

1 AN ACT concerning criminal law.

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, 2.05, 2.05-1, 2.06, 2.06-1, 2.1, 2.1-1, 2.2, 2.2-1, 3,  
7 3-1, 5, 5-1, 5.1, 5.1-1, 5.2, 5.2-1, 5.3, 5.3-1, 5.5, 5.5-1,  
8 6.1, 6.1-1, 6.2, 6.2-1, 6.4, 6.4-1, 6.5, 6.5-1, 6.6, 6.6-1, 7,  
9 7-1, 7.5, 7.5-1, 8, 8-1, 10, and 10-1 as follows:

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

11 Sec. 1a. Definitions.

12 (a) In this Act:

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

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

19 "Approved pediatric health care facility" means a health  
20 care facility, other than a hospital, with a sexual assault  
21 treatment plan approved by the Department to provide medical  
22 forensic services to pediatric sexual assault survivors who  
23 present with a complaint of sexual assault within a minimum of

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

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

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

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

18 "Department" means the Department of Public Health.

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

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

1 "Health care professional" means a physician, a physician  
2 assistant, a sexual assault forensic examiner, an advanced  
3 practice registered nurse, a registered professional nurse, a  
4 licensed practical nurse, or a sexual assault nurse examiner.

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

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

18 "Law enforcement agency having jurisdiction" means the law  
19 enforcement agency in the jurisdiction where an alleged sexual  
20 assault or sexual abuse occurred.

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

23 "Medical forensic services" means health care delivered to  
24 patients within or under the care and supervision of personnel  
25 working in a designated emergency department of a hospital or  
26 an approved pediatric health care facility. "Medical forensic

1 services" includes, but is not limited to, taking a medical  
2 history, performing photo documentation, performing a physical  
3 and anogenital examination, assessing the patient for evidence  
4 collection, collecting evidence in accordance with a statewide  
5 sexual assault evidence collection program administered by the  
6 Department of State Police using the Illinois State Police  
7 Sexual Assault Evidence Collection Kit, if appropriate,  
8 assessing the patient for drug-facilitated or  
9 alcohol-facilitated sexual assault, providing an evaluation of  
10 and care for sexually transmitted infection and human  
11 immunodeficiency virus (HIV), pregnancy risk evaluation and  
12 care, and discharge and follow-up healthcare planning.

13 "Pediatric health care facility" means a clinic or  
14 physician's office that provides medical services to pediatric  
15 patients.

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

20 "Photo documentation" means digital photographs or  
21 colposcope videos stored and backed up securely in the  
22 original file format.

23 "Physician" means a person licensed to practice medicine  
24 in all its branches.

25 "Physician assistant" has the meaning provided in Section  
26 4 of the Physician Assistant Practice Act of 1987.

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

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

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

14 "Sexual assault" means:

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

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

24 "Sexual assault forensic examiner" means a physician or  
25 physician assistant who has completed training that meets or  
26 is substantially similar to the Sexual Assault Nurse Examiner

1 Education Guidelines established by the International  
2 Association of Forensic Nurses.

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

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

16 "Sexual assault survivor" means a person who presents for  
17 medical forensic services in relation to injuries or trauma  
18 resulting from a sexual assault.

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

25 "Sexual assault treatment plan" means a written plan that  
26 describes the procedures and protocols for providing medical

1 forensic services to sexual assault survivors who present  
2 themselves for such services, either directly or through  
3 transfer from a hospital or an approved pediatric health care  
4 facility.

5 "Transfer hospital" means a hospital with a sexual assault  
6 transfer plan approved by the Department.

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

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

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

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

3 (b) This Section is effective on and after January 1, 2022  
4 ~~July 1, 2021~~.

5 (Source: P.A. 100-513, eff. 1-1-18; 100-775, eff. 1-1-19;  
6 101-81, eff. 7-12-19; 101-634, eff. 6-5-20.)

7 (410 ILCS 70/1a-1)

8 (Section scheduled to be repealed on June 30, 2021)

9 Sec. 1a-1. Definitions.

10 (a) In this Act:

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

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

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

25 "Approved federally qualified health center" means a



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

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

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

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

24 "Department" means the Department of Public Health.

25 "Emergency contraception" means medication as approved by  
26 the federal Food and Drug Administration (FDA) that can

1 significantly reduce the risk of pregnancy if taken within 72  
2 hours after sexual assault.

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

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

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

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

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

1 Collection Kit.

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

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

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

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

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

1 patients.

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

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

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

11 "Physician assistant" has the meaning provided in Section  
12 4 of the Physician Assistant Practice Act of 1987.

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

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

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

26 "Sexual assault" means:

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

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

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

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

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

1 healthcare provided as a result of the sexual assault.

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

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

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

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

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

26 "Treatment hospital" means a hospital with a sexual

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

15 (b) This Section is repealed on December 31 ~~June 30~~, 2021.

16 (Source: P.A. 101-634, eff. 6-5-20.)

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

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

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

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

5 In addition, every such hospital, regardless of whether or  
6 not a request is made for reimbursement, shall submit to the  
7 Department a plan to provide either (i) transfer services to  
8 all sexual assault survivors, (ii) medical forensic services  
9 to all sexual assault survivors, or (iii) transfer services to  
10 pediatric sexual assault survivors and medical forensic  
11 services to sexual assault survivors 13 years old or older.  
12 The 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 ~~until January 1, 2022~~ 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, ~~until January 1, 2022,~~ the areawide treatment  
19 plan may include a written agreement with a treatment hospital  
20 with approved pediatric transfer that is geographically closer  
21 than other hospitals providing medical forensic services to  
22 sexual assault survivors 13 years of age or older stating that  
23 the 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 (b) An approved pediatric health care facility may provide  
24 medical forensic services, in accordance with rules adopted by  
25 the Department, to all pediatric sexual assault survivors who  
26 present for medical forensic services in relation to injuries

1 or trauma resulting from a sexual assault. These services  
2 shall be provided by a qualified medical provider.

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

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

1 approved or rejected. A pediatric health care facility may not  
2 provide medical forensic services to pediatric sexual assault  
3 survivors who present with a complaint of sexual assault  
4 within a minimum of the last 7 days or who have disclosed past  
5 sexual assault by a specific individual and were in the care of  
6 that individual within a minimum of the last 7 days until the  
7 Department has approved a treatment plan.

8 If an approved pediatric health care facility is not open  
9 24 hours a day, 7 days a week, it shall post signage at each  
10 public entrance to its facility that:

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

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

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

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

19 (5) has a black background with white bold capital  
20 lettering in a clear and easy to read font that is at least  
21 72-point type, and with "call 911" in at least 125-point  
22 type;

23 (6) is posted clearly and conspicuously on or adjacent  
24 to the door at each entrance and, if building materials  
25 allow, is posted internally for viewing through glass; if  
26 posted externally, the sign shall be made of

1 weather-resistant and theft-resistant materials,  
2 non-removable, and adhered permanently to the building;  
3 and

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

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

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

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

1 the Criminal Identification Act.

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

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

9 (2) The total number of Illinois Sexual Assault  
10 Evidence Collection Kits:

11 (A) offered to (i) all sexual assault survivors  
12 and (ii) pediatric sexual assault survivors pursuant  
13 to paragraph (1.5) of subsection (a-5) of Section 5;

14 (B) completed for (i) all sexual assault survivors  
15 and (ii) pediatric sexual assault survivors; and

16 (C) declined by (i) all sexual assault survivors  
17 and (ii) pediatric sexual assault survivors.

18 This information shall be made available on the  
19 Department's website.

20 (f) This Section is effective on and after January 1, 2022  
21 ~~July 1, 2021~~.

22 (Source: P.A. 100-775, eff. 1-1-19; 101-73, eff. 7-12-19;  
23 101-634, eff. 6-5-20.)

24 (410 ILCS 70/2-1)

25 (Section scheduled to be repealed on June 30, 2021)



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

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

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

1 proposed plan would provide (i) transfer services or (ii)  
2 medical forensic services for sexual assault survivors in  
3 accordance with the requirements of this Act and provide  
4 sufficient protections from the risk of pregnancy to sexual  
5 assault survivors. Notwithstanding anything to the contrary in  
6 this paragraph, the Department may approve a sexual assault  
7 transfer plan for the provision of medical forensic services  
8 ~~until January 1, 2022~~ if:

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

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

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

1 treatment hospital would not unduly burden the sexual assault  
2 survivor.

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

10 A transfer must be in accordance with federal and State  
11 laws and local ordinances.

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

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

1 in this paragraph, ~~until January 1, 2022,~~ the areawide  
2 treatment plan may include a written agreement with a  
3 treatment hospital with approved pediatric transfer that is  
4 geographically closer than other hospitals providing medical  
5 forensic services to sexual assault survivors 13 years of age  
6 or older stating that the treatment hospital with approved  
7 pediatric transfer will provide medical services to sexual  
8 assault survivors 13 years of age or older who are transferred  
9 from the transfer hospital. If the areawide treatment plan  
10 includes a written agreement with a treatment hospital with  
11 approved pediatric transfer, it must also include a written  
12 agreement with a treatment hospital stating that the treatment  
13 hospital will provide medical forensic services to sexual  
14 assault survivors under 13 years of age who are transferred  
15 from the transfer hospital.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

21 (2) directs those seeking services as follows: "If  
22 closed, call 911 for services or go to the closest  
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 ~~June 30~~, 2021.

8 (Source: P.A. 101-634, eff. 6-5-20.)

9 (410 ILCS 70/2.05)

10 Sec. 2.05. Department requirements.

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

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

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

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

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

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

1 pediatric health care facility's compliance.

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

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

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

22 (d) This Section is effective on and after January 1, 2022  
23 ~~July 1, 2021~~.

24 (Source: P.A. 100-775, eff. 1-1-19; 101-634, eff. 6-5-20.)

25 (410 ILCS 70/2.05-1)

1 (Section scheduled to be repealed on June 30, 2021)

2 Sec. 2.05-1. Department requirements.

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

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



1 report every quarter thereafter. The report shall include all  
2 of the following:

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

11 (2) Each hospital that has failed to submit a plan as  
12 required in subsection (a) of Section 2-1.

13 (3) Each hospital, approved pediatric care facility,  
14 and federally qualified health center that has to submit  
15 an acceptable Plan of Correction within the time required  
16 by Section 2.1-1, including the date the Plan of  
17 Correction was required to be submitted. Once a hospital,  
18 approved pediatric health care facility, or approved  
19 federally qualified health center submits and implements  
20 the required Plan of Correction, the Department shall  
21 immediately update the report on its Internet website to  
22 reflect that hospital, approved pediatric health care  
23 facility, or federally qualified health center's  
24 compliance.

25 (4) Each hospital, approved pediatric care facility,  
26 and federally qualified health center at which the

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

6 (5) Each areawide treatment plan submitted to the  
7 Department pursuant to Section 3-1 of this Act, including  
8 which treatment hospitals, treatment hospitals with  
9 approved pediatric transfer, transfer hospitals, approved  
10 pediatric health care facilities, and approved federally  
11 qualified health centers are identified in each areawide  
12 treatment plan.

13 (6) During the duration, and 90 days thereafter, of a  
14 proclamation issued by the Governor declaring a disaster,  
15 or a successive proclamation regarding the same disaster,  
16 in all 102 counties due to a public health emergency, the  
17 Department shall immediately update the report on its  
18 website to reflect each federally qualified health center  
19 that has submitted a plan, including the submission date  
20 of the plan, type of plan submitted, and the date the plan  
21 was approved.

22 (c) The Department, in consultation with the Office of the  
23 Attorney General, shall adopt administrative rules by January  
24 1, 2020 establishing a process for physicians and physician  
25 assistants to provide documentation of training and clinical  
26 experience that meets or is substantially similar to the

1 Sexual Assault Nurse Examiner Education Guidelines established  
2 by the International Association of Forensic Nurses in order  
3 to qualify as a sexual assault forensic examiner.

4 (d) This Section is repealed on December 31 ~~June 30~~, 2021.  
5 (Source: P.A. 101-634, eff. 6-5-20.)

6 (410 ILCS 70/2.06)

7 Sec. 2.06. Consent to jurisdiction.

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

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

17 (b) This Section is effective on and after January 1, 2022  
18 ~~July 1, 2021~~.

19 (Source: P.A. 100-775, eff. 1-1-19; 101-634, eff. 6-5-20.)

20 (410 ILCS 70/2.06-1)

21 (Section scheduled to be repealed on June 30, 2021)

22 Sec. 2.06-1. Consent to jurisdiction.

23 (a) A pediatric health care facility or federally  
24 qualified health center that submits a plan to the Department  
25 for approval under Section 2-1 or an out-of-state hospital

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

1 regulating a pediatric health care facility or out-of-state  
2 hospital. In carrying out oversight of a pediatric health care  
3 facility, federally qualified health center, or an  
4 out-of-state hospital, the Department shall respect the  
5 confidentiality of all patient records, including by complying  
6 with the patient record confidentiality requirements set out  
7 in Section 6.14b of the Hospital Licensing Act.

8 (b) This Section is repealed on December 31 ~~June 30~~, 2021.  
9 (Source: P.A. 101-634, eff. 6-5-20.)

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.

13 If an approved pediatric health care facility fails to  
14 submit an acceptable Plan of Correction or to implement the  
15 Plan of Correction within the time frames required in this  
16 Section, then the Department shall notify the approved  
17 pediatric health care facility that the approved pediatric  
18 health care facility may not provide medical forensic services  
19 under this Act. The Department may impose a fine of up to \$500  
20 per patient provided services in violation of this Act.

21 (c) Before imposing a fine pursuant to this Section, the  
22 Department shall provide the hospital or approved pediatric  
23 health care facility via certified mail with written notice  
24 and an opportunity for an administrative hearing. Such hearing  
25 must be requested within 10 working days after receipt of the  
26 Department's Notice. All hearings shall be conducted in

1 accordance with the Department's rules in administrative  
2 hearings.

3 (d) This Section is effective on and after January 1, 2022  
4 ~~July 1, 2031~~.

5 (Source: P.A. 100-775, eff. 1-1-19; 101-81, eff. 7-12-19;  
6 101-634, eff. 6-5-20.)

7 (410 ILCS 70/2.1-1)

8 (Section scheduled to be repealed on June 30, 2021)

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

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



1 federally qualified health center in writing within 10 working  
2 days as to whether the plan is acceptable or unacceptable.

3 If the Department finds the Plan of Correction  
4 unacceptable, the hospital, approved pediatric health care  
5 facility, or approved federally qualified health center shall  
6 have 10 working days to resubmit an acceptable Plan of  
7 Correction. Upon notification that its Plan of Correction is  
8 acceptable, a hospital, approved pediatric health care  
9 facility, or approved federally qualified health center shall  
10 implement the Plan of Correction within 60 days.

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

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

1 of this Act.

2 (c) Before imposing a fine pursuant to this Section, the  
3 Department shall provide the hospital, or approved pediatric  
4 health care facility, or approved federally qualified health  
5 center via certified mail with written notice and an  
6 opportunity for an administrative hearing. Such hearing must  
7 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 repealed on December 31 ~~June 30~~, 2021.  
12 (Source: P.A. 101-634, eff. 6-5-20.)

13 (410 ILCS 70/2.2)

14 Sec. 2.2. Emergency contraception.

15 (a) The General Assembly finds:

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

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

24 (3) As approved for use by the Federal Food and Drug  
25 Administration (FDA), emergency contraception can

1 significantly reduce the risk of pregnancy if taken within  
2 72 hours after the sexual assault.

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

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

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

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

3 (c) This Section is effective on and after January 1, 2022  
4 ~~July 1, 2021~~.

5 (Source: P.A. 100-513, eff. 1-1-18; 100-775, eff. 1-1-19;  
6 101-634, eff. 6-5-20.)

7 (410 ILCS 70/2.2-1)

8 (Section scheduled to be repealed on June 30, 2021)

9 Sec. 2.2-1. Emergency contraception.

10 (a) The General Assembly finds:

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

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

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

23 (4) By providing emergency contraception to rape  
24 victims in a timely manner, the trauma of rape can be  
25 significantly reduced.

1           (b) Every hospital, approved pediatric health care  
2 facility, or approved federally qualified health center  
3 providing services to sexual assault survivors in accordance  
4 with a plan approved under Section 2-1 must develop a protocol  
5 that ensures that each survivor of sexual assault will receive  
6 medically and factually accurate and written and oral  
7 information about emergency contraception; the indications and  
8 contraindications and risks associated with the use of  
9 emergency contraception; and a description of how and when  
10 victims may be provided emergency contraception at no cost  
11 upon the written order of a physician licensed to practice  
12 medicine in all its branches, a licensed advanced practice  
13 registered nurse, or a licensed physician assistant. The  
14 Department shall approve the protocol if it finds that the  
15 implementation of the protocol would provide sufficient  
16 protection for survivors of sexual assault.

17           The hospital, approved pediatric health care facility, or  
18 approved federally qualified health center shall implement the  
19 protocol upon approval by the Department. The Department shall  
20 adopt rules and regulations establishing one or more safe  
21 harbor protocols and setting minimum acceptable protocol  
22 standards that hospitals may develop and implement. The  
23 Department shall approve any protocol that meets those  
24 standards. The Department may provide a sample acceptable  
25 protocol upon request.

26           (c) This Section is repealed on December 31 ~~June 30~~, 2021.

1 (Source: P.A. 101-634, eff. 6-5-20.)

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

3 Sec. 3. Areawide sexual assault treatment plans;  
4 submission.

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

24 (b) This Section is effective on and after January 1, 2022  
25 ~~July 1, 2021~~.

1 (Source: P.A. 100-775, eff. 1-1-19; 101-634, eff. 6-5-20.)

2 (410 ILCS 70/3-1)

3 (Section scheduled to be repealed on June 30, 2021)

4 Sec. 3-1. Areawide sexual assault treatment plans;  
5 submission.

6 (a) Hospitals, approved pediatric health care facilities,  
7 and approved federally qualified health centers in the area to  
8 be served may develop and participate in areawide plans that  
9 shall describe the medical forensic services to sexual assault  
10 survivors that each participating hospital, approved pediatric  
11 health care facility, and approved federally qualified health  
12 centers has agreed to make available. Each hospital, approved  
13 pediatric health care facility, and approved federally  
14 qualified health center participating in such a plan shall  
15 provide such services as it is designated to provide in the  
16 plan agreed upon by the participants. An areawide plan may  
17 include treatment hospitals, treatment hospitals with approved  
18 pediatric transfer, transfer hospitals, approved pediatric  
19 health care facilities, approved federally qualified health  
20 centers, or out-of-state hospitals as provided in Section 5.4.  
21 All areawide plans shall be submitted to the Department for  
22 approval, prior to becoming effective. The Department shall  
23 approve a proposed plan if it finds that the minimum  
24 requirements set forth in Section 5-1 and implementation of  
25 the plan would provide for appropriate medical forensic

1 services for the people of the area to be served.

2 (b) This Section is repealed on December 31 ~~June 30~~, 2021.

3 (Source: P.A. 101-634, eff. 6-5-20.)

4 (410 ILCS 70/5) (from Ch. 111 1/2, par. 87-5)

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

8 (a) Every hospital and approved pediatric health care  
9 facility 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 ~~2022~~, a qualified medical  
16 provider must provide the services set forth in subsection  
17 (a-5).

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



1 and which may be used as evidence in a criminal proceeding  
2 against a person accused of the sexual assault, in a  
3 proceeding under the Juvenile Court Act of 1987, or in an  
4 investigation under the Abused and Neglected Child  
5 Reporting Act.

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

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

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

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

1 assault or who has disclosed past sexual assault by a  
2 specific individual and was in the care of that individual  
3 within a minimum of the last 7 days.

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

15 Before January 1, 2023 ~~2022~~, the information  
16 required under this subparagraph shall be provided in  
17 person by the health care professional providing  
18 medical forensic services directly to the sexual  
19 assault survivor.

20 On and after January 1, 2023 ~~2022~~, the information  
21 required under this subparagraph shall be provided in  
22 person by the qualified medical provider providing  
23 medical forensic services directly to the sexual  
24 assault survivor.

25 The written information provided shall be the  
26 information created in accordance with Section 10 of

1           this Act.

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

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

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

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

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

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

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

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

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

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

1 the medical forensic examination.

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

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

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

14 (a-7) By January 1, 2023 ~~2022~~, every hospital with a  
15 treatment plan approved by the Department shall employ or  
16 contract with a qualified medical provider to initiate medical  
17 forensic services to a sexual assault survivor within 90  
18 minutes of the patient presenting to the treatment hospital or  
19 treatment hospital with approved pediatric transfer. The  
20 provision of medical forensic services by a qualified medical  
21 provider shall not delay the provision of life-saving medical  
22 care.

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

1 assault survivor is unable to consent to medical forensic  
2 services, the services may be provided under the Consent by  
3 Minors to Medical Procedures Act, the Health Care Surrogate  
4 Act, or other applicable State and federal laws.

5 (b-5) Every hospital or approved pediatric health care  
6 facility 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 5.2  
9 of this Act. The hospital shall make a copy of the voucher and  
10 place it in the medical record of the sexual assault survivor.  
11 The hospital shall provide a copy of the voucher to the sexual  
12 assault survivor after discharge upon request.

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

16 (d) This Section is effective on and after January 1, 2022  
17 ~~July 1, 2021~~.

18 (Source: P.A. 100-513, eff. 1-1-18; 100-775, eff. 1-1-19;  
19 100-1087, eff. 1-1-19; 101-81, eff. 7-12-19; 101-377, eff.  
20 8-16-19; 101-634, eff. 6-5-20.)

21 (410 ILCS 70/5-1)

22 (Section scheduled to be repealed on June 30, 2021)

23 Sec. 5-1. Minimum requirements for medical forensic  
24 services provided to sexual assault survivors by hospitals,  
25 approved pediatric health care facilities, and approved

1 federally qualified health centers.

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

10 Beginning January 1, 2023 ~~2022~~, a qualified medical  
11 provider must provide the services set forth in subsection  
12 (a-5).

13 (a-5) A treatment hospital, a treatment hospital with  
14 approved pediatric transfer, or an approved pediatric health  
15 care facility, or an approved federally qualified health  
16 center shall provide the following services in accordance with  
17 subsection (a):

18 (1) Appropriate medical forensic services without  
19 delay, in a private, age-appropriate or  
20 developmentally-appropriate space, required to ensure the  
21 health, safety, and welfare of a sexual assault survivor  
22 and which may be used as evidence in a criminal proceeding  
23 against a person accused of the sexual assault, in a  
24 proceeding under the Juvenile Court Act of 1987, or in an  
25 investigation under the Abused and Neglected Child  
26 Reporting Act.

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

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

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

19           (1.5) An offer to complete the Illinois Sexual Assault  
20 Evidence Collection Kit for any sexual assault survivor  
21 who presents within a minimum of the last 7 days of the  
22 assault or who has disclosed past sexual assault by a  
23 specific individual and was in the care of that individual  
24 within a minimum of the last 7 days.

25           (A) Appropriate oral and written information  
26 concerning evidence-based guidelines for the



1           appropriateness of evidence collection depending on  
2           the sexual development of the sexual assault survivor,  
3           the type of sexual assault, and the timing of the  
4           sexual assault shall be provided to the sexual assault  
5           survivor. Evidence collection is encouraged for  
6           prepubescent sexual assault survivors who present to a  
7           hospital or approved pediatric health care facility  
8           with a complaint of sexual assault within a minimum of  
9           96 hours after the sexual assault.

10           Before January 1, 2023 ~~2022~~, the information  
11           required under this subparagraph shall be provided in  
12           person by the health care professional providing  
13           medical forensic services directly to the sexual  
14           assault survivor.

15           On and after January 1, 2023 ~~2022~~, the information  
16           required under this subparagraph shall be provided in  
17           person by the qualified medical provider providing  
18           medical forensic services directly to the sexual  
19           assault survivor.

20           The written information provided shall be the  
21           information created in accordance with Section 10-1 of  
22           this Act.

23           (B) Following the discussion regarding the  
24           evidence-based guidelines for evidence collection in  
25           accordance with subparagraph (A), evidence collection  
26           must be completed at the sexual assault survivor's

1 request. A sexual assault nurse examiner conducting an  
2 examination using the Illinois State Police Sexual  
3 Assault Evidence Collection Kit may do so without the  
4 presence or participation of a physician.

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

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

16 (3.5) After a medical evidentiary or physical  
17 examination, access to a shower at no cost, unless  
18 showering facilities are unavailable.

19 (4) An amount of medication, including HIV  
20 prophylaxis, for treatment at the hospital or approved  
21 pediatric health care facility and after discharge as is  
22 deemed appropriate by the attending physician, an advanced  
23 practice registered nurse, or a physician assistant in  
24 accordance with the Centers for Disease Control and  
25 Prevention guidelines and consistent with the hospital's  
26 or approved pediatric health care facility's current

1 approved protocol for sexual assault survivors.

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

9 (6) Written and oral instructions indicating the need  
10 for follow-up examinations and laboratory tests after the  
11 sexual assault to determine the presence or absence of  
12 sexually transmitted infection.

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

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

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

26 (10) A treatment hospital, a treatment hospital with

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

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

9 (a-7) By January 1, 2023 ~~2022~~, every hospital with a  
10 treatment plan approved by the Department shall employ or  
11 contract with a qualified medical provider to initiate medical  
12 forensic services to a sexual assault survivor within 90  
13 minutes of the patient presenting to the treatment hospital or  
14 treatment hospital with approved pediatric transfer. The  
15 provision of medical forensic services by a qualified medical  
16 provider shall not delay the provision of life-saving medical  
17 care.

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

26 (b-5) Every hospital, approved pediatric health care

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

12 (c) Nothing in this Section creates a physician-patient  
13 relationship that extends beyond discharge from the hospital,  
14 or approved pediatric health care facility, or approved  
15 federally qualified health center.

16 (d) This Section is repealed on December 31 ~~June 30~~, 2021.  
17 (Source: P.A. 101-634, eff. 6-5-20.)

18 (410 ILCS 70/5.1)

19 Sec. 5.1. Storage, retention, and dissemination of photo  
20 documentation relating to medical forensic services.

21 (a) Photo documentation taken during a medical forensic  
22 examination shall be maintained by the hospital or approved  
23 pediatric health care facility as part of the patient's  
24 medical record.

25 Photo documentation shall be stored and backed up securely

1 in its original file format in accordance with facility  
2 protocol. The facility protocol shall require limited access  
3 to the images and be included in the sexual assault treatment  
4 plan submitted to the Department.

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

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

22 (b) This Section is effective on and after January 1, 2022  
23 ~~July 1, 2021~~.

24 (Source: P.A. 100-775, eff. 1-1-19; 101-634, eff. 6-5-20.)

25 (410 ILCS 70/5.1-1)

1 (Section scheduled to be repealed on June 30, 2021)

2 Sec. 5.1-1. Storage, retention, and dissemination of photo  
3 documentation relating to medical forensic services.

4 (a) Photo documentation taken during a medical forensic  
5 examination shall be maintained by the hospital, approved  
6 pediatric health care facility, or approved federally  
7 qualified health center as part of the patient's medical  
8 record.

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

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

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

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

5 (b) This Section is repealed on December 31 ~~June 30~~, 2021.

6 (Source: P.A. 101-634, eff. 6-5-20.)

7 (410 ILCS 70/5.2)

8 Sec. 5.2. Sexual assault services voucher.

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

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

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

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



1           (3) A statement to be signed by each employee of an  
2           approved pediatric health care facility with access to the  
3           Medical Electronic Data Interchange or successor system  
4           affirming that the Medical Electronic Data Interchange or  
5           successor system will only be used for the purpose of  
6           issuing sexual assault services vouchers.

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

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

19               (1) the name and date of birth of the sexual assault  
20               survivor;

21               (2) the service provided;

22               (3) the charge of service;

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

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

25          A health care professional, ambulance provider,  
26          laboratory, or pharmacy is not required to submit a copy of the

1 sexual assault services voucher.

2 The Department of Healthcare and Family Services Sexual  
3 Assault Emergency Treatment Program shall electronically  
4 verify, using the Medical Electronic Data Interchange or a  
5 successor system, that a sexual assault services voucher was  
6 issued to a sexual assault survivor prior to issuing payment  
7 for the services.

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

16 (e) This Section is effective on and after January 1, 2022  
17 ~~July 1, 2021~~.

18 (Source: P.A. 100-775, eff. 1-1-19; 101-634, eff. 6-5-20.)

19 (410 ILCS 70/5.2-1)

20 (Section scheduled to be repealed on June 30, 2021)

21 Sec. 5.2-1. Sexual assault services voucher.

22 (a) A sexual assault services voucher shall be issued by a  
23 treatment hospital, treatment hospital with approved pediatric  
24 transfer, approved pediatric health care facility, or approved  
25 federally qualified health center at the time a sexual assault

1 survivor receives medical forensic services.

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

9 (1) Identification of employee positions responsible  
10 for issuing sexual assault services vouchers.

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

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

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

25 (d) Any treatment hospital, treatment hospital with  
26 approved pediatric transfer, approved pediatric health care

1 facility, approved federally qualified health center, health  
2 care professional, ambulance provider, laboratory, or pharmacy  
3 may submit a bill for services provided to a sexual assault  
4 survivor as a result of a sexual assault to the Department of  
5 Healthcare and Family Services Sexual Assault Emergency  
6 Treatment Program. The bill shall include:

7 (1) the name and date of birth of the sexual assault  
8 survivor;

9 (2) the service provided;

10 (3) the charge of service;

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

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

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

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

22 If a sexual assault services voucher was not issued to a  
23 sexual assault survivor by the treatment hospital, treatment  
24 hospital with approved pediatric transfer, approved pediatric  
25 health care facility, or approved federally qualified health  
26 center, then a health care professional, ambulance provider,

1 laboratory, or pharmacy may submit a request to the Department  
2 of Healthcare and Family Services Sexual Assault Emergency  
3 Treatment Program to issue a sexual assault services voucher.

4 (e) This Section is repealed on December 31 ~~June 30~~, 2021.

5 (Source: P.A. 101-634, eff. 6-5-20.)

6 (410 ILCS 70/5.3)

7 Sec. 5.3. Pediatric sexual assault care.

8 (a) The General Assembly finds:

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

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

25 (3) Pediatric sexual assault survivors throughout the

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

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

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

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

1 transported by ambulance, law enforcement, or personal  
2 vehicle.

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

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

25 If medical forensic services can be initiated within 90  
26 minutes after the patient's arrival at the approved pediatric

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

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

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



1 patient shall be transferred to a treatment hospital  
2 designated in the approved pediatric health care facility's  
3 plan for medical forensic services. The pediatric sexual  
4 assault survivor may be transported by ambulance, law  
5 enforcement, or personal vehicle.

6 (e) This Section is effective on and after January 1, 2022  
7 ~~July 1, 2021~~.

8 (Source: P.A. 100-775, eff. 1-1-19; 101-634, eff. 6-5-20.)

9 (410 ILCS 70/5.3-1)

10 (Section scheduled to be repealed on June 30, 2021)

11 Sec. 5.3-1. Pediatric sexual assault care.

12 (a) The General Assembly finds:

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

21 (2) Sexual abuse against the pediatric population is  
22 distinct, particularly due to their dependence on their  
23 caregivers and the ability of perpetrators to manipulate  
24 and silence them (especially when the perpetrators are  
25 family members or other adults trusted by, or with power

1 over, children). Sexual abuse is often hidden by  
2 perpetrators, unwitnessed by others, and may leave no  
3 obvious physical signs on child victims.

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

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

13 (b) If a medically stable pediatric sexual assault  
14 survivor presents at a transfer hospital, treatment hospital  
15 with approved pediatric transfer, or an approved federally  
16 qualified health center that has a plan approved by the  
17 Department requesting medical forensic services, then the  
18 hospital emergency department staff or approved federally  
19 qualified health center staff shall contact an approved  
20 pediatric health care facility, if one is designated in the  
21 hospital's or an approved federally qualified health center's  
22 plan.

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

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

12 If medical forensic services cannot be initiated within 90  
13 minutes of the patient's arrival at the approved pediatric  
14 health care facility, there is no approved pediatric health  
15 care facility designated in the hospital's or approved  
16 federally qualified health center's plan, or the patient or  
17 non-offending parent or legal guardian chooses to be  
18 transferred to a treatment hospital, the hospital emergency  
19 department or approved federally qualified health center staff  
20 shall contact a treatment hospital designated in the  
21 hospital's or approved federally qualified health center's  
22 plan to arrange for the transfer of the patient to the  
23 treatment hospital for medical forensic services, which are to  
24 be initiated within 90 minutes of the patient's arrival at the  
25 treatment hospital. The treatment hospital shall provide  
26 medical forensic services and may not transfer the patient to

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

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

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

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

1 to be transferred, the hospital shall provide medical forensic  
2 services to the patient.

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

18 (e) This Section is repealed on December 31 ~~June 30~~, 2021.  
19 (Source: P.A. 101-634, eff. 6-5-20.)

20 (410 ILCS 70/5.5)

21 Sec. 5.5. Minimum reimbursement requirements for follow-up  
22 healthcare.

23 (a) Every hospital, pediatric health care facility, health  
24 care professional, laboratory, or pharmacy that provides  
25 follow-up healthcare to a sexual assault survivor, with the

1 consent of the sexual assault survivor and as ordered by the  
2 attending physician, an advanced practice registered nurse, or  
3 physician assistant shall be reimbursed for the follow-up  
4 healthcare services provided. Follow-up healthcare services  
5 include, but are not limited to, the following:

6 (1) a physical examination;

7 (2) laboratory tests to determine the presence or  
8 absence of sexually transmitted infection; and

9 (3) appropriate medications, including HIV  
10 prophylaxis, in accordance with the Centers for Disease  
11 Control and Prevention's guidelines.

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

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

20 (d) This Section is effective on and after January 1, 2022  
21 ~~July 1, 2021~~.

22 (Source: P.A. 100-513, eff. 1-1-18; 100-775, eff. 1-1-19;  
23 101-634, eff. 6-5-20.)

24 (410 ILCS 70/5.5-1)

25 (Section scheduled to be repealed on June 30, 2021)

1           Sec. 5.5-1. Minimum reimbursement requirements for  
2 follow-up healthcare.

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

12                 (1) a physical examination;

13                 (2) laboratory tests to determine the presence or  
14 absence of sexually transmitted infection; and

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

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

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

26           (d) This Section is repealed on December 31 ~~June 30~~, 2021.

1 (Source: P.A. 101-634, eff. 6-5-20.)

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

3 Sec. 6.1. Minimum standards.

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

18 (b) This Section is effective on and after January 1, 2022  
19 ~~July 1, 2021~~.

20 (Source: P.A. 100-775, eff. 1-1-19; 101-634, eff. 6-5-20.)

21 (410 ILCS 70/6.1-1)

22 (Section scheduled to be repealed on June 30, 2021)

23 Sec. 6.1-1. Minimum standards.

24 (a) The Department shall prescribe minimum standards,



1 rules, and regulations necessary to implement this Act and the  
2 changes made by this amendatory Act of the 101st General  
3 Assembly, which shall apply to every hospital required to be  
4 licensed by the Department that provides general medical and  
5 surgical hospital services and to every approved pediatric  
6 health care facility and approved federally qualified health  
7 center. Such standards shall include, but not be limited to, a  
8 uniform system for recording results of medical examinations  
9 and all diagnostic tests performed in connection therewith to  
10 determine the condition and necessary treatment of sexual  
11 assault survivors, which results shall be preserved in a  
12 confidential manner as part of the hospital's, approved  
13 pediatric health care facility's, or approved federally  
14 qualified health center's record of the sexual assault  
15 survivor.

16 (b) This Section is repealed on December 31 ~~June 30~~, 2021.

17 (Source: P.A. 101-634, eff. 6-5-20.)

18 (410 ILCS 70/6.2) (from Ch. 111 1/2, par. 87-6.2)

19 Sec. 6.2. Assistance and grants.

20 (a) The Department shall assist in the development and  
21 operation of programs which provide medical forensic services  
22 to sexual assault survivors, and, where necessary, to provide  
23 grants to hospitals and approved pediatric health care  
24 facilities for this purpose.

25 (b) This Section is effective on and after January 1, 2022

1 ~~July 1, 2021.~~

2 (Source: P.A. 100-775, eff. 1-1-19; 101-634, eff. 6-5-20.)

3 (410 ILCS 70/6.2-1)

4 (Section scheduled to be repealed on June 30, 2021)

5 Sec. 6.2-1. Assistance and grants.

6 (a) The Department shall assist in the development and  
7 operation of programs which provide medical forensic services  
8 to sexual assault survivors, and, where necessary, to provide  
9 grants to hospitals, approved pediatric health care  
10 facilities, and approved federally qualified health centers  
11 for this purpose.

12 (b) This Section is repealed on December 31 ~~June 30~~, 2021.

13 (Source: P.A. 101-634, eff. 6-5-20.)

14 (410 ILCS 70/6.4) (from Ch. 111 1/2, par. 87-6.4)

15 Sec. 6.4. Sexual assault evidence collection program.

16 (a) There is created a statewide sexual assault evidence  
17 collection program to facilitate the prosecution of persons  
18 accused of sexual assault. This program shall be administered  
19 by the Illinois State Police. The program shall consist of the  
20 following: (1) distribution of sexual assault evidence  
21 collection kits which have been approved by the Illinois State  
22 Police to hospitals and approved pediatric health care  
23 facilities that request them, or arranging for such  
24 distribution by the manufacturer of the kits, (2) collection

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

21 (a-5) (Blank).

22 (b) The Illinois State Police shall administer a program  
23 to train hospital and approved pediatric health care facility  
24 personnel participating in the sexual assault evidence  
25 collection program, in the correct use and application of the  
26 sexual assault evidence collection kits. The Department shall

1 cooperate with the Illinois State Police in this program as it  
2 pertains to medical aspects of the evidence collection.

3 (c) (Blank).

4 (d) This Section is effective on and after January 1, 2022  
5 ~~July 1, 2021~~.

6 (Source: P.A. 100-775, eff. 1-1-19; 101-634, eff. 6-5-20.)

7 (410 ILCS 70/6.4-1)

8 (Section scheduled to be repealed on June 30, 2021)

9 Sec. 6.4-1. Sexual assault evidence collection program.

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

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

15 (a-5) (Blank).

16 (b) The Illinois State Police shall administer a program  
17 to train hospital, and approved pediatric health care  
18 facility, and approved federally qualified health center  
19 personnel participating in the sexual assault evidence  
20 collection program, in the correct use and application of the  
21 sexual assault evidence collection kits. The Department shall  
22 cooperate with the Illinois State Police in this program as it  
23 pertains to medical aspects of the evidence collection.

24 (c) (Blank).

25 (d) This Section is repealed on December 31 ~~June 30~~, 2021.

26 (Source: P.A. 101-634, eff. 6-5-20.)

1 (410 ILCS 70/6.5)

2 Sec. 6.5. Written consent to the release of sexual assault  
3 evidence for testing.

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

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

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

21 (3) If the survivor is an adult who has a guardian of  
22 the person, a health care surrogate, or an agent acting  
23 under a health care power of attorney, the consent of the  
24 guardian, surrogate, or agent is not required to release  
25 evidence and information concerning the sexual assault or

1 sexual abuse. If the adult is unable to provide consent  
2 for the release of evidence and information and a  
3 guardian, surrogate, or agent under a health care power of  
4 attorney is unavailable or unwilling to release the  
5 information, then an investigating law enforcement officer  
6 may authorize the release.

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

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

19 (c) If a written consent to allow law enforcement to hold  
20 the sexual assault evidence is signed at the completion of  
21 medical forensic services, the hospital or approved pediatric  
22 health care facility shall include the following information  
23 in its discharge instructions:

24 (1) the sexual assault evidence will be stored for 10  
25 years from the completion of an Illinois State Police  
26 Sexual Assault Evidence Collection Kit, or 10 years from

1 the age of 18 years, whichever is longer;

2 (2) a person authorized to consent to the testing of  
3 the sexual assault evidence may sign a written consent to  
4 allow law enforcement to test the sexual assault evidence  
5 at any time during that 10-year period for an adult  
6 victim, or until a minor victim turns 28 years of age by  
7 (A) contacting the law enforcement agency having  
8 jurisdiction, or if unknown, the law enforcement agency  
9 contacted by the hospital or approved pediatric health  
10 care facility under Section 3.2 of the Criminal  
11 Identification Act; or (B) by working with an advocate at  
12 a rape crisis center;

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

19 (4) the name and phone number of a local rape crisis  
20 center.

21 (d) This Section is effective on and after January 1, 2022  
22 ~~July 1, 2021~~.

23 (Source: P.A. 100-513, eff. 1-1-18; 100-775, eff. 1-1-19;  
24 100-1087, eff. 1-1-19; 101-81, eff. 7-12-19; 101-634, eff.  
25 6-5-20.)



1 (410 ILCS 70/6.5-1)

2 (Section scheduled to be repealed on June 30, 2021)

3 Sec. 6.5-1. Written consent to the release of sexual  
4 assault evidence for testing.

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

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

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

22 (3) If the survivor is an adult who has a guardian of  
23 the person, a health care surrogate, or an agent acting  
24 under a health care power of attorney, the consent of the  
25 guardian, surrogate, or agent is not required to release  
26 evidence and information concerning the sexual assault or

1 sexual abuse. If the adult is unable to provide consent  
2 for the release of evidence and information and a  
3 guardian, surrogate, or agent under a health care power of  
4 attorney is unavailable or unwilling to release the  
5 information, then an investigating law enforcement officer  
6 may authorize the release.

7 (4) Any health care professional or health care  
8 institution, including any hospital, approved pediatric  
9 health care facility, or approved federally qualified  
10 health center, who provides evidence or information to a  
11 law enforcement officer under a written consent as  
12 specified in this Section is immune from any civil or  
13 professional liability that might arise from those  
14 actions, with the exception of willful or wanton  
15 misconduct. The immunity provision applies only if all of  
16 the requirements of this Section are met.

17 (b) The hospital, approved pediatric health care facility,  
18 or approved federally qualified health center shall keep a  
19 copy of a signed or unsigned written consent form in the  
20 patient's medical record.

21 (c) If a written consent to allow law enforcement to hold  
22 the sexual assault evidence is signed at the completion of  
23 medical forensic services, the hospital, approved pediatric  
24 health care facility, or approved federally qualified health  
25 center shall include the following information in its  
26 discharge instructions:

1           (1) the sexual assault evidence will be stored for 10  
2 years from the completion of an Illinois State Police  
3 Sexual Assault Evidence Collection Kit, or 10 years from  
4 the age of 18 years, whichever is longer;

5           (2) A person authorized to consent to the testing of  
6 the sexual assault evidence may sign a written consent to  
7 allow law enforcement to test the sexual assault evidence  
8 at any time during that 10-year period for an adult  
9 victim, or until a minor victim turns 28 years of age by

10          (A) contacting the law enforcement agency having  
11 jurisdiction, or if unknown, the law enforcement agency  
12 contacted by the hospital, approved pediatric health care  
13 facility, or approved federally qualified health center  
14 under Section 3.2 of the Criminal Identification Act; or  
15          (B) by working with an advocate at a rape crisis center;

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

22           (4) the name and phone number of a local rape crisis  
23 center.

24           (d) This Section is repealed on December 31 ~~June 30~~, 2021.

25           (Source: P.A. 101-634, eff. 6-5-20.)

1 (410 ILCS 70/6.6)

2 Sec. 6.6. Submission of sexual assault evidence.

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

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

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

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

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

5 (e) This Section is effective on and after January 1, 2022  
6 ~~July 1, 2021~~.

7 (Source: P.A. 100-201, eff. 8-18-17; 100-775, eff. 1-1-19;  
8 101-634, eff. 6-5-20.)

9 (410 ILCS 70/6.6-1)

10 (Section scheduled to be repealed on June 30, 2021)

11 Sec. 6.6-1. Submission of sexual assault evidence.

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

23 (b) Within 4 hours after the completion of medical  
24 forensic services, the hospital, approved pediatric health  
25 care facility, or approved federally qualified health center

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

16 (c) If the law enforcement agency having jurisdiction has  
17 not taken physical custody of sexual assault evidence within 5  
18 days of the first contact by the hospital, approved pediatric  
19 health care facility, or approved federally qualified health  
20 center, the hospital, approved pediatric health care facility,  
21 or approved federally qualified health center shall renotify  
22 the law enforcement agency having jurisdiction that the  
23 hospital, approved pediatric health care facility, or approved  
24 federally qualified health center is in possession of sexual  
25 assault evidence and the date the sexual assault evidence was  
26 collected. The hospital, approved pediatric health care

1 facility, or approved federally qualified health center shall  
2 document the renotification in the patient's medical records  
3 and shall include the agency notified, the date and time of the  
4 notification and the name of the person who received the  
5 notification.

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

26 (e) This Section is repealed on December 31 ~~June 30~~, 2021.



1 (Source: P.A. 101-634, eff. 6-5-20.)

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

3 Sec. 7. Reimbursement.

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

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

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

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

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

1 Aid Code.

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

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

22 (c) (Blank).

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

1 services or other payments in accordance with Section 5-5e of  
2 the Illinois Public Aid Code.

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

6 (f) This Section is effective on and after January 1, 2022  
7 ~~July 1, 2021~~.

8 (Source: P.A. 100-775, eff. 1-1-19; 101-634, eff. 6-5-20.)

9 (410 ILCS 70/7-1)

10 (Section scheduled to be repealed on June 30, 2021)

11 Sec. 7-1. Reimbursement

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

21 (1) If a sexual assault survivor is eligible to  
22 receive benefits under the medical assistance program  
23 under Article V of the Illinois Public Aid Code, the  
24 ambulance provider, hospital, approved pediatric health  
25 care facility, approved federally qualified health center,

1 health care professional, laboratory, or pharmacy must  
2 submit the bill to the Department of Healthcare and Family  
3 Services or the appropriate Medicaid managed care  
4 organization and accept the amount paid as full payment.

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

26 (3) If a sexual assault survivor is neither eligible

1 to receive benefits under the medical assistance program  
2 under Article V of the Illinois Public Aid Code nor  
3 covered by a policy of insurance or a public or private  
4 health coverage program, the ambulance provider, hospital,  
5 approved pediatric health care facility, approved  
6 federally qualified health center, health care  
7 professional, laboratory, or pharmacy shall submit the  
8 request for reimbursement to the Illinois Sexual Assault  
9 Emergency Treatment Program under the Department of  
10 Healthcare and Family Services in accordance with 89 Ill.  
11 Adm. Code 148.510 at the Department of Healthcare and  
12 Family Services' allowable rates under the Illinois Public  
13 Aid Code.

14 (4) If a sexual assault survivor presents a sexual  
15 assault services voucher for follow-up healthcare, the  
16 healthcare professional, pediatric health care facility,  
17 federally qualified health center, or laboratory that  
18 provides follow-up healthcare or the pharmacy that  
19 dispenses prescribed medications to a sexual assault  
20 survivor shall submit the request for reimbursement for  
21 follow-up healthcare, pediatric health care facility,  
22 laboratory, or pharmacy services to the Illinois Sexual  
23 Assault Emergency Treatment Program under the Department  
24 of Healthcare and Family Services in accordance with 89  
25 Ill. Adm. Code 148.510 at the Department of Healthcare and  
26 Family Services' allowable rates under the Illinois Public

1 Aid Code. Nothing in this subsection (a) precludes  
2 hospitals, or approved pediatric health care facilities or  
3 approved federally qualified health centers from providing  
4 follow-up healthcare and receiving reimbursement under  
5 this Section.

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

10 (c) (Blank).

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

17 (e) The Department of Healthcare and Family Services shall  
18 establish standards, rules, and regulations to implement this  
19 Section.

20 (f) This Section is repealed on December 31 ~~June 30~~, 2021.

21 (Source: P.A. 101-634, eff. 6-5-20.)

22 (410 ILCS 70/7.5)

23 (Text of Section before amendment by P.A. 101-652)

24 Sec. 7.5. Prohibition on billing sexual assault survivors  
25 directly for certain services; written notice; billing

1 protocols.

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

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

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

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

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

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

25 (b) Nothing in this Section precludes a hospital, health  
26 care provider, ambulance provider, laboratory, or pharmacy



1 from billing the sexual assault survivor or any applicable  
2 health insurance or coverage for inpatient services.

3 (c) Every hospital and approved pediatric health care  
4 facility providing treatment services to sexual assault  
5 survivors in accordance with a plan approved under Section 2  
6 of this Act shall provide a written notice to a sexual assault  
7 survivor. The written notice must include, but is not limited  
8 to, the following:

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

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

20 (3) a statement that prior to leaving the hospital or  
21 approved pediatric health care facility, the hospital or  
22 approved pediatric health care facility will give the  
23 sexual assault survivor a sexual assault services voucher  
24 for follow-up healthcare if the sexual assault survivor is  
25 eligible to receive a sexual assault services voucher;

26 (4) the definition of "follow-up healthcare" as set

1           forth in Section 1a of this Act;

2           (5) a phone number the sexual assault survivor may  
3           call should the sexual assault survivor receive a bill  
4           from the hospital or approved pediatric health care  
5           facility for medical forensic services;

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

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

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

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

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

20 The billing protocol must include at a minimum:

21 (1) a description of training for persons who prepare  
22 bills for medical and forensic services;

23 (2) a written acknowledgement signed by a person who  
24 has completed the training that the person will not bill  
25 survivors of sexual assault;

26 (3) prohibitions on submitting any bill for any

1 portion of medical forensic services provided to a  
2 survivor of sexual assault to a collection agency;

3 (4) prohibitions on taking any action that would  
4 adversely affect the credit of the survivor of sexual  
5 assault;

6 (5) the termination of all collection activities if  
7 the protocol is violated; and

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

11 The Crime Victim Services Division of the Office of the  
12 Attorney General may provide a sample acceptable billing  
13 protocol upon request.

14 The Office of the Attorney General shall approve a  
15 proposed protocol if it finds that the implementation of the  
16 protocol would result in no survivor of sexual assault being  
17 billed or sent a bill for medical forensic services.

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

1 Attorney General. The health care professional or approved  
2 pediatric health care facility shall implement the protocol  
3 upon approval by the Crime Victim Services Division of the  
4 Office of the Attorney General.

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

14 (e) This Section is effective on and after January 1, 2022  
15 ~~July 1, 2021~~.

16 (Source: P.A. 100-775, eff. 1-1-19; 101-634, eff. 6-5-20.)

17 (Text of Section after amendment by P.A. 101-652)

18 Sec. 7.5. Prohibition on billing sexual assault survivors  
19 directly for certain services; written notice; billing  
20 protocols.

21 (a) A hospital, approved pediatric health care facility,  
22 health care professional, ambulance provider, laboratory, or  
23 pharmacy furnishing medical forensic services, transportation,  
24 follow-up healthcare, or medication to a sexual assault  
25 survivor shall not:

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

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

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

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

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

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

23           (c) Every hospital and approved pediatric health care  
24 facility providing treatment services to sexual assault  
25 survivors in accordance with a plan approved under Section 2  
26 of this Act shall provide a written notice to a sexual assault

1 survivor. The written notice must include, but is not limited  
2 to, the following:

3 (1) a statement that the sexual assault survivor  
4 should not be directly billed by any ambulance provider  
5 providing transportation services, or by any hospital,  
6 approved pediatric health care facility, health care  
7 professional, laboratory, or pharmacy for the services the  
8 sexual assault survivor received as an outpatient at the  
9 hospital or approved pediatric health care facility;

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

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

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

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

26 (6) the toll-free phone number of the Office of the

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

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

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



1 submit the billing protocol to the Attorney General for  
2 approval. Health care professionals who bill as a legal entity  
3 may submit a single billing protocol for the billing entity.

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

11 The billing protocol must include at a minimum:

12 (1) a description of training for persons who prepare  
13 bills for medical and forensic services;

14 (2) a written acknowledgement signed by a person who  
15 has completed the training that the person will not bill  
16 survivors of sexual assault;

17 (3) prohibitions on submitting any bill for any  
18 portion of medical forensic services provided to a  
19 survivor of sexual assault to a collection agency;

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

23 (5) the termination of all collection activities if  
24 the protocol is violated; and

25 (6) the actions to be taken if a bill is sent to a  
26 collection agency or the failure to pay is reported to any

1 credit reporting agency.

2 The Office of the Attorney General may provide a sample  
3 acceptable billing protocol upon request.

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

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

20 The health care professional or approved pediatric health  
21 care facility shall submit any proposed revision to or  
22 modification of an approved billing protocol to the Office of  
23 the Attorney General for approval. The health care  
24 professional or approved pediatric health care facility shall  
25 implement the revised or modified billing protocol upon  
26 approval by the Office of the Illinois Attorney General.

1 (e) This Section is effective on and after January 1, 2022  
2 ~~July 1, 2021~~.

3 (Source: P.A. 100-775, eff. 1-1-19; 101-634, eff. 6-5-20;  
4 101-652, eff. 7-1-21.)

5 (410 ILCS 70/7.5-1)

6 (Section scheduled to be repealed on June 30, 2021)

7 Sec. 7.5-1. Prohibition on billing sexual assault  
8 survivors directly for certain services; written notice;  
9 billing protocols.

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

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

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

1 collection, enforcement, or filing of other process;

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

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

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

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

13 (c) Every hospital, approved pediatric health care  
14 facility, and approved federally qualified health center  
15 providing treatment services to sexual assault survivors in  
16 accordance with a plan approved under Section 2-1 of this Act  
17 shall provide a written notice to a sexual assault survivor.  
18 The written notice must include, but is not limited to, the  
19 following:

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

1 hospital, approved pediatric health care facility, or  
2 approved federally qualified health center;

3 (2) a statement that a sexual assault survivor who is  
4 admitted to a hospital may be billed for inpatient  
5 services provided by a hospital, health care professional,  
6 laboratory, or pharmacy;

7 (3) a statement that prior to leaving the hospital,  
8 approved pediatric health care facility, or approved  
9 federally qualified health center, the hospital, approved  
10 pediatric health care facility, or approved federally  
11 qualified health center will give the sexual assault  
12 survivor a sexual assault services voucher for follow-up  
13 healthcare if the sexual assault survivor is eligible to  
14 receive a sexual assault services voucher;

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

17 (5) a phone number the sexual assault survivor may  
18 call should the sexual assault survivor receive a bill  
19 from the hospital, approved pediatric health care  
20 facility, or approved federally qualified health center  
21 for medical forensic services;

22 (6) the toll-free phone number of the Office of the  
23 Illinois Attorney General, Crime Victim Services Division,  
24 which the sexual assault survivor may call should the  
25 sexual assault survivor receive a bill from an ambulance  
26 provider, approved pediatric health care facility,

1 approved federally qualified health center, a health care  
2 professional, a laboratory, or a pharmacy.

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

6 (d) Within 60 days after the effective date of this  
7 amendatory Act of the 101st General Assembly, every health  
8 care professional, except for those employed by a hospital or  
9 hospital affiliate, as defined in the Hospital Licensing Act,  
10 or those employed by a hospital operated under the University  
11 of Illinois Hospital Act, who bills separately for medical or  
12 forensic services must develop a billing protocol that ensures  
13 that no survivor of sexual assault will be sent a bill for any  
14 medical forensic services and submit the billing protocol to  
15 the Crime Victim Services Division of the Office of the  
16 Attorney General for approval. Within 60 days after the  
17 commencement of the provision of medical forensic services,  
18 every health care professional, except for those employed by a  
19 hospital or hospital affiliate, as defined in the Hospital  
20 Licensing Act, or those employed by a hospital operated under  
21 the University of Illinois Hospital Act, who bills separately  
22 for medical or forensic services must develop a billing  
23 protocol that ensures that no survivor of sexual assault is  
24 sent a bill for any medical forensic services and submit the  
25 billing protocol to the Crime Victim Services Division of the  
26 Office of the Attorney General for approval. Health care

1 professionals who bill as a legal entity may submit a single  
2 billing protocol for the billing entity.

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

11       Within 14 days after the Department's approval of a  
12 treatment plan, an approved federally qualified health center  
13 and any health care professional employed by an approved  
14 federally qualified health center must develop a billing  
15 protocol that ensures that no survivor of sexual assault is  
16 sent a bill for any medical forensic services and submit the  
17 billing protocol to the Crime Victim Services Division of the  
18 Office of the Attorney General for approval.

19       The billing protocol must include at a minimum:

20           (1) a description of training for persons who prepare  
21 bills for medical and forensic services;

22           (2) a written acknowledgement signed by a person who  
23 has completed the training that the person will not bill  
24 survivors of sexual assault;

25           (3) prohibitions on submitting any bill for any  
26 portion of medical forensic services provided to a

1 survivor of sexual assault to a collection agency;

2 (4) prohibitions on taking any action that would  
3 adversely affect the credit of the survivor of sexual  
4 assault;

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

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

10 The Crime Victim Services Division of the Office of the  
11 Attorney General may provide a sample acceptable billing  
12 protocol upon request.

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

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



1 pediatric health care facility shall implement the protocol  
2 upon approval by the Crime Victim Services Division of the  
3 Office of the Attorney General.

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

14 (e) This Section is repealed on December 31 ~~June 30~~, 2021.

15 (Source: P.A. 101-634, eff. 6-5-20.)

16 (410 ILCS 70/8) (from Ch. 111 1/2, par. 87-8)

17 Sec. 8. Penalties.

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

1 (b) The Attorney General may seek the assessment of one or  
2 more of the following civil monetary penalties in any action  
3 filed under this Act where the hospital, approved pediatric  
4 health care facility, health care professional, ambulance  
5 provider, laboratory, or pharmacy knowingly violates Section  
6 7.5 of the Act:

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

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

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

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

25 All civil monetary penalties shall be deposited into the  
26 Violent Crime Victims Assistance Fund.

1 (c) This Section is effective on and after January 1, 2022  
2 ~~July 1, 2021~~.

3 (Source: P.A. 100-775, eff. 1-1-19; 101-634, eff. 6-5-20.)

4 (410 ILCS 70/8-1)

5 (Section scheduled to be repealed on June 30, 2021)

6 Sec. 8-1. Penalties.

7 (a) Any hospital, approved pediatric health care facility,  
8 or approved federally qualified health center violating any  
9 provisions of this Act other than Section 7.5-1 shall be  
10 guilty of a petty offense for each violation, and any fine  
11 imposed shall be paid into the general corporate funds of the  
12 city, incorporated town or village in which the hospital,  
13 approved pediatric health care facility, or approved federally  
14 qualified health center is located, or of the county, in case  
15 such hospital is outside the limits of any incorporated  
16 municipality.

17 (b) The Attorney General may seek the assessment of one or  
18 more of the following civil monetary penalties in any action  
19 filed under this Act where the hospital, approved pediatric  
20 health care facility, approved federally qualified health  
21 center, health care professional, ambulance provider,  
22 laboratory, or pharmacy knowingly violates Section 7.5-1 of  
23 the Act:

24 (1) For willful violations of paragraphs (1), (2),  
25 (4), or (5) of subsection (a) of Section 7.5-1 or

1 subsection (c) of Section 7.5-1, the civil monetary  
2 penalty shall not exceed \$500 per violation.

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

7 (3) For violations of paragraph (3) of subsection (a)  
8 of Section 7.5-1, the civil monetary penalty shall not  
9 exceed \$500 for each day the bill is with a collection  
10 agency.

11 (4) For violations involving the failure to submit  
12 billing protocols within the time period required under  
13 subsection (d) of Section 7.5-1, the civil monetary  
14 penalty shall not exceed \$100 per day until the health  
15 care professional or approved pediatric health care  
16 facility complies with subsection (d) of Section 7.5-1.

17 All civil monetary penalties shall be deposited into the  
18 Violent Crime Victims Assistance Fund.

19 (c) This Section is repealed on December 31 ~~June 30~~, 2021.

20 (Source: P.A. 101-634, eff. 6-5-20.)

21 (410 ILCS 70/10)

22 Sec. 10. Sexual Assault Nurse Examiner Program.

23 (a) The Sexual Assault Nurse Examiner Program is  
24 established within the Office of the Attorney General. The  
25 Sexual Assault Nurse Examiner Program shall maintain a list of

1 sexual assault nurse examiners who have completed didactic and  
2 clinical training requirements consistent with the Sexual  
3 Assault Nurse Examiner Education Guidelines established by the  
4 International Association of Forensic Nurses.

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

15 The Sexual Assault Nurse Examiner Program shall provide  
16 didactic and clinical training opportunities consistent with  
17 the Sexual Assault Nurse Examiner Education Guidelines  
18 established by the International Association of Forensic  
19 Nurses, in sufficient numbers and geographical locations  
20 across the State, to assist hospitals with training the  
21 necessary number of sexual assault nurse examiners to comply  
22 with the requirement of this Act to employ or contract with a  
23 qualified medical provider to initiate medical forensic  
24 services to a sexual assault survivor within 90 minutes of the  
25 patient presenting to the hospital as required in subsection  
26 (a-7) of Section 5.

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

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

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

26           (d) This Section is effective on and after January 1, 2022

1 ~~July 1, 2021.~~

2 (Source: P.A. 100-775, eff. 1-1-19; 101-634, eff. 6-5-20.)

3 (410 ILCS 70/10-1)

4 (Section scheduled to be repealed on June 30, 2021)

5 Sec. 10-1. Sexual Assault Nurse Examiner Program.

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

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

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

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

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

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

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



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

11 (d) This Section is repealed on December 31 ~~June 30~~, 2021.

12 (Source: P.A. 101-634, eff. 6-5-20.)

13 Section 10. The Code of Criminal Procedure of 1963 is  
14 amended by changing Section 106B-10 as follows:

15 (725 ILCS 5/106B-10)

16 Sec. 106B-10. Conditions for testimony by a victim who is  
17 a child or a moderately, severely, or profoundly  
18 intellectually disabled person or a person affected by a  
19 developmental disability. In a prosecution of criminal sexual  
20 assault, predatory criminal sexual assault of a child,  
21 aggravated criminal sexual assault, criminal sexual abuse, ~~or~~  
22 aggravated criminal sexual abuse, or any violent crime as  
23 defined in subsection (c) of Section 3 of the Rights of Crime  
24 Victims and Witnesses Act, the court may set any conditions it

1 finds just and appropriate on the taking of testimony of a  
2 victim who is a child under the age of 18 years or a  
3 moderately, severely, or profoundly intellectually disabled  
4 person or a person affected by a developmental disability,  
5 involving the use of a facility dog in any proceeding  
6 involving that offense. When deciding whether to permit the  
7 child or person to testify with the assistance of a facility  
8 dog, the court shall take into consideration the age of the  
9 child or person, the rights of the parties to the litigation,  
10 and any other relevant factor that would facilitate the  
11 testimony by the child or the person. As used in this Section,  
12 "facility dog" means a dog that is a graduate of an assistance  
13 dog organization that is a member of Assistance Dogs  
14 International.

15 (Source: P.A. 99-94, eff. 1-1-16.)

16 Section 15. The Rights of Crime Victims and Witnesses Act  
17 is amended by changing Sections 4.5, 7, and 9 as follows:

18 (725 ILCS 120/4.5)

19 (Text of Section before amendment by P.A. 101-652)

20 Sec. 4.5. Procedures to implement the rights of crime  
21 victims. To afford crime victims their rights, law  
22 enforcement, prosecutors, judges, and corrections will provide  
23 information, as appropriate, of the following procedures:

24 (a) At the request of the crime victim, law enforcement

1 authorities investigating the case shall provide notice of the  
2 status of the investigation, except where the State's Attorney  
3 determines that disclosure of such information would  
4 unreasonably interfere with the investigation, until such time  
5 as the alleged assailant is apprehended or the investigation  
6 is closed.

7 (a-5) When law enforcement authorities reopen a closed  
8 case to resume investigating, they shall provide notice of the  
9 reopening of the case, except where the State's Attorney  
10 determines that disclosure of such information would  
11 unreasonably interfere with the investigation.

12 (b) The office of the State's Attorney:

13 (1) shall provide notice of the filing of an  
14 information, the return of an indictment, or the filing of  
15 a petition to adjudicate a minor as a delinquent for a  
16 violent crime;

17 (2) shall provide timely notice of the date, time, and  
18 place of court proceedings; of any change in the date,  
19 time, and place of court proceedings; and of any  
20 cancellation of court proceedings. Notice shall be  
21 provided in sufficient time, wherever possible, for the  
22 victim to make arrangements to attend or to prevent an  
23 unnecessary appearance at court proceedings;

24 (3) or victim advocate personnel shall provide  
25 information of social services and financial assistance  
26 available for victims of crime, including information of

1           how to apply for these services and assistance;

2           (3.5) or victim advocate personnel shall provide  
3 information about available victim services, including  
4 referrals to programs, counselors, and agencies that  
5 assist a victim to deal with trauma, loss, and grief;

6           (4) shall assist in having any stolen or other  
7 personal property held by law enforcement authorities for  
8 evidentiary or other purposes returned as expeditiously as  
9 possible, pursuant to the procedures set out in Section  
10 115-9 of the Code of Criminal Procedure of 1963;

11           (5) or victim advocate personnel shall provide  
12 appropriate employer intercession services to ensure that  
13 employers of victims will cooperate with the criminal  
14 justice system in order to minimize an employee's loss of  
15 pay and other benefits resulting from court appearances;

16           (6) shall provide, whenever possible, a secure waiting  
17 area during court proceedings that does not require  
18 victims to be in close proximity to defendants or  
19 juveniles accused of a violent crime, and their families  
20 and friends;

21           (7) shall provide notice to the crime victim of the  
22 right to have a translator present at all court  
23 proceedings and, in compliance with the federal Americans  
24 with Disabilities Act of 1990, the right to communications  
25 access through a sign language interpreter or by other  
26 means;

1 (8) (blank);

2 (8.5) shall inform the victim of the right to be  
3 present at all court proceedings, unless the victim is to  
4 testify and the court determines that the victim's  
5 testimony would be materially affected if the victim hears  
6 other testimony at trial;

7 (9) shall inform the victim of the right to have  
8 present at all court proceedings, subject to the rules of  
9 evidence and confidentiality, an advocate and other  
10 support person of the victim's choice;

11 (9.3) shall inform the victim of the right to retain  
12 an attorney, at the victim's own expense, who, upon  
13 written notice filed with the clerk of the court and  
14 State's Attorney, is to receive copies of all notices,  
15 motions, and court orders filed thereafter in the case, in  
16 the same manner as if the victim were a named party in the  
17 case;

18 (9.5) shall inform the victim of (A) the victim's  
19 right under Section 6 of this Act to make a statement at  
20 the sentencing hearing; (B) the right of the victim's  
21 spouse, guardian, parent, grandparent, and other immediate  
22 family and household members under Section 6 of this Act  
23 to present a statement at sentencing; and (C) if a  
24 presentence report is to be prepared, the right of the  
25 victim's spouse, guardian, parent, grandparent, and other  
26 immediate family and household members to submit

1 information to the preparer of the presentence report  
2 about the effect the offense has had on the victim and the  
3 person;

4 (10) at the sentencing shall make a good faith attempt  
5 to explain the minimum amount of time during which the  
6 defendant may actually be physically imprisoned. The  
7 Office of the State's Attorney shall further notify the  
8 crime victim of the right to request from the Prisoner  
9 Review Board or Department of Juvenile Justice information  
10 concerning the release of the defendant;

11 (11) shall request restitution at sentencing and as  
12 part of a plea agreement if the victim requests  
13 restitution;

14 (12) shall, upon the court entering a verdict of not  
15 guilty by reason of insanity, inform the victim of the  
16 notification services available from the Department of  
17 Human Services, including the statewide telephone number,  
18 under subparagraph (d) (2) of this Section;

19 (13) shall provide notice within a reasonable time  
20 after receipt of notice from the custodian, of the release  
21 of the defendant on bail or personal recognizance or the  
22 release from detention of a minor who has been detained;

23 (14) shall explain in nontechnical language the  
24 details of any plea or verdict of a defendant, or any  
25 adjudication of a juvenile as a delinquent;

26 (15) shall make all reasonable efforts to consult with

1 the crime victim before the Office of the State's Attorney  
2 makes an offer of a plea bargain to the defendant or enters  
3 into negotiations with the defendant concerning a possible  
4 plea agreement, and shall consider the written statement,  
5 if prepared prior to entering into a plea agreement. The  
6 right to consult with the prosecutor does not include the  
7 right to veto a plea agreement or to insist the case go to  
8 trial. If the State's Attorney has not consulted with the  
9 victim prior to making an offer or entering into plea  
10 negotiations with the defendant, the Office of the State's  
11 Attorney shall notify the victim of the offer or the  
12 negotiations within 2 business days and confer with the  
13 victim;

14 (16) shall provide notice of the ultimate disposition  
15 of the cases arising from an indictment or an information,  
16 or a petition to have a juvenile adjudicated as a  
17 delinquent for a violent crime;

18 (17) shall provide notice of any appeal taken by the  
19 defendant and information on how to contact the  
20 appropriate agency handling the appeal, and how to request  
21 notice of any hearing, oral argument, or decision of an  
22 appellate court;

23 (18) shall provide timely notice of any request for  
24 post-conviction review filed by the defendant under  
25 Article 122 of the Code of Criminal Procedure of 1963, and  
26 of the date, time and place of any hearing concerning the

1 petition. Whenever possible, notice of the hearing shall  
2 be given within 48 hours of the court's scheduling of the  
3 hearing; and

4 (19) shall forward a copy of any statement presented  
5 under Section 6 to the Prisoner Review Board or Department  
6 of Juvenile Justice to be considered in making a  
7 determination under Section 3-2.5-85 or subsection (b) of  
8 Section 3-3-8 of the Unified Code of Corrections.

9 (c) The court shall ensure that the rights of the victim  
10 are afforded.

11 (c-5) The following procedures shall be followed to afford  
12 victims the rights guaranteed by Article I, Section 8.1 of the  
13 Illinois Constitution:

14 (1) Written notice. A victim may complete a written  
15 notice of intent to assert rights on a form prepared by the  
16 Office of the Attorney General and provided to the victim  
17 by the State's Attorney. The victim may at any time  
18 provide a revised written notice to the State's Attorney.  
19 The State's Attorney shall file the written notice with  
20 the court. At the beginning of any court proceeding in  
21 which the right of a victim may be at issue, the court and  
22 prosecutor shall review the written notice to determine  
23 whether the victim has asserted the right that may be at  
24 issue.

25 (2) Victim's retained attorney. A victim's attorney  
26 shall file an entry of appearance limited to assertion of



1 the victim's rights. Upon the filing of the entry of  
2 appearance and service on the State's Attorney and the  
3 defendant, the attorney is to receive copies of all  
4 notices, motions and court orders filed thereafter in the  
5 case.

6 (3) Standing. The victim has standing to assert the  
7 rights enumerated in subsection (a) of Article I, Section  
8 8.1 of the Illinois Constitution and the statutory rights  
9 under Section 4 of this Act in any court exercising  
10 jurisdiction over the criminal case. The prosecuting  
11 attorney, a victim, or the victim's retained attorney may  
12 assert the victim's rights. The defendant in the criminal  
13 case has no standing to assert a right of the victim in any  
14 court proceeding, including on appeal.

15 (4) Assertion of and enforcement of rights.

16 (A) The prosecuting attorney shall assert a  
17 victim's right or request enforcement of a right by  
18 filing a motion or by orally asserting the right or  
19 requesting enforcement in open court in the criminal  
20 case outside the presence of the jury. The prosecuting  
21 attorney shall consult with the victim and the  
22 victim's attorney regarding the assertion or  
23 enforcement of a right. If the prosecuting attorney  
24 decides not to assert or enforce a victim's right, the  
25 prosecuting attorney shall notify the victim or the  
26 victim's attorney in sufficient time to allow the

1 victim or the victim's attorney to assert the right or  
2 to seek enforcement of a right.

3 (B) If the prosecuting attorney elects not to  
4 assert a victim's right or to seek enforcement of a  
5 right, the victim or the victim's attorney may assert  
6 the victim's right or request enforcement of a right  
7 by filing a motion or by orally asserting the right or  
8 requesting enforcement in open court in the criminal  
9 case outside the presence of the jury.

10 (C) If the prosecuting attorney asserts a victim's  
11 right or seeks enforcement of a right, and the court  
12 denies the assertion of the right or denies the  
13 request for enforcement of a right, the victim or  
14 victim's attorney may file a motion to assert the  
15 victim's right or to request enforcement of the right  
16 within 10 days of the court's ruling. The motion need  
17 not demonstrate the grounds for a motion for  
18 reconsideration. The court shall rule on the merits of  
19 the motion.

20 (D) The court shall take up and decide any motion  
21 or request asserting or seeking enforcement of a  
22 victim's right without delay, unless a specific time  
23 period is specified by law or court rule. The reasons  
24 for any decision denying the motion or request shall  
25 be clearly stated on the record.

26 (5) Violation of rights and remedies.

1           (A) If the court determines that a victim's right  
2           has been violated, the court shall determine the  
3           appropriate remedy for the violation of the victim's  
4           right by hearing from the victim and the parties,  
5           considering all factors relevant to the issue, and  
6           then awarding appropriate relief to the victim.

7           (A-5) Consideration of an issue of a substantive  
8           nature or an issue that implicates the constitutional  
9           or statutory right of a victim at a court proceeding  
10          labeled as a status hearing shall constitute a per se  
11          violation of a victim's right.

12          (B) The appropriate remedy shall include only  
13          actions necessary to provide the victim the right to  
14          which the victim was entitled and may include  
15          reopening previously held proceedings; however, in no  
16          event shall the court vacate a conviction. Any remedy  
17          shall be tailored to provide the victim an appropriate  
18          remedy without violating any constitutional right of  
19          the defendant. In no event shall the appropriate  
20          remedy be a new trial, damages, or costs.

21          (6) Right to be heard. Whenever a victim has the right  
22          to be heard, the court shall allow the victim to exercise  
23          the right in any reasonable manner the victim chooses.

24          (7) Right to attend trial. A party must file a written  
25          motion to exclude a victim from trial at least 60 days  
26          prior to the date set for trial. The motion must state with

1 specificity the reason exclusion is necessary to protect a  
2 constitutional right of the party, and must contain an  
3 offer of proof. The court shall rule on the motion within  
4 30 days. If the motion is granted, the court shall set  
5 forth on the record the facts that support its finding  
6 that the victim's testimony will be materially affected if  
7 the victim hears other testimony at trial.

8 (8) Right to have advocate and support person present  
9 at court proceedings.

10 (A) A party who intends to call an advocate as a  
11 witness at trial must seek permission of the court  
12 before the subpoena is issued. The party must file a  
13 written motion at least 90 days before trial that sets  
14 forth specifically the issues on which the advocate's  
15 testimony is sought and an offer of proof regarding  
16 (i) the content of the anticipated testimony of the  
17 advocate; and (ii) the relevance, admissibility, and  
18 materiality of the anticipated testimony. The court  
19 shall consider the motion and make findings within 30  
20 days of the filing of the motion. If the court finds by  
21 a preponderance of the evidence that: (i) the  
22 anticipated testimony is not protected by an absolute  
23 privilege; and (ii) the anticipated testimony contains  
24 relevant, admissible, and material evidence that is  
25 not available through other witnesses or evidence, the  
26 court shall issue a subpoena requiring the advocate to

1 appear to testify at an in camera hearing. The  
2 prosecuting attorney and the victim shall have 15 days  
3 to seek appellate review before the advocate is  
4 required to testify at an ex parte in camera  
5 proceeding.

6 The prosecuting attorney, the victim, and the  
7 advocate's attorney shall be allowed to be present at  
8 the ex parte in camera proceeding. If, after  
9 conducting the ex parte in camera hearing, the court  
10 determines that due process requires any testimony  
11 regarding confidential or privileged information or  
12 communications, the court shall provide to the  
13 prosecuting attorney, the victim, and the advocate's  
14 attorney a written memorandum on the substance of the  
15 advocate's testimony. The prosecuting attorney, the  
16 victim, and the advocate's attorney shall have 15 days  
17 to seek appellate review before a subpoena may be  
18 issued for the advocate to testify at trial. The  
19 presence of the prosecuting attorney at the ex parte  
20 in camera proceeding does not make the substance of  
21 the advocate's testimony that the court has ruled  
22 inadmissible subject to discovery.

23 (B) If a victim has asserted the right to have a  
24 support person present at the court proceedings, the  
25 victim shall provide the name of the person the victim  
26 has chosen to be the victim's support person to the

1 prosecuting attorney, within 60 days of trial. The  
2 prosecuting attorney shall provide the name to the  
3 defendant. If the defendant intends to call the  
4 support person as a witness at trial, the defendant  
5 must seek permission of the court before a subpoena is  
6 issued. The defendant must file a written motion at  
7 least 45 days prior to trial that sets forth  
8 specifically the issues on which the support person  
9 will testify and an offer of proof regarding: (i) the  
10 content of the anticipated testimony of the support  
11 person; and (ii) the relevance, admissibility, and  
12 materiality of the anticipated testimony.

13 If the prosecuting attorney intends to call the  
14 support person as a witness during the State's  
15 case-in-chief, the prosecuting attorney shall inform  
16 the court of this intent in the response to the  
17 defendant's written motion. The victim may choose a  
18 different person to be the victim's support person.  
19 The court may allow the defendant to inquire about  
20 matters outside the scope of the direct examination  
21 during cross-examination. If the court allows the  
22 defendant to do so, the support person shall be  
23 allowed to remain in the courtroom after the support  
24 person has testified. A defendant who fails to  
25 question the support person about matters outside the  
26 scope of direct examination during the State's

1 case-in-chief waives the right to challenge the  
2 presence of the support person on appeal. The court  
3 shall allow the support person to testify if called as  
4 a witness in the defendant's case-in-chief or the  
5 State's rebuttal.

6 If the court does not allow the defendant to  
7 inquire about matters outside the scope of the direct  
8 examination, the support person shall be allowed to  
9 remain in the courtroom after the support person has  
10 been called by the defendant or the defendant has  
11 rested. The court shall allow the support person to  
12 testify in the State's rebuttal.

13 If the prosecuting attorney does not intend to  
14 call the support person in the State's case-in-chief,  
15 the court shall verify with the support person whether  
16 the support person, if called as a witness, would  
17 testify as set forth in the offer of proof. If the  
18 court finds that the support person would testify as  
19 set forth in the offer of proof, the court shall rule  
20 on the relevance, materiality, and admissibility of  
21 the anticipated testimony. If the court rules the  
22 anticipated testimony is admissible, the court shall  
23 issue the subpoena. The support person may remain in  
24 the courtroom after the support person testifies and  
25 shall be allowed to testify in rebuttal.

26 If the court excludes the victim's support person

1           during the State's case-in-chief, the victim shall be  
2           allowed to choose another support person to be present  
3           in court.

4           If the victim fails to designate a support person  
5           within 60 days of trial and the defendant has  
6           subpoenaed the support person to testify at trial, the  
7           court may exclude the support person from the trial  
8           until the support person testifies. If the court  
9           excludes the support person the victim may choose  
10          another person as a support person.

11          (9) Right to notice and hearing before disclosure of  
12          confidential or privileged information or records. A  
13          defendant who seeks to subpoena records of or concerning  
14          the victim that are confidential or privileged by law must  
15          seek permission of the court before the subpoena is  
16          issued. The defendant must file a written motion and an  
17          offer of proof regarding the relevance, admissibility and  
18          materiality of the records. If the court finds by a  
19          preponderance of the evidence that: (A) the records are  
20          not protected by an absolute privilege and (B) the records  
21          contain relevant, admissible, and material evidence that  
22          is not available through other witnesses or evidence, the  
23          court shall issue a subpoena requiring a sealed copy of  
24          the records be delivered to the court to be reviewed in  
25          camera. If, after conducting an in camera review of the  
26          records, the court determines that due process requires



1 disclosure of any portion of the records, the court shall  
2 provide copies of what it intends to disclose to the  
3 prosecuting attorney and the victim. The prosecuting  
4 attorney and the victim shall have 30 days to seek  
5 appellate review before the records are disclosed to the  
6 defendant. The disclosure of copies of any portion of the  
7 records to the prosecuting attorney does not make the  
8 records subject to discovery.

9 (10) Right to notice of court proceedings. If the  
10 victim is not present at a court proceeding in which a  
11 right of the victim is at issue, the court shall ask the  
12 prosecuting attorney whether the victim was notified of  
13 the time, place, and purpose of the court proceeding and  
14 that the victim had a right to be heard at the court  
15 proceeding. If the court determines that timely notice was  
16 not given or that the victim was not adequately informed  
17 of the nature of the court proceeding, the court shall not  
18 rule on any substantive issues, accept a plea, or impose a  
19 sentence and shall continue the hearing for the time  
20 necessary to notify the victim of the time, place and  
21 nature of the court proceeding. The time between court  
22 proceedings shall not be attributable to the State under  
23 Section 103-5 of the Code of Criminal Procedure of 1963.

24 (11) Right to timely disposition of the case. A victim  
25 has the right to timely disposition of the case so as to  
26 minimize the stress, cost, and inconvenience resulting

1 from the victim's involvement in the case. Before ruling  
2 on a motion to continue trial or other court proceeding,  
3 the court shall inquire into the circumstances for the  
4 request for the delay and, if the victim has provided  
5 written notice of the assertion of the right to a timely  
6 disposition, and whether the victim objects to the delay.  
7 If the victim objects, the prosecutor shall inform the  
8 court of the victim's objections. If the prosecutor has  
9 not conferred with the victim about the continuance, the  
10 prosecutor shall inform the court of the attempts to  
11 confer. If the court finds the attempts of the prosecutor  
12 to confer with the victim were inadequate to protect the  
13 victim's right to be heard, the court shall give the  
14 prosecutor at least 3 but not more than 5 business days to  
15 confer with the victim. In ruling on a motion to continue,  
16 the court shall consider the reasons for the requested  
17 continuance, the number and length of continuances that  
18 have been granted, the victim's objections and procedures  
19 to avoid further delays. If a continuance is granted over  
20 the victim's objection, the court shall specify on the  
21 record the reasons for the continuance and the procedures  
22 that have been or will be taken to avoid further delays.

23 (12) Right to Restitution.

24 (A) If the victim has asserted the right to  
25 restitution and the amount of restitution is known at  
26 the time of sentencing, the court shall enter the

1 judgment of restitution at the time of sentencing.

2 (B) If the victim has asserted the right to  
3 restitution and the amount of restitution is not known  
4 at the time of sentencing, the prosecutor shall,  
5 within 5 days after sentencing, notify the victim what  
6 information and documentation related to restitution  
7 is needed and that the information and documentation  
8 must be provided to the prosecutor within 45 days  
9 after sentencing. Failure to timely provide  
10 information and documentation related to restitution  
11 shall be deemed a waiver of the right to restitution.  
12 The prosecutor shall file and serve within 60 days  
13 after sentencing a proposed judgment for restitution  
14 and a notice that includes information concerning the  
15 identity of any victims or other persons seeking  
16 restitution, whether any victim or other person  
17 expressly declines restitution, the nature and amount  
18 of any damages together with any supporting  
19 documentation, a restitution amount recommendation,  
20 and the names of any co-defendants and their case  
21 numbers. Within 30 days after receipt of the proposed  
22 judgment for restitution, the defendant shall file any  
23 objection to the proposed judgment, a statement of  
24 grounds for the objection, and a financial statement.  
25 If the defendant does not file an objection, the court  
26 may enter the judgment for restitution without further

1 proceedings. If the defendant files an objection and  
2 either party requests a hearing, the court shall  
3 schedule a hearing.

4 (13) Access to presentence reports.

5 (A) The victim may request a copy of the  
6 presentence report prepared under the Unified Code of  
7 Corrections from the State's Attorney. The State's  
8 Attorney shall redact the following information before  
9 providing a copy of the report:

10 (i) the defendant's mental history and  
11 condition;

12 (ii) any evaluation prepared under subsection

13 (b) or (b-5) of Section 5-3-2; and

14 (iii) the name, address, phone number, and  
15 other personal information about any other victim.

16 (B) The State's Attorney or the defendant may  
17 request the court redact other information in the  
18 report that may endanger the safety of any person.

19 (C) The State's Attorney may orally disclose to  
20 the victim any of the information that has been  
21 redacted if there is a reasonable likelihood that the  
22 information will be stated in court at the sentencing.

23 (D) The State's Attorney must advise the victim  
24 that the victim must maintain the confidentiality of  
25 the report and other information. Any dissemination of  
26 the report or information that was not stated at a

1 court proceeding constitutes indirect criminal  
2 contempt of court.

3 (14) Appellate relief. If the trial court denies the  
4 relief requested, the victim, the victim's attorney, or  
5 the prosecuting attorney may file an appeal within 30 days  
6 of the trial court's ruling. The trial or appellate court  
7 may stay the court proceedings if the court finds that a  
8 stay would not violate a constitutional right of the  
9 defendant. If the appellate court denies the relief  
10 sought, the reasons for the denial shall be clearly stated  
11 in a written opinion. In any appeal in a criminal case, the  
12 State may assert as error the court's denial of any crime  
13 victim's right in the proceeding to which the appeal  
14 relates.

15 (15) Limitation on appellate relief. In no case shall  
16 an appellate court provide a new trial to remedy the  
17 violation of a victim's right.

18 (16) The right to be reasonably protected from the  
19 accused throughout the criminal justice process and the  
20 right to have the safety of the victim and the victim's  
21 family considered in denying or fixing the amount of bail,  
22 determining whether to release the defendant, and setting  
23 conditions of release after arrest and conviction. A  
24 victim of domestic violence, a sexual offense, or stalking  
25 may request the entry of a protective order under Article  
26 112A of the Code of Criminal Procedure of 1963.

1 (d) Procedures after the imposition of sentence.

2 (1) The Prisoner Review Board shall inform a victim or  
3 any other concerned citizen, upon written request, of the  
4 prisoner's release on parole, mandatory supervised  
5 release, electronic detention, work release, international  
6 transfer or exchange, or by the custodian, other than the  
7 Department of Juvenile Justice, of the discharge of any  
8 individual who was adjudicated a delinquent for a crime  
9 from State custody and by the sheriff of the appropriate  
10 county of any such person's final discharge from county  
11 custody. The Prisoner Review Board, upon written request,  
12 shall provide to a victim or any other concerned citizen a  
13 recent photograph of any person convicted of a felony,  
14 upon his or her release from custody. The Prisoner Review  
15 Board, upon written request, shall inform a victim or any  
16 other concerned citizen when feasible at least 7 days  
17 prior to the prisoner's release on furlough of the times  
18 and dates of such furlough. Upon written request by the  
19 victim or any other concerned citizen, the State's  
20 Attorney shall notify the person once of the times and  
21 dates of release of a prisoner sentenced to periodic  
22 imprisonment. Notification shall be based on the most  
23 recent information as to victim's or other concerned  
24 citizen's residence or other location available to the  
25 notifying authority.

26 (2) When the defendant has been committed to the

1 Department of Human Services pursuant to Section 5-2-4 or  
2 any other provision of the Unified Code of Corrections,  
3 the victim may request to be notified by the releasing  
4 authority of the approval by the court of an on-grounds  
5 pass, a supervised off-grounds pass, an unsupervised  
6 off-grounds pass, or conditional release; the release on  
7 an off-grounds pass; the return from an off-grounds pass;  
8 transfer to another facility; conditional release; escape;  
9 death; or final discharge from State custody. The  
10 Department of Human Services shall establish and maintain  
11 a statewide telephone number to be used by victims to make  
12 notification requests under these provisions and shall  
13 publicize this telephone number on its website and to the  
14 State's Attorney of each county.

15 (3) In the event of an escape from State custody, the  
16 Department of Corrections or the Department of Juvenile  
17 Justice immediately shall notify the Prisoner Review Board  
18 of the escape and the Prisoner Review Board shall notify  
19 the victim. The notification shall be based upon the most  
20 recent information as to the victim's residence or other  
21 location available to the Board. When no such information  
22 is available, the Board shall make all reasonable efforts  
23 to obtain the information and make the notification. When  
24 the escapee is apprehended, the Department of Corrections  
25 or the Department of Juvenile Justice immediately shall  
26 notify the Prisoner Review Board and the Board shall

1 notify the victim.

2 (4) The victim of the crime for which the prisoner has  
3 been sentenced has the right to register with the Prisoner  
4 Review Board's victim registry. Victims registered with  
5 the Board shall receive reasonable written notice not less  
6 than 30 days prior to the parole hearing or target  
7 aftercare release date. The victim has the right to submit  
8 a victim statement for consideration by the Prisoner  
9 Review Board or the Department of Juvenile Justice in  
10 writing, on film, videotape, or other electronic means, or  
11 in the form of a recording prior to the parole hearing or  
12 target aftercare release date, or in person at the parole  
13 hearing or aftercare release protest hearing, or by  
14 calling the toll-free number established in subsection (f)  
15 of this Section. The victim shall be notified within 7  
16 days after the prisoner has been granted parole or  
17 aftercare release and shall be informed of the right to  
18 inspect the registry of parole decisions, established  
19 under subsection (g) of Section 3-3-5 of the Unified Code  
20 of Corrections. The provisions of this paragraph (4) are  
21 subject to the Open Parole Hearings Act. Victim statements  
22 provided to the Board shall be confidential and  
23 privileged, including any statements received prior to  
24 January 1, 2020 (the effective date of Public Act 101-288)  
25 ~~this amendatory Act of the 101st General Assembly~~, except  
26 if the statement was an oral statement made by the victim



1 at a hearing open to the public.

2 (4-1) The crime victim has the right to submit a  
3 victim statement for consideration by the Prisoner Review  
4 Board or the Department of Juvenile Justice prior to or at  
5 a hearing to determine the conditions of mandatory  
6 supervised release of a person sentenced to a determinate  
7 sentence or at a hearing on revocation of mandatory  
8 supervised release of a person sentenced to a determinate  
9 sentence. A victim statement may be submitted in writing,  
10 on film, videotape, or other electronic means, or in the  
11 form of a recording, or orally at a hearing, or by calling  
12 the toll-free number established in subsection (f) of this  
13 Section. Victim statements provided to the Board shall be  
14 confidential and privileged, including any statements  
15 received prior to January 1, 2020 (the effective date of  
16 Public Act 101-288) ~~this amendatory Act of the 101st~~  
17 ~~General Assembly~~, except if the statement was an oral  
18 statement made by the victim at a hearing open to the  
19 public.

20 (4-2) The crime victim has the right to submit a  
21 victim statement to the Prisoner Review Board for  
22 consideration at an executive clemency hearing as provided  
23 in Section 3-3-13 of the Unified Code of Corrections. A  
24 victim statement may be submitted in writing, on film,  
25 videotape, or other electronic means, or in the form of a  
26 recording prior to a hearing, or orally at a hearing, or by

1 calling the toll-free number established in subsection (f)  
2 of this Section. Victim statements provided to the Board  
3 shall be confidential and privileged, including any  
4 statements received prior to January 1, 2020 (the  
5 effective date of Public Act 101-288) ~~this amendatory Act~~  
6 ~~of the 101st General Assembly~~, except if the statement was  
7 an oral statement made by the victim at a hearing open to  
8 the public.

9 (5) If a statement is presented under Section 6, the  
10 Prisoner Review Board or Department of Juvenile Justice  
11 shall inform the victim of any order of discharge pursuant  
12 to Section 3-2.5-85 or 3-3-8 of the Unified Code of  
13 Corrections.

14 (6) At the written or oral request of the victim of the  
15 crime for which the prisoner was sentenced or the State's  
16 Attorney of the county where the person seeking parole or  
17 aftercare release was prosecuted, the Prisoner Review  
18 Board or Department of Juvenile Justice shall notify the  
19 victim and the State's Attorney of the county where the  
20 person seeking parole or aftercare release was prosecuted  
21 of the death of the prisoner if the prisoner died while on  
22 parole or aftercare release or mandatory supervised  
23 release.

24 (7) When a defendant who has been committed to the  
25 Department of Corrections, the Department of Juvenile  
26 Justice, or the Department of Human Services is released

1 or discharged and subsequently committed to the Department  
2 of Human Services as a sexually violent person and the  
3 victim had requested to be notified by the releasing  
4 authority of the defendant's discharge, conditional  
5 release, death, or escape from State custody, the  
6 releasing authority shall provide to the Department of  
7 Human Services such information that would allow the  
8 Department of Human Services to contact the victim.

9 (8) When a defendant has been convicted of a sex  
10 offense as defined in Section 2 of the Sex Offender  
11 Registration Act and has been sentenced to the Department  
12 of Corrections or the Department of Juvenile Justice, the  
13 Prisoner Review Board or the Department of Juvenile  
14 Justice shall notify the victim of the sex offense of the  
15 prisoner's eligibility for release on parole, aftercare  
16 release, mandatory supervised release, electronic  
17 detention, work release, international transfer or  
18 exchange, or by the custodian of the discharge of any  
19 individual who was adjudicated a delinquent for a sex  
20 offense from State custody and by the sheriff of the  
21 appropriate county of any such person's final discharge  
22 from county custody. The notification shall be made to the  
23 victim at least 30 days, whenever possible, before release  
24 of the sex offender.

25 (e) The officials named in this Section may satisfy some  
26 or all of their obligations to provide notices and other

1 information through participation in a statewide victim and  
2 witness notification system established by the Attorney  
3 General under Section 8.5 of this Act.

4 (f) The Prisoner Review Board shall establish a toll-free  
5 number that may be accessed by the crime victim to present a  
6 victim statement to the Board in accordance with paragraphs  
7 (4), (4-1), and (4-2) of subsection (d).

8 (Source: P.A. 100-199, eff. 1-1-18; 100-961, eff. 1-1-19;  
9 101-81, eff. 7-12-19; 101-288, eff. 1-1-20; revised 9-23-19.)

10 (Text of Section after amendment by P.A. 101-652)

11 Sec. 4.5. Procedures to implement the rights of crime  
12 victims. To afford crime victims their rights, law  
13 enforcement, prosecutors, judges, and corrections will provide  
14 information, as appropriate, of the following procedures:

15 (a) At the request of the crime victim, law enforcement  
16 authorities investigating the case shall provide notice of the  
17 status of the investigation, except where the State's Attorney  
18 determines that disclosure of such information would  
19 unreasonably interfere with the investigation, until such time  
20 as the alleged assailant is apprehended or the investigation  
21 is closed.

22 (a-5) When law enforcement authorities reopen a closed  
23 case to resume investigating, they shall provide notice of the  
24 reopening of the case, except where the State's Attorney  
25 determines that disclosure of such information would

1 unreasonably interfere with the investigation.

2 (b) The office of the State's Attorney:

3 (1) shall provide notice of the filing of an  
4 information, the return of an indictment, or the filing of  
5 a petition to adjudicate a minor as a delinquent for a  
6 violent crime;

7 (2) shall provide timely notice of the date, time, and  
8 place of court proceedings; of any change in the date,  
9 time, and place of court proceedings; and of any  
10 cancellation of court proceedings. Notice shall be  
11 provided in sufficient time, wherever possible, for the  
12 victim to make arrangements to attend or to prevent an  
13 unnecessary appearance at court proceedings;

14 (3) or victim advocate personnel shall provide  
15 information of social services and financial assistance  
16 available for victims of crime, including information of  
17 how to apply for these services and assistance;

18 (3.5) or victim advocate personnel shall provide  
19 information about available victim services, including  
20 referrals to programs, counselors, and agencies that  
21 assist a victim to deal with trauma, loss, and grief;

22 (4) shall assist in having any stolen or other  
23 personal property held by law enforcement authorities for  
24 evidentiary or other purposes returned as expeditiously as  
25 possible, pursuant to the procedures set out in Section  
26 115-9 of the Code of Criminal Procedure of 1963;

1           (5) or victim advocate personnel shall provide  
2 appropriate employer intercession services to ensure that  
3 employers of victims will cooperate with the criminal  
4 justice system in order to minimize an employee's loss of  
5 pay and other benefits resulting from court appearances;

6           (6) shall provide, whenever possible, a secure waiting  
7 area during court proceedings that does not require  
8 victims to be in close proximity to defendants or  
9 juveniles accused of a violent crime, and their families  
10 and friends;

11           (7) shall provide notice to the crime victim of the  
12 right to have a translator present at all court  
13 proceedings and, in compliance with the federal Americans  
14 with Disabilities Act of 1990, the right to communications  
15 access through a sign language interpreter or by other  
16 means;

17           (8) (blank);

18           (8.5) shall inform the victim of the right to be  
19 present at all court proceedings, unless the victim is to  
20 testify and the court determines that the victim's  
21 testimony would be materially affected if the victim hears  
22 other testimony at trial;

23           (9) shall inform the victim of the right to have  
24 present at all court proceedings, subject to the rules of  
25 evidence and confidentiality, an advocate and other  
26 support person of the victim's choice;

1           (9.3) shall inform the victim of the right to retain  
2           an attorney, at the victim's own expense, who, upon  
3           written notice filed with the clerk of the court and  
4           State's Attorney, is to receive copies of all notices,  
5           motions, and court orders filed thereafter in the case, in  
6           the same manner as if the victim were a named party in the  
7           case;

8           (9.5) shall inform the victim of (A) the victim's  
9           right under Section 6 of this Act to make a statement at  
10          the sentencing hearing; (B) the right of the victim's  
11          spouse, guardian, parent, grandparent, and other immediate  
12          family and household members under Section 6 of this Act  
13          to present a statement at sentencing; and (C) if a  
14          presentence report is to be prepared, the right of the  
15          victim's spouse, guardian, parent, grandparent, and other  
16          immediate family and household members to submit  
17          information to the preparer of the presentence report  
18          about the effect the offense has had on the victim and the  
19          person;

20          (10) at the sentencing shall make a good faith attempt  
21          to explain the minimum amount of time during which the  
22          defendant may actually be physically imprisoned. The  
23          Office of the State's Attorney shall further notify the  
24          crime victim of the right to request from the Prisoner  
25          Review Board or Department of Juvenile Justice information  
26          concerning the release of the defendant;

1           (11) shall request restitution at sentencing and as  
2 part of a plea agreement if the victim requests  
3 restitution;

4           (12) shall, upon the court entering a verdict of not  
5 guilty by reason of insanity, inform the victim of the  
6 notification services available from the Department of  
7 Human Services, including the statewide telephone number,  
8 under subparagraph (d) (2) of this Section;

9           (13) shall provide notice within a reasonable time  
10 after receipt of notice from the custodian, of the release  
11 of the defendant on pretrial release or personal  
12 recognizance or the release from detention of a minor who  
13 has been detained;

14           (14) shall explain in nontechnical language the  
15 details of any plea or verdict of a defendant, or any  
16 adjudication of a juvenile as a delinquent;

17           (15) shall make all reasonable efforts to consult with  
18 the crime victim before the Office of the State's Attorney  
19 makes an offer of a plea bargain to the defendant or enters  
20 into negotiations with the defendant concerning a possible  
21 plea agreement, and shall consider the written statement,  
22 if prepared prior to entering into a plea agreement. The  
23 right to consult with the prosecutor does not include the  
24 right to veto a plea agreement or to insist the case go to  
25 trial. If the State's Attorney has not consulted with the  
26 victim prior to making an offer or entering into plea



1 negotiations with the defendant, the Office of the State's  
2 Attorney shall notify the victim of the offer or the  
3 negotiations within 2 business days and confer with the  
4 victim;

5 (16) shall provide notice of the ultimate disposition  
6 of the cases arising from an indictment or an information,  
7 or a petition to have a juvenile adjudicated as a  
8 delinquent for a violent crime;

9 (17) shall provide notice of any appeal taken by the  
10 defendant and information on how to contact the  
11 appropriate agency handling the appeal, and how to request  
12 notice of any hearing, oral argument, or decision of an  
13 appellate court;

14 (18) shall provide timely notice of any request for  
15 post-conviction review filed by the defendant under  
16 Article 122 of the Code of Criminal Procedure of 1963, and  
17 of the date, time and place of any hearing concerning the  
18 petition. Whenever possible, notice of the hearing shall  
19 be given within 48 hours of the court's scheduling of the  
20 hearing; ~~and~~

21 (19) shall forward a copy of any statement presented  
22 under Section 6 to the Prisoner Review Board or Department  
23 of Juvenile Justice to be considered in making a  
24 determination under Section 3-2.5-85 or subsection (b) of  
25 Section 3-3-8 of the Unified Code of Corrections; ~~:-~~

26 (20) shall, within a reasonable time, offer to meet

1 with the crime victim regarding the decision of the  
2 State's Attorney not to charge an offense, and shall meet  
3 with the victim, if the victim agrees. The victim has a  
4 right to have an attorney, advocate, and other support  
5 person of the victim's choice attend this meeting with the  
6 victim; and

7 (21) shall give the crime victim timely notice of any  
8 decision not to pursue charges and consider the safety of  
9 the victim when deciding how to give such notice.

10 (c) The court shall ensure that the rights of the victim  
11 are afforded.

12 (c-5) The following procedures shall be followed to afford  
13 victims the rights guaranteed by Article I, Section 8.1 of the  
14 Illinois Constitution:

15 (1) Written notice. A victim may complete a written  
16 notice of intent to assert rights on a form prepared by the  
17 Office of the Attorney General and provided to the victim  
18 by the State's Attorney. The victim may at any time  
19 provide a revised written notice to the State's Attorney.  
20 The State's Attorney shall file the written notice with  
21 the court. At the beginning of any court proceeding in  
22 which the right of a victim may be at issue, the court and  
23 prosecutor shall review the written notice to determine  
24 whether the victim has asserted the right that may be at  
25 issue.

26 (2) Victim's retained attorney. A victim's attorney

1 shall file an entry of appearance limited to assertion of  
2 the victim's rights. Upon the filing of the entry of  
3 appearance and service on the State's Attorney and the  
4 defendant, the attorney is to receive copies of all  
5 notices, motions and court orders filed thereafter in the  
6 case.

7 (3) Standing. The victim has standing to assert the  
8 rights enumerated in subsection (a) of Article I, Section  
9 8.1 of the Illinois Constitution and the statutory rights  
10 under Section 4 of this Act in any court exercising  
11 jurisdiction over the criminal case. The prosecuting  
12 attorney, a victim, or the victim's retained attorney may  
13 assert the victim's rights. The defendant in the criminal  
14 case has no standing to assert a right of the victim in any  
15 court proceeding, including on appeal.

16 (4) Assertion of and enforcement of rights.

17 (A) The prosecuting attorney shall assert a  
18 victim's right or request enforcement of a right by  
19 filing a motion or by orally asserting the right or  
20 requesting enforcement in open court in the criminal  
21 case outside the presence of the jury. The prosecuting  
22 attorney shall consult with the victim and the  
23 victim's attorney regarding the assertion or  
24 enforcement of a right. If the prosecuting attorney  
25 decides not to assert or enforce a victim's right, the  
26 prosecuting attorney shall notify the victim or the

1 victim's attorney in sufficient time to allow the  
2 victim or the victim's attorney to assert the right or  
3 to seek enforcement of a right.

4 (B) If the prosecuting attorney elects not to  
5 assert a victim's right or to seek enforcement of a  
6 right, the victim or the victim's attorney may assert  
7 the victim's right or request enforcement of a right  
8 by filing a motion or by orally asserting the right or  
9 requesting enforcement in open court in the criminal  
10 case outside the presence of the jury.

11 (C) If the prosecuting attorney asserts a victim's  
12 right or seeks enforcement of a right, unless the  
13 prosecuting attorney objects or the trial court does  
14 not allow it, the victim or the victim's attorney may  
15 be heard regarding the prosecuting attorney's motion  
16 or may file a simultaneous motion to assert or request  
17 enforcement of the victim's right. If the victim or  
18 the victim's attorney was not allowed to be heard at  
19 the hearing regarding the prosecuting attorney's  
20 motion, and the court denies the prosecuting  
21 attorney's assertion of the right or denies the  
22 request for enforcement of a right, the victim or  
23 victim's attorney may file a motion to assert the  
24 victim's right or to request enforcement of the right  
25 within 10 days of the court's ruling. The motion need  
26 not demonstrate the grounds for a motion for

1 reconsideration. The court shall rule on the merits of  
2 the motion.

3 (D) The court shall take up and decide any motion  
4 or request asserting or seeking enforcement of a  
5 victim's right without delay, unless a specific time  
6 period is specified by law or court rule. The reasons  
7 for any decision denying the motion or request shall  
8 be clearly stated on the record.

9 (E) No later than January 1, 2023, the Office of  
10 the Attorney General shall:

11 (i) designate an administrative authority  
12 within the Office of the Attorney General to  
13 receive and investigate complaints relating to the  
14 provision or violation of the rights of a crime  
15 victim as described in Article I, Section 8.1 of  
16 the Illinois Constitution and in this Act;

17 (ii) create and administer a course of  
18 training for employees and offices of the State of  
19 Illinois that fail to comply with provisions of  
20 Illinois law pertaining to the treatment of crime  
21 victims as described in Article I, Section 8.1 of  
22 the Illinois Constitution and in this Act as  
23 required by the court under Section 5 of this Act;  
24 and

25 (iii) have the authority to make  
26 recommendations to employees and offices of the

1           State of Illinois to respond more effectively to  
2           the needs of crime victims, including regarding  
3           the violation of the rights of a crime victim.

4           (F) Crime victims' rights may also be asserted by  
5           filing a complaint for mandamus, injunctive, or  
6           declaratory relief in the jurisdiction in which the  
7           victim's right is being violated or where the crime is  
8           being prosecuted. For complaints or motions filed by  
9           or on behalf of the victim, the clerk of court shall  
10           waive filing fees that would otherwise be owed by the  
11           victim for any court filing with the purpose of  
12           enforcing crime victims' rights. If the court denies  
13           the relief sought by the victim, the reasons for the  
14           denial shall be clearly stated on the record in the  
15           transcript of the proceedings, in a written opinion,  
16           or in the docket entry, and the victim may appeal the  
17           circuit court's decision to the appellate court. The  
18           court shall issue prompt rulings regarding victims'  
19           rights. Proceedings seeking to enforce victims' rights  
20           shall not be stayed or subject to unreasonable delay  
21           via continuances.

22           (5) Violation of rights and remedies.

23           (A) If the court determines that a victim's right  
24           has been violated, the court shall determine the  
25           appropriate remedy for the violation of the victim's  
26           right by hearing from the victim and the parties,

1           considering all factors relevant to the issue, and  
2           then awarding appropriate relief to the victim.

3           (A-5) Consideration of an issue of a substantive  
4           nature or an issue that implicates the constitutional  
5           or statutory right of a victim at a court proceeding  
6           labeled as a status hearing shall constitute a per se  
7           violation of a victim's right.

8           (B) The appropriate remedy shall include only  
9           actions necessary to provide the victim the right to  
10          which the victim was entitled. Remedies may include,  
11          but are not limited to: injunctive relief requiring  
12          the victim's right to be afforded; declaratory  
13          judgment recognizing or clarifying the victim's  
14          rights; a writ of mandamus; and may include reopening  
15          previously held proceedings; however, in no event  
16          shall the court vacate a conviction. Any remedy shall  
17          be tailored to provide the victim an appropriate  
18          remedy without violating any constitutional right of  
19          the defendant. In no event shall the appropriate  
20          remedy to the victim be a new trial or damages, ~~or~~  
21          ~~costs~~.

22          The court shall impose a mandatory training course  
23          provided by the Attorney General for the employee under  
24          item (ii) of subparagraph (E) of paragraph (4), which must  
25          be successfully completed within 6 months of the entry of  
26          the court order.

1           This paragraph (5) takes effect January 2, 2023.

2           (6) Right to be heard. Whenever a victim has the right  
3 to be heard, the court shall allow the victim to exercise  
4 the right in any reasonable manner the victim chooses.

5           (7) Right to attend trial. A party must file a written  
6 motion to exclude a victim from trial at least 60 days  
7 prior to the date set for trial. The motion must state with  
8 specificity the reason exclusion is necessary to protect a  
9 constitutional right of the party, and must contain an  
10 offer of proof. The court shall rule on the motion within  
11 30 days. If the motion is granted, the court shall set  
12 forth on the record the facts that support its finding  
13 that the victim's testimony will be materially affected if  
14 the victim hears other testimony at trial.

15           (8) Right to have advocate and support person present  
16 at court proceedings.

17           (A) A party who intends to call an advocate as a  
18 witness at trial must seek permission of the court  
19 before the subpoena is issued. The party must file a  
20 written motion at least 90 days before trial that sets  
21 forth specifically the issues on which the advocate's  
22 testimony is sought and an offer of proof regarding  
23 (i) the content of the anticipated testimony of the  
24 advocate; and (ii) the relevance, admissibility, and  
25 materiality of the anticipated testimony. The court  
26 shall consider the motion and make findings within 30



1 days of the filing of the motion. If the court finds by  
2 a preponderance of the evidence that: (i) the  
3 anticipated testimony is not protected by an absolute  
4 privilege; and (ii) the anticipated testimony contains  
5 relevant, admissible, and material evidence that is  
6 not available through other witnesses or evidence, the  
7 court shall issue a subpoena requiring the advocate to  
8 appear to testify at an in camera hearing. The  
9 prosecuting attorney and the victim shall have 15 days  
10 to seek appellate review before the advocate is  
11 required to testify at an ex parte in camera  
12 proceeding.

13 The prosecuting attorney, the victim, and the  
14 advocate's attorney shall be allowed to be present at  
15 the ex parte in camera proceeding. If, after  
16 conducting the ex parte in camera hearing, the court  
17 determines that due process requires any testimony  
18 regarding confidential or privileged information or  
19 communications, the court shall provide to the  
20 prosecuting attorney, the victim, and the advocate's  
21 attorney a written memorandum on the substance of the  
22 advocate's testimony. The prosecuting attorney, the  
23 victim, and the advocate's attorney shall have 15 days  
24 to seek appellate review before a subpoena may be  
25 issued for the advocate to testify at trial. The  
26 presence of the prosecuting attorney at the ex parte

1 in camera proceeding does not make the substance of  
2 the advocate's testimony that the court has ruled  
3 inadmissible subject to discovery.

4 (B) If a victim has asserted the right to have a  
5 support person present at the court proceedings, the  
6 victim shall provide the name of the person the victim  
7 has chosen to be the victim's support person to the  
8 prosecuting attorney, within 60 days of trial. The  
9 prosecuting attorney shall provide the name to the  
10 defendant. If the defendant intends to call the  
11 support person as a witness at trial, the defendant  
12 must seek permission of the court before a subpoena is  
13 issued. The defendant must file a written motion at  
14 least 45 days prior to trial that sets forth  
15 specifically the issues on which the support person  
16 will testify and an offer of proof regarding: (i) the  
17 content of the anticipated testimony of the support  
18 person; and (ii) the relevance, admissibility, and  
19 materiality of the anticipated testimony.

20 If the prosecuting attorney intends to call the  
21 support person as a witness during the State's  
22 case-in-chief, the prosecuting attorney shall inform  
23 the court of this intent in the response to the  
24 defendant's written motion. The victim may choose a  
25 different person to be the victim's support person.  
26 The court may allow the defendant to inquire about

1 matters outside the scope of the direct examination  
2 during cross-examination. If the court allows the  
3 defendant to do so, the support person shall be  
4 allowed to remain in the courtroom after the support  
5 person has testified. A defendant who fails to  
6 question the support person about matters outside the  
7 scope of direct examination during the State's  
8 case-in-chief waives the right to challenge the  
9 presence of the support person on appeal. The court  
10 shall allow the support person to testify if called as  
11 a witness in the defendant's case-in-chief or the  
12 State's rebuttal.

13 If the court does not allow the defendant to  
14 inquire about matters outside the scope of the direct  
15 examination, the support person shall be allowed to  
16 remain in the courtroom after the support person has  
17 been called by the defendant or the defendant has  
18 rested. The court shall allow the support person to  
19 testify in the State's rebuttal.

20 If the prosecuting attorney does not intend to  
21 call the support person in the State's case-in-chief,  
22 the court shall verify with the support person whether  
23 the support person, if called as a witness, would  
24 testify as set forth in the offer of proof. If the  
25 court finds that the support person would testify as  
26 set forth in the offer of proof, the court shall rule

1 on the relevance, materiality, and admissibility of  
2 the anticipated testimony. If the court rules the  
3 anticipated testimony is admissible, the court shall  
4 issue the subpoena. The support person may remain in  
5 the courtroom after the support person testifies and  
6 shall be allowed to testify in rebuttal.

7 If the court excludes the victim's support person  
8 during the State's case-in-chief, the victim shall be  
9 allowed to choose another support person to be present  
10 in court.

11 If the victim fails to designate a support person  
12 within 60 days of trial and the defendant has  
13 subpoenaed the support person to testify at trial, the  
14 court may exclude the support person from the trial  
15 until the support person testifies. If the court  
16 excludes the support person the victim may choose  
17 another person as a support person.

18 (9) Right to notice and hearing before disclosure of  
19 confidential or privileged information or records.

20 (A) A defendant who seeks to subpoena testimony or  
21 records of or concerning the victim that are  
22 confidential or privileged by law must seek permission  
23 of the court before the subpoena is issued. The  
24 defendant must file a written motion and an offer of  
25 proof regarding the relevance, admissibility and  
26 materiality of the testimony or records. If the court

1 finds by a preponderance of the evidence that:

2 (i) ~~(A)~~ the testimony or records are not  
3 protected by an absolute privilege and

4 (ii) ~~(B)~~ the testimony or records contain  
5 relevant, admissible, and material evidence that  
6 is not available through other witnesses or  
7 evidence, the court shall issue a subpoena  
8 requiring the witness to appear in camera or a  
9 sealed copy of the records be delivered to the  
10 court to be reviewed in camera. If, after  
11 conducting an in camera review of the witness  
12 statement or records, the court determines that  
13 due process requires disclosure of any potential  
14 testimony or any portion of the records, the court  
15 shall provide copies of the records that ~~what~~ it  
16 intends to disclose to the prosecuting attorney  
17 and the victim. The prosecuting attorney and the  
18 victim shall have 30 days to seek appellate review  
19 before the records are disclosed to the defendant,  
20 used in any court proceeding, or disclosed to  
21 anyone or in any way that would subject the  
22 testimony or records to public review. The  
23 disclosure of copies of any portion of the  
24 testimony or records to the prosecuting attorney  
25 under this Section does not make the records  
26 subject to discovery or required to be provided to

1           the defendant.

2           (B) A prosecuting attorney who seeks to subpoena  
3           information or records concerning the victim that are  
4           confidential or privileged by law must first request  
5           the written consent of the crime victim. If the victim  
6           does not provide such written consent, including where  
7           necessary the appropriate signed document required for  
8           waiving privilege, the prosecuting attorney must serve  
9           the subpoena at least 21 days prior to the date a  
10           response or appearance is required to allow the  
11           subject of the subpoena time to file a motion to quash  
12           or request a hearing. The prosecuting attorney must  
13           also send a written notice to the victim at least 21  
14           days prior to the response date to allow the victim to  
15           file a motion or request a hearing. The notice to the  
16           victim shall inform the victim (i) that a subpoena has  
17           been issued for confidential information or records  
18           concerning the victim, (ii) that the victim has the  
19           right to request a hearing prior to the response date  
20           of the subpoena, and (iii) how to request the hearing.  
21           The notice to the victim shall also include a copy of  
22           the subpoena. If requested, a hearing regarding the  
23           subpoena shall occur before information or records are  
24           provided to the prosecuting attorney.

25           (10) Right to notice of court proceedings. If the  
26           victim is not present at a court proceeding in which a

1 right of the victim is at issue, the court shall ask the  
2 prosecuting attorney whether the victim was notified of  
3 the time, place, and purpose of the court proceeding and  
4 that the victim had a right to be heard at the court  
5 proceeding. If the court determines that timely notice was  
6 not given or that the victim was not adequately informed  
7 of the nature of the court proceeding, the court shall not  
8 rule on any substantive issues, accept a plea, or impose a  
9 sentence and shall continue the hearing for the time  
10 necessary to notify the victim of the time, place and  
11 nature of the court proceeding. The time between court  
12 proceedings shall not be attributable to the State under  
13 Section 103-5 of the Code of Criminal Procedure of 1963.

14 (11) Right to timely disposition of the case. A victim  
15 has the right to timely disposition of the case so as to  
16 minimize the stress, cost, and inconvenience resulting  
17 from the victim's involvement in the case. Before ruling  
18 on a motion to continue trial or other court proceeding,  
19 the court shall inquire into the circumstances for the  
20 request for the delay and, if the victim has provided  
21 written notice of the assertion of the right to a timely  
22 disposition, and whether the victim objects to the delay.  
23 If the victim objects, the prosecutor shall inform the  
24 court of the victim's objections. If the prosecutor has  
25 not conferred with the victim about the continuance, the  
26 prosecutor shall inform the court of the attempts to

1 confer. If the court finds the attempts of the prosecutor  
2 to confer with the victim were inadequate to protect the  
3 victim's right to be heard, the court shall give the  
4 prosecutor at least 3 but not more than 5 business days to  
5 confer with the victim. In ruling on a motion to continue,  
6 the court shall consider the reasons for the requested  
7 continuance, the number and length of continuances that  
8 have been granted, the victim's objections and procedures  
9 to avoid further delays. If a continuance is granted over  
10 the victim's objection, the court shall specify on the  
11 record the reasons for the continuance and the procedures  
12 that have been or will be taken to avoid further delays.

13 (12) Right to Restitution.

14 (A) If the victim has asserted the right to  
15 restitution and the amount of restitution is known at  
16 the time of sentencing, the court shall enter the  
17 judgment of restitution at the time of sentencing.

18 (B) If the victim has asserted the right to  
19 restitution and the amount of restitution is not known  
20 at the time of sentencing, the prosecutor shall,  
21 within 5 days after sentencing, notify the victim what  
22 information and documentation related to restitution  
23 is needed and that the information and documentation  
24 must be provided to the prosecutor within 45 days  
25 after sentencing. Failure to timely provide  
26 information and documentation related to restitution



1 shall be deemed a waiver of the right to restitution.  
2 The prosecutor shall file and serve within 60 days  
3 after sentencing a proposed judgment for restitution  
4 and a notice that includes information concerning the  
5 identity of any victims or other persons seeking  
6 restitution, whether any victim or other person  
7 expressly declines restitution, the nature and amount  
8 of any damages together with any supporting  
9 documentation, a restitution amount recommendation,  
10 and the names of any co-defendants and their case  
11 numbers. Within 30 days after receipt of the proposed  
12 judgment for restitution, the defendant shall file any  
13 objection to the proposed judgment, a statement of  
14 grounds for the objection, and a financial statement.  
15 If the defendant does not file an objection, the court  
16 may enter the judgment for restitution without further  
17 proceedings. If the defendant files an objection and  
18 either party requests a hearing, the court shall  
19 schedule a hearing.

20 (13) Access to presentence reports.

21 (A) The victim may request a copy of the  
22 presentence report prepared under the Unified Code of  
23 Corrections from the State's Attorney. The State's  
24 Attorney shall redact the following information before  
25 providing a copy of the report:

26 (i) the defendant's mental history and

1 condition;

2 (ii) any evaluation prepared under subsection  
3 (b) or (b-5) of Section 5-3-2; and

4 (iii) the name, address, phone number, and  
5 other personal information about any other victim.

6 (B) The State's Attorney or the defendant may  
7 request the court redact other information in the  
8 report that may endanger the safety of any person.

9 (C) The State's Attorney may orally disclose to  
10 the victim any of the information that has been  
11 redacted if there is a reasonable likelihood that the  
12 information will be stated in court at the sentencing.

13 (D) The State's Attorney must advise the victim  
14 that the victim must maintain the confidentiality of  
15 the report and other information. Any dissemination of  
16 the report or information that was not stated at a  
17 court proceeding constitutes indirect criminal  
18 contempt of court.

19 (14) Appellate relief. If the trial court denies the  
20 relief requested, the victim, the victim's attorney, or  
21 the prosecuting attorney may file an appeal within 30 days  
22 of the trial court's ruling. The trial or appellate court  
23 may stay the court proceedings if the court finds that a  
24 stay would not violate a constitutional right of the  
25 defendant. If the appellate court denies the relief  
26 sought, the reasons for the denial shall be clearly stated

1 in a written opinion. In any appeal in a criminal case, the  
2 State may assert as error the court's denial of any crime  
3 victim's right in the proceeding to which the appeal  
4 relates.

5 (15) Limitation on appellate relief. In no case shall  
6 an appellate court provide a new trial to remedy the  
7 violation of a victim's right.

8 (16) The right to be reasonably protected from the  
9 accused throughout the criminal justice process and the  
10 right to have the safety of the victim and the victim's  
11 family considered in determining whether to release the  
12 defendant, and setting conditions of release after arrest  
13 and conviction. A victim of domestic violence, a sexual  
14 offense, or stalking may request the entry of a protective  
15 order under Article 112A of the Code of Criminal Procedure  
16 of 1963.

17 (d) Procedures after the imposition of sentence.

18 (1) The Prisoner Review Board shall inform a victim or  
19 any other concerned citizen, upon written request, of the  
20 prisoner's release on parole, mandatory supervised  
21 release, electronic detention, work release, international  
22 transfer or exchange, or by the custodian, other than the  
23 Department of Juvenile Justice, of the discharge of any  
24 individual who was adjudicated a delinquent for a crime  
25 from State custody and by the sheriff of the appropriate  
26 county of any such person's final discharge from county

1 custody. The Prisoner Review Board, upon written request,  
2 shall provide to a victim or any other concerned citizen a  
3 recent photograph of any person convicted of a felony,  
4 upon his or her release from custody. The Prisoner Review  
5 Board, upon written request, shall inform a victim or any  
6 other concerned citizen when feasible at least 7 days  
7 prior to the prisoner's release on furlough of the times  
8 and dates of such furlough. Upon written request by the  
9 victim or any other concerned citizen, the State's  
10 Attorney shall notify the person once of the times and  
11 dates of release of a prisoner sentenced to periodic  
12 imprisonment. Notification shall be based on the most  
13 recent information as to victim's or other concerned  
14 citizen's residence or other location available to the  
15 notifying authority.

16 (2) When the defendant has been committed to the  
17 Department of Human Services pursuant to Section 5-2-4 or  
18 any other provision of the Unified Code of Corrections,  
19 the victim may request to be notified by the releasing  
20 authority of the approval by the court of an on-grounds  
21 pass, a supervised off-grounds pass, an unsupervised  
22 off-grounds pass, or conditional release; the release on  
23 an off-grounds pass; the return from an off-grounds pass;  
24 transfer to another facility; conditional release; escape;  
25 death; or final discharge from State custody. The  
26 Department of Human Services shall establish and maintain

1 a statewide telephone number to be used by victims to make  
2 notification requests under these provisions and shall  
3 publicize this telephone number on its website and to the  
4 State's Attorney of each county.

5 (3) In the event of an escape from State custody, the  
6 Department of Corrections or the Department of Juvenile  
7 Justice immediately shall notify the Prisoner Review Board  
8 of the escape and the Prisoner Review Board shall notify  
9 the victim. The notification shall be based upon the most  
10 recent information as to the victim's residence or other  
11 location available to the Board. When no such information  
12 is available, the Board shall make all reasonable efforts  
13 to obtain the information and make the notification. When  
14 the escapee is apprehended, the Department of Corrections  
15 or the Department of Juvenile Justice immediately shall  
16 notify the Prisoner Review Board and the Board shall  
17 notify the victim.

18 (4) The victim of the crime for which the prisoner has  
19 been sentenced has the right to register with the Prisoner  
20 Review Board's victim registry. Victims registered with  
21 the Board shall receive reasonable written notice not less  
22 than 30 days prior to the parole hearing or target  
23 aftercare release date. The victim has the right to submit  
24 a victim statement for consideration by the Prisoner  
25 Review Board or the Department of Juvenile Justice in  
26 writing, on film, videotape, or other electronic means, or

1 in the form of a recording prior to the parole hearing or  
2 target aftercare release date, or in person at the parole  
3 hearing or aftercare release protest hearing, or by  
4 calling the toll-free number established in subsection (f)  
5 of this Section. The victim shall be notified within 7  
6 days after the prisoner has been granted parole or  
7 aftercare release and shall be informed of the right to  
8 inspect the registry of parole decisions, established  
9 under subsection (g) of Section 3-3-5 of the Unified Code  
10 of Corrections. The provisions of this paragraph (4) are  
11 subject to the Open Parole Hearings Act. Victim statements  
12 provided to the Board shall be confidential and  
13 privileged, including any statements received prior to  
14 January 1, 2020 (the effective date of Public Act  
15 101-288), except if the statement was an oral statement  
16 made by the victim at a hearing open to the public.

17 (4-1) The crime victim has the right to submit a  
18 victim statement for consideration by the Prisoner Review  
19 Board or the Department of Juvenile Justice prior to or at  
20 a hearing to determine the conditions of mandatory  
21 supervised release of a person sentenced to a determinate  
22 sentence or at a hearing on revocation of mandatory  
23 supervised release of a person sentenced to a determinate  
24 sentence. A victim statement may be submitted in writing,  
25 on film, videotape, or other electronic means, or in the  
26 form of a recording, or orally at a hearing, or by calling

1 the toll-free number established in subsection (f) of this  
2 Section. Victim statements provided to the Board shall be  
3 confidential and privileged, including any statements  
4 received prior to January 1, 2020 (the effective date of  
5 Public Act 101-288), except if the statement was an oral  
6 statement made by the victim at a hearing open to the  
7 public.

8 (4-2) The crime victim has the right to submit a  
9 victim statement to the Prisoner Review Board for  
10 consideration at an executive clemency hearing as provided  
11 in Section 3-3-13 of the Unified Code of Corrections. A  
12 victim statement may be submitted in writing, on film,  
13 videotape, or other electronic means, or in the form of a  
14 recording prior to a hearing, or orally at a hearing, or by  
15 calling the toll-free number established in subsection (f)  
16 of this Section. Victim statements provided to the Board  
17 shall be confidential and privileged, including any  
18 statements received prior to January 1, 2020 (the  
19 effective date of Public Act 101-288), except if the  
20 statement was an oral statement made by the victim at a  
21 hearing open to the public.

22 (5) If a statement is presented under Section 6, the  
23 Prisoner Review Board or Department of Juvenile Justice  
24 shall inform the victim of any order of discharge pursuant  
25 to Section 3-2.5-85 or 3-3-8 of the Unified Code of  
26 Corrections.

1           (6) At the written or oral request of the victim of the  
2 crime for which the prisoner was sentenced or the State's  
3 Attorney of the county where the person seeking parole or  
4 aftercare release was prosecuted, the Prisoner Review  
5 Board or Department of Juvenile Justice shall notify the  
6 victim and the State's Attorney of the county where the  
7 person seeking parole or aftercare release was prosecuted  
8 of the death of the prisoner if the prisoner died while on  
9 parole or aftercare release or mandatory supervised  
10 release.

11           (7) When a defendant who has been committed to the  
12 Department of Corrections, the Department of Juvenile  
13 Justice, or the Department of Human Services is released  
14 or discharged and subsequently committed to the Department  
15 of Human Services as a sexually violent person and the  
16 victim had requested to be notified by the releasing  
17 authority of the defendant's discharge, conditional  
18 release, death, or escape from State custody, the  
19 releasing authority shall provide to the Department of  
20 Human Services such information that would allow the  
21 Department of Human Services to contact the victim.

22           (8) When a defendant has been convicted of a sex  
23 offense as defined in Section 2 of the Sex Offender  
24 Registration Act and has been sentenced to the Department  
25 of Corrections or the Department of Juvenile Justice, the  
26 Prisoner Review Board or the Department of Juvenile



1 Justice shall notify the victim of the sex offense of the  
2 prisoner's eligibility for release on parole, aftercare  
3 release, mandatory supervised release, electronic  
4 detention, work release, international transfer or  
5 exchange, or by the custodian of the discharge of any  
6 individual who was adjudicated a delinquent for a sex  
7 offense from State custody and by the sheriff of the  
8 appropriate county of any such person's final discharge  
9 from county custody. The notification shall be made to the  
10 victim at least 30 days, whenever possible, before release  
11 of the sex offender.

12 (e) The officials named in this Section may satisfy some  
13 or all of their obligations to provide notices and other  
14 information through participation in a statewide victim and  
15 witness notification system established by the Attorney  
16 General under Section 8.5 of this Act.

17 (f) The Prisoner Review Board shall establish a toll-free  
18 number that may be accessed by the crime victim to present a  
19 victim statement to the Board in accordance with paragraphs  
20 (4), (4-1), and (4-2) of subsection (d).

21 (Source: P.A. 100-199, eff. 1-1-18; 100-961, eff. 1-1-19;  
22 101-81, eff. 7-12-19; 101-288, eff. 1-1-20; 101-652, eff.  
23 1-1-23.)

24 (725 ILCS 120/7) (from Ch. 38, par. 1407)

25 Sec. 7. Responsibilities of victims and witnesses. Victims

1 and witnesses shall have the following responsibilities to aid  
2 in the prosecution of violent crime and to ensure that their  
3 constitutional rights are enforced:

4 (a) To make a timely report of the crime;

5 (b) To cooperate with law enforcement authorities  
6 throughout the investigation, prosecution, and trial;

7 (c) To testify at trial;

8 (c-5) to timely provide information and documentation to  
9 the prosecuting attorney that is related to the assertion of  
10 their rights.

11 (d) To notify law enforcement authorities and the  
12 prosecuting attorney of any change of contact information,  
13 including but not limited to, changes of address and contact  
14 information, including but not limited to changes of address,  
15 telephone number, and email address. Law enforcement  
16 authorities and the prosecuting attorney shall maintain the  
17 confidentiality of this information. A court may find that the  
18 failure to notify the prosecuting attorney of any change in  
19 contact information constitutes waiver of a right.

20 (e) A victim who otherwise cooperates with law enforcement  
21 authorities and the prosecuting attorney, but declines to  
22 provide information and documentation to the prosecuting  
23 attorney that is privileged or confidential under the law, or  
24 chooses not to waive privilege, shall still be considered as  
25 cooperating for the purposes of this Act and maintain the  
26 status of victim and the rights afforded to victims under this

1 Act.

2 (Source: P.A. 99-413, eff. 8-20-15.)

3 (725 ILCS 120/9) (from Ch. 38, par. 1408)

4 Sec. 9. This Act does not limit any rights or  
5 responsibilities otherwise enjoyed by or imposed upon victims  
6 or witnesses of violent crime, ~~nor does it grant any person a~~  
7 ~~cause of action in equity or at law for compensation for~~  
8 ~~damages or attorneys fees.~~ Any act of omission or commission  
9 by any law enforcement officer, circuit court clerk, or  
10 State's Attorney, by the Attorney General, Prisoner Review  
11 Board, Department of Corrections, the Department of Juvenile  
12 Justice, Department of Human Services, or other State agency,  
13 or private entity under contract pursuant to Section 8, or by  
14 any employee of any State agency or private entity under  
15 contract pursuant to Section 8 acting in good faith in  
16 rendering crime victim's assistance or otherwise enforcing  
17 this Act shall not impose civil liability upon the individual  
18 or entity or his or her supervisor or employer. Nothing in this  
19 Act shall create a basis for vacating a conviction or a ground  
20 for relief requested by the defendant in any criminal case.

21 (Source: P.A. 99-413, eff. 8-20-15.)

22 Section 25. The Sexual Assault Evidence Submission Act is  
23 amended by changing Section 50 as follows:

1 (725 ILCS 202/50)

2 Sec. 50. Sexual assault evidence tracking system.

3 (a) On June 26, 2018, the Sexual Assault Evidence Tracking  
4 and Reporting Commission issued its report as required under  
5 Section 43. It is the intention of the General Assembly in  
6 enacting the provisions of this amendatory Act of the 101st  
7 General Assembly to implement the recommendations of the  
8 Sexual Assault Evidence Tracking and Reporting Commission set  
9 forth in that report in a manner that utilizes the current  
10 resources of law enforcement agencies whenever possible and  
11 that is adaptable to changing technologies and circumstances.

12 (a-1) Due to the complex nature of a statewide tracking  
13 system for sexual assault evidence and to ensure all  
14 stakeholders, including, but not limited to, victims and their  
15 designees, health care facilities, law enforcement agencies,  
16 forensic labs, and State's Attorneys offices are integrated,  
17 the Commission recommended the purchase of an electronic  
18 off-the-shelf tracking system. The system must be able to  
19 communicate with all stakeholders and provide real-time  
20 information to a victim or his or her designee on the status of  
21 the evidence that was collected. The sexual assault evidence  
22 tracking system must:

23 (1) be electronic and web-based;

24 (2) be administered by the Department of State Police;

25 (3) have help desk availability at all times;

26 (4) ensure the law enforcement agency contact

1 information is accessible to the victim or his or her  
2 designee through the tracking system, so there is contact  
3 information for questions;

4 (5) have the option for external connectivity to  
5 evidence management systems, laboratory information  
6 management systems, or other electronic data systems  
7 already in existence by any of the stakeholders to  
8 minimize additional burdens or tasks on stakeholders;

9 (6) allow for the victim to opt in for automatic  
10 notifications when status updates are entered in the  
11 system, if the system allows;

12 (7) include at each step in the process, a brief  
13 explanation of the general purpose of that step and a  
14 general indication of how long the step may take to  
15 complete;

16 (8) contain minimum fields for tracking and reporting,  
17 as follows:

18 (A) for sexual assault evidence kit vendor fields:

19 (i) each sexual evidence kit identification  
20 number provided to each health care facility; and

21 (ii) the date the sexual evidence kit was sent  
22 to the health care facility.

23 (B) for health care facility fields:

24 (i) the date sexual assault evidence was  
25 collected; and

26 (ii) the date notification was made to the law

1 enforcement agency that the sexual assault  
2 evidence was collected.

3 (C) for law enforcement agency fields:

4 (i) the date the law enforcement agency took  
5 possession of the sexual assault evidence from the  
6 health care facility, another law enforcement  
7 agency, or victim if he or she did not go through a  
8 health care facility;

9 (ii) the law enforcement agency complaint  
10 number;

11 (iii) if the law enforcement agency that takes  
12 possession of the sexual assault evidence from a  
13 health care facility is not the law enforcement  
14 agency with jurisdiction in which the offense  
15 occurred, the date when the law enforcement agency  
16 notified the law enforcement agency having  
17 jurisdiction that the agency has sexual assault  
18 evidence required under subsection (c) of Section  
19 20 of the Sexual Assault Incident Procedure Act;

20 (iv) an indication if the victim consented for  
21 analysis of the sexual assault evidence;

22 (v) if the victim did not consent for analysis  
23 of the sexual assault evidence, the date on which  
24 the law enforcement agency is no longer required  
25 to store the sexual assault evidence;

26 (vi) a mechanism for the law enforcement

1 agency to document why the sexual assault evidence  
2 was not submitted to the laboratory for analysis,  
3 if applicable;

4 (vii) the date the law enforcement agency  
5 received the sexual assault evidence results back  
6 from the laboratory;

7 (viii) the date statutory notifications were  
8 made to the victim or documentation of why  
9 notification was not made; and

10 (ix) the date the law enforcement agency  
11 turned over the case information to the State's  
12 Attorney office, if applicable.

13 (D) for forensic lab fields:

14 (i) the date the sexual assault evidence is  
15 received from the law enforcement agency by the  
16 forensic lab for analysis;

17 (ii) the laboratory case number, visible to  
18 the law enforcement agency and State's Attorney  
19 office; and

20 (iii) the date the laboratory completes the  
21 analysis of the sexual assault evidence.

22 (E) for State's Attorney office fields:

23 (i) the date the State's Attorney office  
24 received the sexual assault evidence results from  
25 the laboratory, if applicable; and

26 (ii) the disposition or status of the case.

1 (a-2) The Commission also developed guidelines for secure  
2 electronic access to a tracking system for a victim, or his or  
3 her designee to access information on the status of the  
4 evidence collected. The Commission recommended minimum  
5 guidelines in order to safeguard confidentiality of the  
6 information contained within this statewide tracking system.  
7 These recommendations are that the sexual assault evidence  
8 tracking system must:

9 (1) allow for secure access, controlled by an  
10 administering body who can restrict user access and allow  
11 different permissions based on the need of that particular  
12 user and health care facility users may include  
13 out-of-state border hospitals, if authorized by the  
14 Department of State Police to obtain this State's kits  
15 from vendor;

16 (2) provide for users, other than victims, the ability  
17 to provide for any individual who is granted access to the  
18 program their own unique user ID and password;

19 (3) provide for a mechanism for a victim to enter the  
20 system and only access his or her own information;

21 (4) enable a sexual assault evidence to be tracked and  
22 identified through the unique sexual assault evidence kit  
23 identification number or barcode that the vendor applies  
24 to each sexual assault evidence kit per the Department of  
25 State Police's contract;

26 (5) have a mechanism to inventory unused kits provided



1 to a health care facility from the vendor;

2 (6) provide users the option to either scan the bar  
3 code or manually enter the sexual assault evidence kit  
4 number into the tracking program;

5 (7) provide a mechanism to create a separate unique  
6 identification number for cases in which a sexual evidence  
7 kit was not collected, but other evidence was collected;

8 (8) provide the ability to record date, time, and user  
9 ID whenever any user accesses the system;

10 (9) provide for real-time entry and update of data;

11 (10) contain report functions including:

12 (A) health care facility compliance with  
13 applicable laws;

14 (B) law enforcement agency compliance with  
15 applicable laws;

16 (C) law enforcement agency annual inventory of  
17 cases to each State's Attorney office; and

18 (D) forensic lab compliance with applicable laws;  
19 and

20 (11) provide automatic notifications to the law  
21 enforcement agency when:

22 (A) a health care facility has collected sexual  
23 assault evidence;

24 (B) unreleased sexual assault evidence that is  
25 being stored by the law enforcement agency has met the  
26 minimum storage requirement by law; and

1 (C) timelines as required by law are not met for a  
2 particular case, if not otherwise documented.

3 (b) The Department may ~~shall~~ develop rules to implement a  
4 sexual assault evidence tracking system that conforms with  
5 subsections (a-1) and (a-2) of this Section. The Department  
6 shall design the criteria for the sexual assault evidence  
7 tracking system so that, to the extent reasonably possible,  
8 the system can use existing technologies and products,  
9 including, but not limited to, currently available tracking  
10 systems. The sexual assault evidence tracking system shall be  
11 operational and shall begin tracking and reporting sexual  
12 assault evidence no later than one year after the effective  
13 date of this amendatory Act of the 101st General Assembly. The  
14 Department may adopt additional rules as it deems necessary to  
15 ensure that the sexual assault evidence tracking system  
16 continues to be a useful tool for law enforcement.

17 (c) A treatment hospital, a treatment hospital with  
18 approved pediatric transfer, an out-of-state hospital approved  
19 by the Department of Public Health to receive transfers of  
20 Illinois sexual assault survivors, or an approved pediatric  
21 health care facility defined in Section 1a of the Sexual  
22 Assault Survivors Emergency Treatment Act shall participate in  
23 the sexual assault evidence tracking system created under this  
24 Section and in accordance with rules adopted under subsection  
25 (b), including, but not limited to, the collection of sexual  
26 assault evidence and providing information regarding that

1 evidence, including, but not limited to, providing notice to  
2 law enforcement that the evidence has been collected.

3 (d) The operations of the sexual assault evidence tracking  
4 system shall be funded by moneys appropriated for that purpose  
5 from the State Crime Laboratory Fund and funds provided to the  
6 Department through asset forfeiture, together with such other  
7 funds as the General Assembly may appropriate.

8 (e) To ensure that the sexual assault evidence tracking  
9 system is operational, the Department may adopt emergency  
10 rules to implement the provisions of this Section under  
11 subsection (ff) of Section 5-45 of the Illinois Administrative  
12 Procedure Act.

13 (f) Information, including, but not limited to, evidence  
14 and records in the sexual assault evidence tracking system is  
15 exempt from disclosure under the Freedom of Information Act.

16 (Source: P.A. 101-377, eff. 8-16-19.)

17 Section 30. The Sexual Assault Incident Procedure Act is  
18 amended by changing Sections 25 and 35 and by adding Section 11  
19 as follows:

20 (725 ILCS 203/11 new)

21 Sec. 11. Victim notification. When sexual assault evidence  
22 is collected from a sexual assault survivor, the health care  
23 provider or law enforcement officer who collects the evidence  
24 must notify a victim about the tracking system. Such

1 notification is satisfied by providing the victim information  
2 regarding the Sexual Assault Evidence Tracking System and the  
3 victim's unique log-in information contained within the sexual  
4 assault evidence kit or generated by the sexual assault  
5 evidence tracking system.

6 (725 ILCS 203/25)

7 Sec. 25. Report; victim notice.

8 (a) At the time of first contact with the victim, law  
9 enforcement shall:

10 (1) Advise the victim about the following by providing  
11 a form, the contents of which shall be prepared by the  
12 Office of the Attorney General and posted on its website,  
13 written in a language appropriate for the victim or in  
14 Braille, or communicating in appropriate sign language  
15 that includes, but is not limited to:

16 (A) information about seeking medical attention  
17 and preserving evidence, including specifically,  
18 collection of evidence during a medical forensic  
19 examination at a hospital and photographs of injury  
20 and clothing;

21 (B) notice that the victim will not be charged for  
22 hospital emergency and medical forensic services;

23 (C) information advising the victim that evidence  
24 can be collected at the hospital up to 7 days after the  
25 sexual assault or sexual abuse but that the longer the

1 victim waits the likelihood of obtaining evidence  
2 decreases;

3 (C-5) notice that the sexual assault forensic  
4 evidence collected will not be used to prosecute the  
5 victim for any offense related to the use of alcohol,  
6 cannabis, or a controlled substance;

7 (D) the location of nearby hospitals that provide  
8 emergency medical and forensic services and, if known,  
9 whether the hospitals employ any sexual assault nurse  
10 examiners;

11 (E) a summary of the procedures and relief  
12 available to victims of sexual assault or sexual abuse  
13 under the Civil No Contact Order Act or the Illinois  
14 Domestic Violence Act of 1986;

15 (F) the law enforcement officer's name and badge  
16 number;

17 (G) at least one referral to an accessible service  
18 agency and information advising the victim that rape  
19 crisis centers can assist with obtaining civil no  
20 contact orders and orders of protection; and

21 (H) if the sexual assault or sexual abuse occurred  
22 in another jurisdiction, provide in writing the  
23 address and phone number of a specific contact at the  
24 law enforcement agency having jurisdiction.

25 (2) Offer to provide or arrange accessible  
26 transportation for the victim to a hospital for emergency

1 and forensic services, including contacting emergency  
2 medical services.

3 (2.5) Notify victims about the Illinois State Police  
4 sexual assault evidence tracking system.

5 (3) Offer to provide or arrange accessible  
6 transportation for the victim to the nearest available  
7 circuit judge or associate judge so the victim may file a  
8 petition for an emergency civil no contact order under the  
9 Civil No Contact Order Act or an order of protection under  
10 the Illinois Domestic Violence Act of 1986 after the close  
11 of court business hours, if a judge is available.

12 (b) At the time of the initial contact with a person making  
13 a third-party report under Section 22 of this Act, a law  
14 enforcement officer shall provide the written information  
15 prescribed under paragraph (1) of subsection (a) of this  
16 Section to the person making the report and request the person  
17 provide the written information to the victim of the sexual  
18 assault or sexual abuse.

19 (c) If the first contact with the victim occurs at a  
20 hospital, a law enforcement officer may request the hospital  
21 provide interpretive services.

22 (Source: P.A. 99-801, eff. 1-1-17; 100-1087, eff. 1-1-19.)

23 (725 ILCS 203/35)

24 Sec. 35. Release of information.

25 (a) Upon the request of the victim who has consented to the

1 release of sexual assault evidence for testing, the law  
2 enforcement agency having jurisdiction shall notify the victim  
3 about the Illinois State Police sexual assault evidence  
4 tracking system and provide the following information in  
5 writing:

6 (1) the date the sexual assault evidence was sent to a  
7 Department of State Police forensic laboratory or  
8 designated laboratory;

9 (2) test results provided to the law enforcement  
10 agency by a Department of State Police forensic laboratory  
11 or designated laboratory, including, but not limited to:

12 (A) whether a DNA profile was obtained from the  
13 testing of the sexual assault evidence from the  
14 victim's case;

15 (B) whether the DNA profile developed from the  
16 sexual assault evidence has been searched against the  
17 DNA Index System or any state or federal DNA database;

18 (C) whether an association was made to an  
19 individual whose DNA profile is consistent with the  
20 sexual assault evidence DNA profile, provided that  
21 disclosure would not impede or compromise an ongoing  
22 investigation; and

23 (D) whether any drugs were detected in a urine or  
24 blood sample analyzed for drug facilitated sexual  
25 assault and information about any drugs detected.

26 (b) The information listed in paragraph (1) of subsection

1 (a) of this Section shall be provided to the victim within 7  
2 days of the transfer of the evidence to the laboratory. The  
3 information listed in paragraph (2) of subsection (a) of this  
4 Section shall be provided to the victim within 7 days of the  
5 receipt of the information by the law enforcement agency  
6 having jurisdiction.

7 (c) At the time the sexual assault evidence is released  
8 for testing, the victim shall be provided written information  
9 by the law enforcement agency having jurisdiction or the  
10 hospital providing emergency services and forensic services to  
11 the victim informing him or her of the right to request  
12 information under subsection (a) of this Section. A victim may  
13 designate another person or agency to receive this  
14 information.

15 (d) The victim or the victim's designee shall keep the law  
16 enforcement agency having jurisdiction informed of the name,  
17 address, telephone number, and email address of the person to  
18 whom the information should be provided, and any changes of  
19 the name, address, telephone number, and email address, if an  
20 email address is available.

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

22 Section 95. No acceleration or delay. Where this Act makes  
23 changes in a statute that is represented in this Act by text  
24 that is not yet or no longer in effect (for example, a Section  
25 represented by multiple versions), the use of that text does



1 not accelerate or delay the taking effect of (i) the changes  
2 made by this Act or (ii) provisions derived from any other  
3 Public Act.

4 Section 99. Effective date. This Act takes effect upon  
5 becoming law.