "Qualified medical provider" means a board-certified child
25 abuse pediatrician, board-eligible child abuse pediatrician, a
26 sexual assault forensic examiner, or a sexual assault nurse

1 examiner who has access to photo documentation tools, and who
2 participates in peer review.

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

5 "Sexual assault" means:

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

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

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

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

26 "Sexual assault services voucher" means a document

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

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

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

16 "Sexual assault treatment plan" means a written plan that
17 describes the procedures and protocols for providing medical
18 forensic services to sexual assault survivors who present
19 themselves for such services, either directly or through
20 transfer from a hospital or an approved pediatric health care
21 facility.

22 "Transfer hospital" means a hospital with a sexual assault
23 transfer plan approved by the Department.

24 "Transfer services" means the appropriate medical
25 screening examination and necessary stabilizing treatment
26 prior to the transfer of a sexual assault survivor to a

1 hospital or an approved pediatric health care facility that
2 provides medical forensic services to sexual assault survivors
3 pursuant to a sexual assault treatment plan or areawide sexual
4 assault treatment plan.

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

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

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

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

1 (a) Every hospital required to be licensed by the
2 Department pursuant to the Hospital Licensing Act, or operated
3 under the University of Illinois Hospital Act that 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 of this Act
12 that includes a written agreement with a treatment hospital
13 stating that the treatment hospital will provide medical
14 forensic services to pediatric sexual assault survivors
15 transferred from the treatment hospital with approved
16 pediatric transfer. The areawide treatment plan may also
17 include an approved pediatric health care facility.

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

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

25 (b) An approved pediatric health care facility may provide
26 medical forensic services, in accordance with rules adopted by

1 the Department, to all ~~pediatric~~ sexual assault survivors
2 under the age of 18 who present for medical forensic services
3 in relation to injuries or trauma resulting from a sexual
4 assault. These services shall be provided by a qualified
5 medical provider.

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

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

1 30 days to submit a revised plan. The Department shall review
2 the revised plan within 30 days after receipt of the plan and
3 notify the pediatric health care facility whether the revised
4 plan is approved or rejected. A pediatric health care facility
5 may not provide medical forensic services to ~~pediatric~~ sexual
6 assault survivors under the age of 18 who present with a
7 complaint of sexual assault within a minimum of the last 7 days
8 or who have disclosed past sexual assault by a specific
9 individual and were in the care of that individual within a
10 minimum of the last 7 days until the Department has approved a
11 treatment plan.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

24 (f) This Section is effective on and after January 1,
25 2024.

26 (Source: P.A. 101-73, eff. 7-12-19; 101-634, eff. 6-5-20;

1 102-22, eff. 6-25-21; 102-674, eff. 11-30-21.)

2 (410 ILCS 70/2-1)

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

4 Sec. 2-1. Hospital, approved pediatric health care
5 facility, and approved federally qualified health center
6 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 provides
10 general medical and surgical hospital services shall provide
11 either (i) transfer services to all sexual assault survivors,
12 (ii) medical forensic services to all sexual assault
13 survivors, or (iii) transfer services to pediatric sexual
14 assault survivors and medical forensic services to sexual
15 assault survivors 13 years old or older, in accordance with
16 rules adopted by the Department.

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

1 services to all sexual assault survivors, (ii) medical
2 forensic services to all sexual assault survivors, or (iii)
3 transfer services to pediatric sexual assault survivors and
4 medical forensic services to sexual assault survivors 13 years
5 old or older, if it finds that the implementation of the
6 proposed plan would provide (i) transfer services or (ii)
7 medical forensic services for sexual assault survivors in
8 accordance with the requirements of this Act and provide
9 sufficient protections from the risk of pregnancy to sexual
10 assault survivors. Notwithstanding anything to the contrary in
11 this paragraph, the Department may approve a sexual assault
12 transfer plan for the provision of medical forensic services
13 if:

14 (1) a treatment hospital with approved pediatric
15 transfer has agreed, as part of an areawide treatment
16 plan, to accept sexual assault survivors 13 years of age
17 or older from the proposed transfer hospital, if the
18 treatment hospital with approved pediatric transfer is
19 geographically closer to the transfer hospital than a
20 treatment hospital or another treatment hospital with
21 approved pediatric transfer and such transfer is not
22 unduly burdensome on the sexual assault survivor; and

23 (2) a treatment hospital has agreed, as a part of an
24 areawide treatment plan, to accept sexual assault
25 survivors under 13 years of age from the proposed transfer
26 hospital and transfer to the treatment hospital would not

1 unduly burden the sexual assault survivor.

2 The Department may not approve a sexual assault transfer
3 plan unless a treatment hospital has agreed, as a part of an
4 areawide treatment plan, to accept sexual assault survivors
5 from the proposed transfer hospital and a transfer to the
6 treatment hospital would not unduly burden the sexual assault
7 survivor.

8 In counties with a population of less than 1,000,000, the
9 Department may not approve a sexual assault transfer plan for
10 a hospital located within a 20-mile radius of a 4-year public
11 university, not including community colleges, unless there is
12 a treatment hospital with a sexual assault treatment plan
13 approved by the Department within a 20-mile radius of the
14 4-year public university.

15 A transfer must be in accordance with federal and State
16 laws and local ordinances.

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

25 A transfer hospital must submit an areawide treatment plan
26 under Section 3-1 of this Act that includes a written

1 agreement with a treatment hospital stating that the treatment
2 hospital will provide medical forensic services to all sexual
3 assault survivors transferred from the transfer hospital. The
4 areawide treatment plan may also include an approved pediatric
5 health care facility. Notwithstanding anything to the contrary
6 in this paragraph, the areawide treatment plan may include a
7 written agreement with a treatment hospital with approved
8 pediatric transfer that is geographically closer than other
9 hospitals providing medical forensic services to sexual
10 assault survivors 13 years of age or older stating that the
11 treatment hospital with approved pediatric transfer will
12 provide medical services to sexual assault survivors 13 years
13 of age or older who are transferred from the transfer
14 hospital. If the areawide treatment plan includes a written
15 agreement with a treatment hospital with approved pediatric
16 transfer, it must also include a written agreement with a
17 treatment hospital stating that the treatment hospital will
18 provide medical forensic services to sexual assault survivors
19 under 13 years of age who are transferred from the transfer
20 hospital.

21 Beginning January 1, 2019, each treatment hospital and
22 treatment hospital with approved pediatric transfer shall
23 ensure that emergency department attending physicians,
24 physician assistants, advanced practice registered nurses, and
25 registered professional nurses providing clinical services,
26 who do not meet the definition of a qualified medical provider

1 in Section 1a-1 of this Act, receive a minimum of 2 hours of
2 sexual assault training by July 1, 2020 or until the treatment
3 hospital or treatment hospital with approved pediatric
4 transfer certifies to the Department, in a form and manner
5 prescribed by the Department, that it employs or contracts
6 with a qualified medical provider in accordance with
7 subsection (a-7) of Section 5-1, whichever occurs first.

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

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

24 (1) information provided on the provision of medical
25 forensic services;

26 (2) information on the use of the Illinois Sexual

1 Assault Evidence Collection Kit;

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

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

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

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

25 (a-10) Upon receipt of a plan as described in subsection
26 (a-5), the Department shall notify the hospital whether or not

1 the plan is acceptable. If the Department determines that the
2 plan is unacceptable, the hospital must submit a modified plan
3 within 10 days of service of the notification. If the
4 Department determines that the modified plan is unacceptable,
5 or if the hospital fails to submit a modified plan within 10
6 days, the Department may impose a fine of up to \$500 per day
7 until an acceptable plan has been submitted, as determined by
8 the Department. No fine shall be taken or assessed until 12
9 months after the effective date of this amendatory Act of the
10 102nd General Assembly.

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

18 A pediatric health care facility must participate in or
19 submit an areawide treatment plan under Section 3-1 of this
20 Act that includes a treatment hospital. If a pediatric health
21 care facility does not provide certain medical or surgical
22 services that are provided by hospitals, the areawide sexual
23 assault treatment plan must include a procedure for ensuring a
24 sexual assault survivor in need of such medical or surgical
25 services receives the services at the treatment hospital. The
26 areawide treatment plan may also include a treatment hospital

1 with approved pediatric transfer.

2 The Department shall review a proposed sexual assault
3 treatment plan submitted by a pediatric health care facility
4 within 60 days after receipt of the plan. If the Department
5 finds that the proposed plan meets the minimum requirements
6 set forth in Section 5-1 of this Act and that implementation of
7 the proposed plan would provide medical forensic services for
8 ~~pediatric~~ sexual assault survivors under the age of 18, then
9 the Department shall approve the plan. If the Department does
10 not approve a plan, then the Department shall notify the
11 pediatric health care facility that the proposed plan has not
12 been approved. The pediatric health care facility shall have
13 30 days to submit a revised plan. The Department shall review
14 the revised plan within 30 days after receipt of the plan and
15 notify the pediatric health care facility whether the revised
16 plan is approved or rejected. A pediatric health care facility
17 may not provide medical forensic services to ~~pediatric~~ sexual
18 assault survivors under the age of 18 who present with a
19 complaint of sexual assault within a minimum of the last 7 days
20 or who have disclosed past sexual assault by a specific
21 individual and were in the care of that individual within a
22 minimum of the last 7 days until the Department has approved a
23 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
4 hospital emergency department, (insert name) located at
5 (insert 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
22 sign.

23 (b-5) An approved federally qualified health center may
24 provide medical forensic services, in accordance with rules
25 adopted by the Department, to all sexual assault survivors 13
26 years old or older who present for medical forensic services

1 in relation to injuries or trauma resulting from a sexual
2 assault during the duration, and 90 days thereafter, of a
3 proclamation issued by the Governor declaring a disaster, or a
4 successive proclamation regarding the same disaster, in all
5 102 counties due to a public health emergency. These services
6 shall be provided by (i) a qualified medical provider,
7 physician, physician assistant, or advanced practice
8 registered nurse who has received a minimum of 10 hours of
9 sexual assault training provided by a qualified medical
10 provider on current Illinois legislation, how to properly
11 perform a medical forensic examination, evidence collection,
12 drug and alcohol facilitated sexual assault, and forensic
13 photography and has all documentation and photos peer reviewed
14 by a qualified medical provider or (ii) until the federally
15 qualified health care center certifies to the Department, in a
16 form and manner prescribed by the Department, that it employs
17 or contracts with a qualified medical provider in accordance
18 with subsection (a-7) of Section 5-1, whichever occurs first.

19 A federally qualified health center must participate in or
20 submit an areawide treatment plan under Section 3-1 of this
21 Act that includes a treatment hospital. If a federally
22 qualified health center does not provide certain medical or
23 surgical services that are provided by hospitals, the areawide
24 sexual assault treatment plan must include a procedure for
25 ensuring a sexual assault survivor in need of such medical or
26 surgical services receives the services at the treatment

1 hospital. The areawide treatment plan may also include a
2 treatment hospital with approved pediatric transfer or an
3 approved pediatric health care facility.

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

26 If an approved federally qualified health center is not

1 open 24 hours a day, 7 days a week, it shall post signage at
2 each public entrance to its facility that:

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

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

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

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

11 (5) has a black background with white bold capital
12 lettering in a clear and easy to read font that is at least
13 72-point type, and with "call 911" in at least 125-point
14 type;

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

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

25 A copy of the proposed sign must be submitted to the
26 Department and approved as part of the approved federally

1 qualified health center's sexual assault treatment plan.

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

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

22 (e) Each treatment hospital, treatment hospital with
23 approved pediatric transfer, approved pediatric health care
24 facility, and approved federally qualified health center shall
25 submit to the Department every 6 months, in a manner
26 prescribed by the Department, the following information:

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

3 (2) The total number of Illinois Sexual Assault
4 Evidence Collection Kits:

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

8 (B) completed for (i) all sexual assault survivors
9 and (ii) pediatric sexual assault survivors; and

10 (C) declined by (i) all sexual assault survivors
11 and (ii) pediatric sexual assault survivors.

12 This information shall be made available on the
13 Department's website.

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

15 (Source: P.A. 101-634, eff. 6-5-20; 102-22, eff. 6-25-21;
16 102-674, eff. 11-30-21.)

17 (410 ILCS 70/2.1) (from Ch. 111 1/2, par. 87-2.1)

18 Sec. 2.1. Plan of correction; penalties.

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

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

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

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

23 If an approved pediatric health care facility fails to
24 submit an acceptable Plan of Correction or to implement the
25 Plan of Correction within the time frames required in this
26 Section, then the Department shall notify the approved

1 pediatric health care facility that the approved pediatric
2 health care facility may not provide medical forensic services
3 under this Act. The Department may impose a fine of up to \$500
4 per patient provided services in violation of this Act. If an
5 approved pediatric facility submits 2 Plans of Correction that
6 are found to not be acceptable by the Department, the approved
7 pediatric health care facility shall become subject to the
8 imposition of a fine by the Department and the termination of
9 its approved sexual assault treatment plan.

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

18 (d) This Section is effective on and after January 1,
19 2024.

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

22 (410 ILCS 70/2.1-1)

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

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

25 (a) If the Department surveyor determines that the

1 hospital, approved pediatric health care facility, or approved
2 federally qualified health center is not in compliance with
3 its approved plan, the surveyor shall provide the hospital,
4 approved pediatric health care facility, or approved federally
5 qualified health center with a written list of the specific
6 items of noncompliance within 10 working days after the
7 conclusion of the on-site review. The hospital, approved
8 pediatric health care facility, or approved federally
9 qualified health center shall have 10 working days to submit
10 to the Department a plan of correction which contains the
11 hospital's, approved pediatric health care facility's, or
12 approved federally qualified health center's specific
13 proposals for correcting the items of noncompliance. The
14 Department shall review the plan of correction and notify the
15 hospital, approved pediatric health care facility, or approved
16 federally qualified health center 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, approved pediatric health care
20 facility, or approved federally qualified health center shall
21 have 10 working days to resubmit an acceptable Plan of
22 Correction. Upon notification that its Plan of Correction is
23 acceptable, a hospital, approved pediatric health care
24 facility, or approved federally qualified health center shall
25 implement the Plan of Correction within 60 days.

26 (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. If a
4 hospital submits 2 Plans of Correction that are found to not be
5 acceptable by the Department, the facility shall become
6 subject to the imposition of a fine by the Department. The
7 Department may impose a fine of up to \$500 per day until a
8 hospital complies with the requirements of this Section. No
9 fine shall be taken or assessed until 12 months after the
10 effective date of this amendatory Act of the 102nd General
11 Assembly.

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

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

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

13 (d) 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 70/5) (from Ch. 111 1/2, par. 87-5)

17 Sec. 5. Minimum requirements for medical forensic services
18 provided to sexual assault survivors by hospitals and approved
19 pediatric health care facilities.

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

1 the services set forth in subsection (a-5).

2 ~~A Beginning January 1, 2023,~~ 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 medical forensic services without
9 delay, in a private, age-appropriate or
10 developmentally-appropriate space, required to ensure the
11 health, safety, and welfare of a sexual assault survivor
12 and which may be used as evidence in a criminal proceeding
13 against a person accused of the sexual assault, in a
14 proceeding under the Juvenile Court Act of 1987, or in an
15 investigation under the Abused and Neglected Child
16 Reporting Act.

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

25 Records of medical forensic services of sexual assault
26 survivors under the age of 18 shall be retained by the

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

6 Records of medical forensic services may only be
7 disseminated in accordance with Section 6.5 of this Act
8 and other State and federal law.

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

15 (A) Appropriate oral and written information
16 concerning evidence-based guidelines for the
17 appropriateness of evidence collection depending on
18 the sexual development of the sexual assault survivor,
19 the type of sexual assault, and the timing of the
20 sexual assault shall be provided to the sexual assault
21 survivor. Evidence collection is encouraged for
22 prepubescent sexual assault survivors who present to a
23 hospital or approved pediatric health care facility
24 with a complaint of sexual assault within a minimum of
25 96 hours after the sexual assault.

26 ~~Before January 1, 2023, the information required~~

1 ~~under this subparagraph shall be provided in person by~~
2 ~~the health care professional providing medical~~
3 ~~forensic services directly to the sexual assault~~
4 ~~survivor.~~

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

10 The written information provided shall be the
11 information created in accordance with Section 10 of
12 this Act.

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

21 (2) Appropriate oral and written information
22 concerning the possibility of infection, sexually
23 transmitted infection, including an evaluation of the
24 sexual assault survivor's risk of contracting human
25 immunodeficiency virus (HIV) from sexual assault, and
26 pregnancy resulting from sexual assault.

1 (3) Appropriate oral and written information
2 concerning accepted medical procedures, laboratory tests,
3 medication, and possible contraindications of such
4 medication available for the prevention or treatment of
5 infection or disease resulting from sexual assault.

6 (3.5) After a medical evidentiary or physical
7 examination, access to a shower at no cost, unless
8 showering facilities are unavailable.

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

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

25 (6) Written and oral instructions indicating the need
26 for follow-up examinations and laboratory tests after the

1 sexual assault to determine the presence or absence of
2 sexually transmitted infection.

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

5 (8) Medical advocacy services provided by a rape
6 crisis counselor whose communications are protected under
7 Section 8-802.1 of the Code of Civil Procedure, if there
8 is a memorandum of understanding between the hospital or
9 approved pediatric health care facility and a rape crisis
10 center. With the consent of the sexual assault survivor, a
11 rape crisis counselor shall remain in the exam room during
12 the medical forensic examination.

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

16 (10) A treatment hospital, a treatment hospital with
17 approved pediatric transfer, an out-of-state hospital as
18 defined in Section 5.4, or an approved pediatric health
19 care facility shall comply with the rules relating to the
20 collection and tracking of sexual assault evidence adopted
21 by the Illinois State Police under Section 50 of the
22 Sexual Assault Evidence Submission Act.

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

25 (a-7) Every ~~By January 1, 2023, every~~ hospital with a
26 treatment plan approved by the Department shall employ or

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

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

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

25 (c) Nothing in this Section creates a physician-patient
26 relationship that extends beyond discharge from the hospital

1 or approved pediatric health care facility.

2 (d) This Section is effective on and after January 1, 2024
3 ~~2022~~.

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

7 (410 ILCS 70/5-1)

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

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

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

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

23 (a-5) A treatment hospital, a treatment hospital with
24 approved pediatric transfer, or an approved pediatric health
25 care facility, or an approved federally qualified health

1 center shall provide the following services in accordance with
2 subsection (a):

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

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

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

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

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

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

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

26 On and after January 1, 2023, the information

1 required under this subparagraph shall be provided in
2 person by the qualified medical provider providing
3 medical forensic services directly to the sexual
4 assault survivor.

5 The written information provided shall be the
6 information created in accordance with Section 10-1 of
7 this Act.

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

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

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

1 (3.5) After a medical evidentiary or physical
2 examination, access to a shower at no cost, unless
3 showering facilities are unavailable.

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

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

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

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

26 (8) Medical advocacy services provided by a rape

1 crisis counselor whose communications are protected under
2 Section 8-802.1 of the Code of Civil Procedure, if there
3 is a memorandum of understanding between the hospital or
4 approved pediatric health care facility and a rape crisis
5 center. With the consent of the sexual assault survivor, a
6 rape crisis counselor shall remain in the exam room during
7 the medical forensic examination.

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

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

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

20 (a-7) By January 1, 2023, every hospital with a treatment
21 plan approved by the Department shall employ or contract with
22 a qualified medical provider to initiate medical forensic
23 services to a sexual assault survivor within 90 minutes of the
24 patient presenting to the treatment hospital or treatment
25 hospital with approved pediatric transfer. The provision of
26 medical forensic services by a qualified medical provider

1 shall not delay the provision of life-saving medical care.

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

11 (b-5) Every hospital, approved pediatric health care
12 facility, or approved federally qualified health center
13 providing medical forensic services to sexual assault
14 survivors shall issue a voucher to any sexual assault survivor
15 who is eligible to receive one in accordance with Section
16 5.2-1 of this Act. The hospital, approved pediatric health
17 care facility, or approved federally qualified health center
18 shall make a copy of the voucher and place it in the medical
19 record of the sexual assault survivor. The hospital, approved
20 pediatric health care facility, or approved federally
21 qualified health center shall provide a copy of the voucher to
22 the sexual assault survivor after discharge upon request.

23 (c) Nothing in this Section creates a physician-patient
24 relationship that extends beyond discharge from the hospital,
25 or approved pediatric health care facility, or approved
26 federally qualified health center.

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

2 (Source: P.A. 101-634, eff. 6-5-20; 102-22, eff. 6-25-21;
3 102-674, eff. 11-30-21.)

4 (410 ILCS 70/5.4)

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

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

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

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

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

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

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

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

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

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

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

25 (410 ILCS 70/9.5)

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

2 Sec. 9.5. Sexual Assault Medical Forensic Services
3 Implementation Task Force.

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

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

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

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

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

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

26 (6) one member representing the Department of Public

1 Health appointed by the Director of Public Health;

2 (7) one member representing the Illinois State Police
3 appointed by the Director of the Illinois State Police;

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

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

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

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

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

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

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

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

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

21 (17) two members ~~one member~~ representing children's
22 advocacy centers appointed by the head of a statewide
23 organization representing the interests of children's
24 advocacy centers in Illinois, one of whom represents rural
25 child advocacy centers and one of whom represents urban
26 child advocacy centers.

1 The members representing the Office of the Attorney
2 General 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
15 of qualified medical providers and assist hospitals with
16 the development of plans to employ or contract with a
17 qualified medical provider to initiate medical forensic
18 services to a sexual assault survivor within 90 minutes of
19 the patient presenting to the hospital as required in
20 subsection (a-7) 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, 2024 ~~2023~~ regarding the status of
21 implementation of this amendatory Act of the 100th General
22 Assembly, including, but not limited to, the impact of
23 transfers to out-of-state hospitals on sexual assault
24 survivors, ~~and~~ the availability of treatment hospitals in
25 Illinois, and the status of pediatric sexual assault care.
26 ~~The,~~ the report to the General Assembly shall be filed

1 with the Clerk of the House of Representatives and the
2 Secretary of the Senate in electronic form only, in the
3 manner that the Clerk and the Secretary shall direct.

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

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

6 Section 99. Effective date. This Act takes effect January
7 1, 2023, except that this Section and the changes to Section
8 9.5 of the Sexual Assault Survivors Emergency Treatment Act
9 take effect upon becoming law."