



Sen. Karina Villa

Filed: 5/29/2021

10200HB1739sam005

LRB102 11380 RLC 27288 a

1 AMENDMENT TO HOUSE BILL 1739

2 AMENDMENT NO. _____. Amend House Bill 1739, AS AMENDED,
3 by replacing everything after the enacting clause with the
4 following:

5 "Section 5. The Sexual Assault Survivors Emergency
6 Treatment Act is amended by changing Sections 1a, 1a-1, 2,
7 2-1, 2.05, 2.05-1, 2.06, 2.06-1, 2.1, 2.1-1, 2.2, 2.2-1, 3,
8 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,
9 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,
10 7-1, 7.5, 7.5-1, 8, 8-1, 10, and 10-1 as follows:

11 (410 ILCS 70/1a) (from Ch. 111 1/2, par. 87-1a)

12 Sec. 1a. Definitions.

13 (a) In this Act:

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

16 "Ambulance provider" means an individual or entity that

1 owns and operates a business or service using ambulances or
2 emergency medical services vehicles to transport emergency
3 patients.

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

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

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

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

26 "Department" means the Department of Public Health.

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

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

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

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

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

26 "Law enforcement agency having jurisdiction" means the law

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

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

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

21 "Pediatric health care facility" means a clinic or
22 physician's office that provides medical services to pediatric
23 patients.

24 "Pediatric sexual assault survivor" means a person under
25 the age of 13 who presents for medical forensic services in
26 relation to injuries or trauma resulting from a sexual

1 assault.

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

5 "Physician" means a person licensed to practice medicine
6 in all its branches.

7 "Physician assistant" has the meaning provided in Section
8 4 of the Physician Assistant Practice Act of 1987.

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

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

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

22 "Sexual assault" means:

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

26 (2) any act of sexual penetration; as used in this

1 paragraph, "sexual penetration" has the meaning provided
2 under Section 11-0.1 of the Criminal Code of 2012 and
3 includes, without limitation, acts prohibited under
4 Sections 11-1.20 through 11-1.60 of the Criminal Code of
5 2012.

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

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

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

24 "Sexual assault survivor" means a person who presents for
25 medical forensic services in relation to injuries or trauma
26 resulting from a sexual assault.

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

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

13 "Transfer hospital" means a hospital with a sexual assault
14 transfer plan approved by the Department.

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

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

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

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

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

13 (Source: P.A. 100-513, eff. 1-1-18; 100-775, eff. 1-1-19;
14 101-81, eff. 7-12-19; 101-634, eff. 6-5-20.)

15 (410 ILCS 70/1a-1)

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

17 Sec. 1a-1. Definitions.

18 (a) In this Act:

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

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

25 "Approved pediatric health care facility" means a health

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

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

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

25 "Board-certified child abuse pediatrician" means a
26 physician certified by the American Board of Pediatrics in

1 child abuse pediatrics.

2 "Board-eligible child abuse pediatrician" means a
3 physician who has completed the requirements set forth by the
4 American Board of Pediatrics to take the examination for
5 certification in child abuse pediatrics.

6 "Department" means the Department of Public Health.

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

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

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

19 "Health care professional" means a physician, a physician
20 assistant, a sexual assault forensic examiner, an advanced
21 practice registered nurse, a registered professional nurse, a
22 licensed practical nurse, or a sexual assault nurse examiner.

23 "Hospital" means a hospital licensed under the Hospital
24 Licensing Act or operated under the University of Illinois
25 Hospital Act, any outpatient center included in the hospital's
26 sexual assault treatment plan where hospital employees provide

1 medical forensic services, and an out-of-state hospital that
2 has consented to the jurisdiction of the Department under
3 Section 2.06-1.

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

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

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

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

20 "Medical forensic services" includes, but is not limited
21 to, taking a medical history, performing photo documentation,
22 performing a physical and anogenital examination, assessing
23 the patient for evidence collection, collecting evidence in
24 accordance with a statewide sexual assault evidence collection
25 program administered by the Department of State Police using
26 the Illinois State Police Sexual Assault Evidence Collection

1 Kit, if appropriate, assessing the patient for
2 drug-facilitated or alcohol-facilitated sexual assault,
3 providing an evaluation of and care for sexually transmitted
4 infection and human immunodeficiency virus (HIV), pregnancy
5 risk evaluation and care, and discharge and follow-up
6 healthcare planning.

7 "Pediatric health care facility" means a clinic or
8 physician's office that provides medical services to pediatric
9 patients.

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

14 "Photo documentation" means digital photographs or
15 colposcope videos stored and backed up securely in the
16 original file format.

17 "Physician" means a person licensed to practice medicine
18 in all its branches.

19 "Physician assistant" has the meaning provided in Section
20 4 of the Physician Assistant Practice Act of 1987.

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

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

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

8 "Sexual assault" means:

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

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

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

23 "Sexual assault nurse examiner" means an advanced practice
24 registered nurse or registered professional nurse who has
25 completed a sexual assault nurse examiner training program
26 that meets the Sexual Assault Nurse Examiner Education

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 survivor.

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

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

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

19 A transfer hospital must submit an areawide treatment plan
20 under Section 3 of this Act that includes a written agreement
21 with a treatment hospital stating that the treatment hospital
22 will provide medical forensic services to all sexual assault
23 survivors transferred from the transfer hospital. The areawide
24 treatment plan may also include an approved pediatric health
25 care facility. Notwithstanding anything to the contrary in
26 this paragraph, ~~until January 1, 2022,~~ the areawide treatment

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

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

1 subsection (a-7) of Section 5, whichever occurs first.

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

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

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

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

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

26 (4) information on the hospital's sexual

1 assault-related policies and procedures.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 evidence.

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

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

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

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

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

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

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

26 This information shall be made available on the

1 Department's website.

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

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

6 (410 ILCS 70/2-1)

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

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

11 (a) Every hospital required to be licensed by the
12 Department pursuant to the Hospital Licensing Act, or operated
13 under the University of Illinois Hospital Act that provides
14 general medical and surgical hospital services shall provide
15 either (i) transfer services to all sexual assault survivors,
16 (ii) medical forensic services to all sexual assault
17 survivors, or (iii) transfer services to pediatric sexual
18 assault survivors and medical forensic services to sexual
19 assault survivors 13 years old or older, in accordance with
20 rules adopted by the Department.

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

1 pediatric sexual assault survivors and medical forensic
2 services to sexual assault survivors 13 years old or older.
3 The Department shall approve such plan for either (i) transfer
4 services to all sexual assault survivors, (ii) medical
5 forensic services to all sexual assault survivors, or (iii)
6 transfer services to pediatric sexual assault survivors and
7 medical forensic services to sexual assault survivors 13 years
8 old or older, if it finds that the implementation of the
9 proposed plan would provide (i) transfer services or (ii)
10 medical forensic services for sexual assault survivors in
11 accordance with the requirements of this Act and provide
12 sufficient protections from the risk of pregnancy to sexual
13 assault survivors. Notwithstanding anything to the contrary in
14 this paragraph, the Department may approve a sexual assault
15 transfer plan for the provision of medical forensic services
16 ~~until January 1, 2022~~ if:

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

26 (2) a treatment hospital has agreed, as a part of an

1 areawide treatment plan, to accept sexual assault
2 survivors under 13 years of age from the proposed transfer
3 hospital and transfer to the treatment hospital would not
4 unduly burden the sexual assault survivor.

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

11 In counties with a population of less than 1,000,000, the
12 Department may not approve a sexual assault transfer plan for
13 a hospital located within a 20-mile radius of a 4-year public
14 university, not including community colleges, unless there is
15 a treatment hospital with a sexual assault treatment plan
16 approved by the Department within a 20-mile radius of the
17 4-year public university.

18 A transfer must be in accordance with federal and State
19 laws and local ordinances.

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

1 also include an approved pediatric health care facility.

2 A transfer hospital must submit an areawide treatment plan
3 under Section 3-1 of this Act that includes a written
4 agreement with a treatment hospital stating that the treatment
5 hospital will provide medical forensic services to all sexual
6 assault survivors transferred from the transfer hospital. The
7 areawide treatment plan may also include an approved pediatric
8 health care facility. Notwithstanding anything to the contrary
9 in this paragraph, ~~until January 1, 2022,~~ the areawide
10 treatment plan may include a written agreement with a
11 treatment hospital with approved pediatric transfer that is
12 geographically closer than other hospitals providing medical
13 forensic services to sexual assault survivors 13 years of age
14 or older stating that the treatment hospital with approved
15 pediatric transfer will provide medical services to sexual
16 assault survivors 13 years of age or older who are transferred
17 from the transfer hospital. If the areawide treatment plan
18 includes a written agreement with a treatment hospital with
19 approved pediatric transfer, it must also include a written
20 agreement with a treatment hospital stating that the treatment
21 hospital will provide medical forensic services to sexual
22 assault survivors under 13 years of age who are transferred
23 from the transfer hospital.

24 Beginning January 1, 2019, each treatment hospital and
25 treatment hospital with approved pediatric transfer shall
26 ensure that emergency department attending physicians,

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

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

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

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

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

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

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

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

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

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

1 services receives the services at the treatment hospital. The
2 areawide treatment plan may also include a treatment hospital
3 with approved pediatric transfer.

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

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

1 public entrance to its facility that:

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

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

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

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

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

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

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

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

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

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

1 surgical services receives the services at the treatment
2 hospital. The areawide treatment plan may also include a
3 treatment hospital with approved pediatric transfer or an
4 approved pediatric health care facility.

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

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

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

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

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

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

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

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

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

26 A copy of the proposed sign must be submitted to the

1 Department and approved as part of the approved federally
2 qualified health center's sexual assault treatment plan.

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

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

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

1 prescribed by the Department, the following information:

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

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

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

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

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

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

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

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

17 (410 ILCS 70/2.05)

18 Sec. 2.05. Department requirements.

19 (a) The Department shall periodically conduct on-site
20 reviews of approved sexual assault treatment plans with
21 hospital and approved pediatric health care facility personnel
22 to ensure that the established procedures are being followed.
23 Department personnel conducting the on-site reviews shall
24 attend 4 hours of sexual assault training conducted by a
25 qualified medical provider that includes, but is not limited

1 to, forensic evidence collection provided to sexual assault
2 survivors of any age and Illinois sexual assault-related laws
3 and administrative rules.

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

18 (1) Each hospital and pediatric care facility that has
19 submitted a plan, including the submission date of the
20 plan, type of plan submitted, and the date the plan was
21 approved or denied. If a pediatric health care facility
22 withdraws its plan, the Department shall immediately
23 update the report on its Internet website to remove the
24 pediatric health care facility's name and information.

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

1 (3) Each hospital and approved pediatric care facility
2 that has to submit an acceptable Plan of Correction within
3 the time required by Section 2.1, including the date the
4 Plan of Correction was required to be submitted. Once a
5 hospital or approved pediatric health care facility
6 submits and implements the required Plan of Correction,
7 the Department shall immediately update the report on its
8 Internet website to reflect that hospital or approved
9 pediatric health care facility's compliance.

10 (4) Each hospital and approved pediatric care facility
11 at which the periodic on-site review required by Section
12 2.05 of this Act has been conducted, including the date of
13 the on-site review and whether the hospital or approved
14 pediatric care facility was found to be in compliance with
15 its approved plan.

16 (5) Each areawide treatment plan submitted to the
17 Department pursuant to Section 3 of this Act, including
18 which treatment hospitals, treatment hospitals with
19 approved pediatric transfer, transfer hospitals and
20 approved pediatric health care facilities are identified
21 in each areawide treatment plan.

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 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 70/2.05-1)

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

9 Sec. 2.05-1. Department requirements.

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

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

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

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

21 (3) Each hospital, approved pediatric care facility,
22 and federally qualified health center that has to submit
23 an acceptable Plan of Correction within the time required
24 by Section 2.1-1, including the date the Plan of
25 Correction was required to be submitted. Once a hospital,
26 approved pediatric health care facility, or approved

1 federally qualified health center submits and implements
2 the required Plan of Correction, the Department shall
3 immediately update the report on its Internet website to
4 reflect that hospital, approved pediatric health care
5 facility, or federally qualified health center's
6 compliance.

7 (4) Each hospital, approved pediatric care facility,
8 and federally qualified health center at which the
9 periodic on-site review required by Section 2.05-1 of this
10 Act has been conducted, including the date of the on-site
11 review and whether the hospital, approved pediatric care
12 facility, and federally qualified health center was found
13 to be in compliance with its approved plan.

14 (5) Each areawide treatment plan submitted to the
15 Department pursuant to Section 3-1 of this Act, including
16 which treatment hospitals, treatment hospitals with
17 approved pediatric transfer, transfer hospitals, approved
18 pediatric health care facilities, and approved federally
19 qualified health centers are identified in each areawide
20 treatment plan.

21 (6) During the duration, and 90 days thereafter, of a
22 proclamation issued by the Governor declaring a disaster,
23 or a successive proclamation regarding the same disaster,
24 in all 102 counties due to a public health emergency, the
25 Department shall immediately update the report on its
26 website to reflect each federally qualified health center

1 that has submitted a plan, including the submission date
2 of the plan, type of plan submitted, and the date the plan
3 was approved.

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

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

14 (410 ILCS 70/2.06)

15 Sec. 2.06. Consent to jurisdiction.

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

1 plan in accordance with subsection (b) of Section 5.4 shall be
2 deemed to have given consent to annual inspections, surveys,
3 or evaluations relevant to this Act by properly identified
4 personnel of the Department or by such other properly
5 identified persons, including local health department staff,
6 as the Department may designate. In addition, representatives
7 of the Department shall have access to and may reproduce or
8 photocopy any books, records, and other documents maintained
9 by the pediatric health care facility or the facility's
10 representatives or the out-of-state hospital or the
11 out-of-state hospital's representative to the extent necessary
12 to carry out this Act. No representative, agent, or person
13 acting on behalf of the pediatric health care facility or
14 out-of-state hospital in any manner shall intentionally
15 prevent, interfere with, or attempt to impede in any way any
16 duly authorized investigation and enforcement of this Act. The
17 Department shall have the power to adopt rules to carry out the
18 purpose of regulating a pediatric health care facility or
19 out-of-state hospital. In carrying out oversight of a
20 pediatric health care facility or an out-of-state hospital,
21 the Department shall respect the confidentiality of all
22 patient records, including by complying with the patient
23 record confidentiality requirements set out in Section 6.14b
24 of the Hospital Licensing Act.

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

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

2 (410 ILCS 70/2.06-1)

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

4 Sec. 2.06-1. Consent to jurisdiction.

5 (a) A pediatric health care facility or federally
6 qualified health center that submits a plan to the Department
7 for approval under Section 2-1 or an out-of-state hospital
8 that submits an areawide treatment plan in accordance with
9 subsection (b) of Section 5.4 consents to the jurisdiction and
10 oversight of the Department, including, but not limited to,
11 inspections, investigations, and evaluations arising out of
12 complaints relevant to this Act made to the Department. A
13 pediatric health care facility or federally qualified health
14 center that submits a plan to the Department for approval
15 under Section 2-1 or an out-of-state hospital that submits an
16 areawide treatment plan in accordance with subsection (b) of
17 Section 5.4 shall be deemed to have given consent to annual
18 inspections, surveys, or evaluations relevant to this Act by
19 properly identified personnel of the Department or by such
20 other properly identified persons, including local health
21 department staff, as the Department may designate. In
22 addition, representatives of the Department shall have access
23 to and may reproduce or photocopy any books, records, and
24 other documents maintained by the pediatric health care
25 facility or the facility's representatives or the out-of-state

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

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

19 Sec. 2.1. Plan of correction; penalties.

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

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

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

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

21 If an approved pediatric health care facility fails to
22 submit an acceptable Plan of Correction or to implement the
23 Plan of Correction within the time frames required in this
24 Section, then the Department shall notify the approved
25 pediatric health care facility that the approved pediatric
26 health care facility may not provide medical forensic services

1 under this Act. The Department may impose a fine of up to \$500
2 per patient provided services in violation of this Act.

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

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

13 (Source: P.A. 100-775, eff. 1-1-19; 101-81, eff. 7-12-19;
14 101-634, eff. 6-5-20.)

15 (410 ILCS 70/2.1-1)

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

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

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

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

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

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

25 If an approved pediatric health care facility or approved
26 federally qualified health center fails to submit an

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

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

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

21 (410 ILCS 70/2.2)

22 Sec. 2.2. Emergency contraception.

23 (a) The General Assembly finds:

24 (1) Crimes of sexual assault and sexual abuse cause
25 significant physical, emotional, and psychological trauma

1 to the victims. This trauma is compounded by a victim's
2 fear of becoming pregnant and bearing a child as a result
3 of the sexual assault.

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

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

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

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

1 implementation of the protocol would provide sufficient
2 protection for survivors of sexual assault.

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

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

13 (Source: P.A. 100-513, eff. 1-1-18; 100-775, eff. 1-1-19;
14 101-634, eff. 6-5-20.)

15 (410 ILCS 70/2.2-1)

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

17 Sec. 2.2-1. Emergency contraception.

18 (a) The General Assembly finds:

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

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

1 of these pregnancies end in abortion.

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

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

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

25 The hospital, approved pediatric health care facility, or
26 approved federally qualified health center shall implement the

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

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

10 (410 ILCS 70/3) (from Ch. 111 1/2, par. 87-3)

11 Sec. 3. Areawide sexual assault treatment plans;
12 submission.

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

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

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

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

10 (410 ILCS 70/3-1)

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

12 Sec. 3-1. Areawide sexual assault treatment plans;
13 submission.

14 (a) Hospitals, approved pediatric health care facilities,
15 and approved federally qualified health centers in the area to
16 be served may develop and participate in areawide plans that
17 shall describe the medical forensic services to sexual assault
18 survivors that each participating hospital, approved pediatric
19 health care facility, and approved federally qualified health
20 centers has agreed to make available. Each hospital, approved
21 pediatric health care facility, and approved federally
22 qualified health center participating in such a plan shall
23 provide such services as it is designated to provide in the
24 plan agreed upon by the participants. An areawide plan may
25 include treatment hospitals, treatment hospitals with approved

1 pediatric transfer, transfer hospitals, approved pediatric
2 health care facilities, approved federally qualified health
3 centers, or out-of-state hospitals as provided in Section 5.4.
4 All areawide plans shall be submitted to the Department for
5 approval, prior to becoming effective. The Department shall
6 approve a proposed plan if it finds that the minimum
7 requirements set forth in Section 5-1 and implementation of
8 the plan would provide for appropriate medical forensic
9 services for the people of the area to be served.

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

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

12 (410 ILCS 70/5) (from Ch. 111 1/2, par. 87-5)

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

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

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

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

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

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

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

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

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

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

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

23 Before January 1, 2023 ~~2022~~, the information
24 required under this subparagraph shall be provided in
25 person by the health care professional providing
26 medical forensic services directly to the sexual

1 assault survivor.

2 On and after January 1, 2023 ~~2022~~, the information
3 required under this subparagraph shall be provided in
4 person by the qualified medical provider providing
5 medical forensic services directly to the sexual
6 assault survivor.

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

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

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

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

1 medication available for the prevention or treatment of
2 infection or disease resulting from sexual assault.

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

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

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

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

26 (7) Referral by hospital or approved pediatric health

1 care facility personnel for appropriate counseling.

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

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

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

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

22 (a-7) By January 1, 2023 ~~2022~~, every hospital with a
23 treatment plan approved by the Department shall employ or
24 contract with a qualified medical provider to initiate medical
25 forensic services to a sexual assault survivor within 90
26 minutes of the patient presenting to the treatment hospital or

1 treatment hospital with approved pediatric transfer. The
2 provision of medical forensic services by a qualified medical
3 provider shall not delay the provision of life-saving medical
4 care.

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

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

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

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

26 (Source: P.A. 100-513, eff. 1-1-18; 100-775, eff. 1-1-19;

1 100-1087, eff. 1-1-19; 101-81, eff. 7-12-19; 101-377, eff.
2 8-16-19; 101-634, eff. 6-5-20.)

3 (410 ILCS 70/5-1)

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

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

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

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

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

25 (1) Appropriate medical forensic services without

1 delay, in a private, age-appropriate or
2 developmentally-appropriate space, required to ensure the
3 health, safety, and welfare of a sexual assault survivor
4 and which may be used as evidence in a criminal proceeding
5 against a person accused of the sexual assault, in a
6 proceeding under the Juvenile Court Act of 1987, or in an
7 investigation under the Abused and Neglected Child
8 Reporting Act.

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

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

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

1 (1.5) An offer to complete the Illinois Sexual Assault
2 Evidence Collection Kit for any sexual assault survivor
3 who presents within a minimum of the last 7 days of the
4 assault or who has disclosed past sexual assault by a
5 specific individual and was in the care of that individual
6 within a minimum of the last 7 days.

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

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

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

1 assault survivor.

2 The written information provided shall be the
3 information created in accordance with Section 10-1 of
4 this Act.

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

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

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

24 (3.5) After a medical evidentiary or physical
25 examination, access to a shower at no cost, unless
26 showering facilities are unavailable.

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

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

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

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

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

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

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

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

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

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

26 (b) Any person who is a sexual assault survivor who seeks

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

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

20 (c) Nothing in this Section creates a physician-patient
21 relationship that extends beyond discharge from the hospital,
22 or approved pediatric health care facility, or approved
23 federally qualified health 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 70/5.1)

2 Sec. 5.1. 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 or approved
6 pediatric health care facility as part of the patient's
7 medical record.

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

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

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

1 peer review, an expert second opinion, or in any court or
2 administrative proceeding or investigation, must be in
3 accordance with State and federal law.

4 (b) 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 70/5.1-1)

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

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

11 (a) Photo documentation taken during a medical forensic
12 examination shall be maintained by the hospital, approved
13 pediatric health care facility, or approved federally
14 qualified health center as part of the patient's medical
15 record.

16 Photo documentation shall be stored and backed up securely
17 in its original file format in accordance with facility
18 protocol. The facility protocol shall require limited access
19 to the images and be included in the sexual assault treatment
20 plan submitted to the Department.

21 Photo documentation of a sexual assault survivor under the
22 age of 18 shall be retained for a period of 60 years after the
23 sexual assault survivor reaches the age of 18. Photo
24 documentation of a sexual assault survivor 18 years of age or
25 older shall be retained for a period of 20 years after the

1 record was created.

2 Photo documentation of the sexual assault survivor's
3 injuries, anatomy involved in the assault, or other visible
4 evidence on the sexual assault survivor's body may be used for
5 peer review, expert second opinion, or in a criminal
6 proceeding against a person accused of sexual assault, a
7 proceeding under the Juvenile Court Act of 1987, or in an
8 investigation under the Abused and Neglected Child Reporting
9 Act. Any dissemination of photo documentation, including for
10 peer review, an expert second opinion, or in any court or
11 administrative proceeding or investigation, must be in
12 accordance with State and federal law.

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

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

15 (410 ILCS 70/5.2)

16 Sec. 5.2. Sexual assault services voucher.

17 (a) A sexual assault services voucher shall be issued by a
18 treatment hospital, treatment hospital with approved pediatric
19 transfer, or approved pediatric health care facility at the
20 time a sexual assault survivor receives medical forensic
21 services.

22 (b) Each treatment hospital, treatment hospital with
23 approved pediatric transfer, and approved pediatric health
24 care facility must include in its sexual assault treatment
25 plan submitted to the Department in accordance with Section 2

1 of this Act a protocol for issuing sexual assault services
2 vouchers. The protocol shall, at a minimum, include the
3 following:

4 (1) Identification of employee positions responsible
5 for issuing sexual assault services vouchers.

6 (2) Identification of employee positions with access
7 to the Medical Electronic Data Interchange or successor
8 system.

9 (3) A statement to be signed by each employee of an
10 approved pediatric health care facility with access to the
11 Medical Electronic Data Interchange or successor system
12 affirming that the Medical Electronic Data Interchange or
13 successor system will only be used for the purpose of
14 issuing sexual assault services vouchers.

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

19 (d) Any treatment hospital, treatment hospital with
20 approved pediatric transfer, approved pediatric health care
21 facility, health care professional, ambulance provider,
22 laboratory, or pharmacy may submit a bill for services
23 provided to a sexual assault survivor as a result of a sexual
24 assault to the Department of Healthcare and Family Services
25 Sexual Assault Emergency Treatment Program. The bill shall
26 include:

- 1 (1) the name and date of birth of the sexual assault
2 survivor;
- 3 (2) the service provided;
- 4 (3) the charge of service;
- 5 (4) the date the service was provided; and
- 6 (5) the recipient identification number, if known.

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

10 The Department of Healthcare and Family Services Sexual
11 Assault Emergency Treatment Program shall electronically
12 verify, using the Medical Electronic Data Interchange or a
13 successor system, that a sexual assault services voucher was
14 issued to a sexual assault survivor prior to issuing payment
15 for the services.

16 If a sexual assault services voucher was not issued to a
17 sexual assault survivor by the treatment hospital, treatment
18 hospital with approved pediatric transfer, or approved
19 pediatric health care facility, then a health care
20 professional, ambulance provider, laboratory, or pharmacy may
21 submit a request to the Department of Healthcare and Family
22 Services Sexual Assault Emergency Treatment Program to issue a
23 sexual assault services voucher.

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

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

1 (410 ILCS 70/5.2-1)

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

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

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

9 (b) Each treatment hospital, treatment hospital with
10 approved pediatric transfer, approved pediatric health care
11 facility, and approved federally qualified health center must
12 include in its sexual assault treatment plan submitted to the
13 Department in accordance with Section 2-1 of this Act a
14 protocol for issuing sexual assault services vouchers. The
15 protocol shall, at a minimum, include the following:

16 (1) Identification of employee positions responsible
17 for issuing sexual assault services vouchers.

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

21 (3) A statement to be signed by each employee of an
22 approved pediatric health care facility or approved
23 federally qualified health center with access to the
24 Medical Electronic Data Interchange or successor system
25 affirming that the Medical Electronic Data Interchange or

1 successor system will only be used for the purpose of
2 issuing sexual assault services vouchers.

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

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

- 15 (1) the name and date of birth of the sexual assault
16 survivor;
- 17 (2) the service provided;
- 18 (3) the charge of service;
- 19 (4) the date the service was provided; and
- 20 (5) the recipient identification number, if known.

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

24 The Department of Healthcare and Family Services Sexual
25 Assault Emergency Treatment Program shall electronically
26 verify, using the Medical Electronic Data Interchange or a

1 successor system, that a sexual assault services voucher was
2 issued to a sexual assault survivor prior to issuing payment
3 for the services.

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

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

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

14 (410 ILCS 70/5.3)

15 Sec. 5.3. Pediatric sexual assault care.

16 (a) The General Assembly finds:

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

25 (2) Sexual abuse against the pediatric population is

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

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

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

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

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

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

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

26 (c) If a medically stable pediatric sexual assault

1 survivor presents at a treatment hospital that has a plan
2 approved by the Department requesting medical forensic
3 services, then the hospital emergency department staff shall
4 contact an approved pediatric health care facility, if one is
5 designated in the treatment hospital's areawide treatment
6 plan.

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

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

25 (d) If a pediatric sexual assault survivor presents at an
26 approved pediatric health care facility requesting medical

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

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 (410 ILCS 70/5.3-1)

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

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

20 (a) The General Assembly finds:

21 (1) Pediatric sexual assault survivors can suffer from
22 a wide range of health problems across their life span. In
23 addition to immediate health issues, such as sexually
24 transmitted infections, physical injuries, and
25 psychological trauma, child sexual abuse victims are at

1 greater risk for a plethora of adverse psychological and
2 somatic problems into adulthood in contrast to those who
3 were not sexually abused.

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

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

17 (4) There is a need in Illinois to increase the number
18 of qualified medical providers available to provide
19 medical forensic services to pediatric sexual assault
20 survivors.

21 (b) If a medically stable pediatric sexual assault
22 survivor presents at a transfer hospital, treatment hospital
23 with approved pediatric transfer, or an approved federally
24 qualified health center that has a plan approved by the
25 Department requesting medical forensic services, then the
26 hospital emergency department staff or approved federally

1 qualified health center staff shall contact an approved
2 pediatric health care facility, if one is designated in the
3 hospital's or an approved federally qualified health center's
4 plan.

5 If the transferring hospital or approved federally
6 qualified health center confirms that medical forensic
7 services can be initiated within 90 minutes of the patient's
8 arrival at the approved pediatric health care facility
9 following an immediate transfer, then the hospital emergency
10 department or approved federally qualified health center staff
11 shall notify the patient and non-offending parent or legal
12 guardian that the patient will be transferred for medical
13 forensic services and shall provide the patient and
14 non-offending parent or legal guardian the option of being
15 transferred to the approved pediatric health care facility or
16 the treatment hospital designated in the hospital's or
17 approved federally qualified health center's plan. The
18 pediatric sexual assault survivor may be transported by
19 ambulance, law enforcement, or personal vehicle.

20 If medical forensic services cannot be initiated within 90
21 minutes of the patient's arrival at the approved pediatric
22 health care facility, there is no approved pediatric health
23 care facility designated in the hospital's or approved
24 federally qualified health center's plan, or the patient or
25 non-offending parent or legal guardian chooses to be
26 transferred to a treatment hospital, the hospital emergency

1 department or approved federally qualified health center staff
2 shall contact a treatment hospital designated in the
3 hospital's or approved federally qualified health center's
4 plan to arrange for the transfer of the patient to the
5 treatment hospital for medical forensic services, which are to
6 be initiated within 90 minutes of the patient's arrival at the
7 treatment hospital. The treatment hospital shall provide
8 medical forensic services and may not transfer the patient to
9 another facility. The pediatric sexual assault survivor may be
10 transported by ambulance, law enforcement, or personal
11 vehicle.

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

19 If medical forensic services can be initiated within 90
20 minutes after the patient's arrival at the approved pediatric
21 health care facility following an immediate transfer, the
22 hospital emergency department staff shall provide the patient
23 and non-offending parent or legal guardian the option of
24 having medical forensic services performed at the treatment
25 hospital or at the approved pediatric health care facility. If
26 the patient or non-offending parent or legal guardian chooses

1 to be transferred, the pediatric sexual assault survivor may
2 be transported by ambulance, law enforcement, or personal
3 vehicle.

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

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

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 70/5.5)

3 Sec. 5.5. Minimum reimbursement requirements for follow-up
4 healthcare.

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

13 (1) a physical examination;

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

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

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

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

1 survivor.

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

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

6 (410 ILCS 70/5.5-1)

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

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

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

19 (1) a physical examination;

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

22 (3) appropriate medications, including HIV
23 prophylaxis, in accordance with the Centers for Disease
24 Control and Prevention's guidelines.

25 (b) Reimbursable follow-up healthcare is limited to office

1 visits with a physician, advanced practice registered nurse,
2 or physician assistant within 90 days after an initial visit
3 for hospital medical forensic services.

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

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

10 (410 ILCS 70/6.1) (from Ch. 111 1/2, par. 87-6.1)

11 Sec. 6.1. Minimum standards.

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

1 (b) 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 70/6.1-1)

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

6 Sec. 6.1-1. Minimum standards.

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

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

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

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

2 Sec. 6.2. Assistance and grants.

3 (a) The Department shall assist in the development and
4 operation of programs which provide medical forensic services
5 to sexual assault survivors, and, where necessary, to provide
6 grants to hospitals and approved pediatric health care
7 facilities for this purpose.

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

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

11 (410 ILCS 70/6.2-1)

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

13 Sec. 6.2-1. Assistance and grants.

14 (a) The Department shall assist in the development and
15 operation of programs which provide medical forensic services
16 to sexual assault survivors, and, where necessary, to provide
17 grants to hospitals, approved pediatric health care
18 facilities, and approved federally qualified health centers
19 for this purpose.

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

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

22 (410 ILCS 70/6.4) (from Ch. 111 1/2, par. 87-6.4)

23 Sec. 6.4. Sexual assault evidence collection program.

24 (a) There is created a statewide sexual assault evidence

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

1 assault evidence and to provide law enforcement with details
2 of the sexual assault.

3 (a-5) (Blank).

4 (b) The Illinois State Police shall administer a program
5 to train hospital and approved pediatric health care facility
6 personnel participating in the sexual assault evidence
7 collection program, in the correct use and application of the
8 sexual assault evidence collection kits. The Department shall
9 cooperate with the Illinois State Police in this program as it
10 pertains to medical aspects of the evidence collection.

11 (c) (Blank).

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

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

15 (410 ILCS 70/6.4-1)

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

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

18 (a) There is created a statewide sexual assault evidence
19 collection program to facilitate the prosecution of persons
20 accused of sexual assault. This program shall be administered
21 by the Illinois State Police. The program shall consist of the
22 following: (1) distribution of sexual assault evidence
23 collection kits which have been approved by the Illinois State
24 Police to hospitals, approved pediatric health care
25 facilities, and approved federally qualified health centers

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

23 (a-5) (Blank).

24 (b) The Illinois State Police shall administer a program
25 to train hospital, and approved pediatric health care
26 facility, and approved federally qualified health center

1 personnel participating in the sexual assault evidence
2 collection program, in the correct use and application of the
3 sexual assault evidence collection kits. The Department shall
4 cooperate with the Illinois State Police in this program as it
5 pertains to medical aspects of the evidence collection.

6 (c) (Blank).

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

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

9 (410 ILCS 70/6.5)

10 Sec. 6.5. Written consent to the release of sexual assault
11 evidence for testing.

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

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

24 (2) If the survivor is a minor who is under 13 years of
25 age, the written consent to release the sexual assault

1 evidence for testing may be signed by the parent,
2 guardian, investigating law enforcement officer, or
3 Department of Children and Family Services.

4 (3) If the survivor is an adult who has a guardian of
5 the person, a health care surrogate, or an agent acting
6 under a health care power of attorney, the consent of the
7 guardian, surrogate, or agent is not required to release
8 evidence and information concerning the sexual assault or
9 sexual abuse. If the adult is unable to provide consent
10 for the release of evidence and information and a
11 guardian, surrogate, or agent under a health care power of
12 attorney is unavailable or unwilling to release the
13 information, then an investigating law enforcement officer
14 may authorize the release.

15 (4) Any health care professional or health care
16 institution, including any hospital or approved pediatric
17 health care facility, who provides evidence or information
18 to a law enforcement officer under a written consent as
19 specified in this Section is immune from any civil or
20 professional liability that might arise from those
21 actions, with the exception of willful or wanton
22 misconduct. The immunity provision applies only if all of
23 the requirements of this Section are met.

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

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

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

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

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

1 (4) the name and phone number of a local rape crisis
2 center.

3 (d) 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;
6 100-1087, eff. 1-1-19; 101-81, eff. 7-12-19; 101-634, eff.
7 6-5-20.)

8 (410 ILCS 70/6.5-1)

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

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

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

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

24 (2) If the survivor is a minor who is under 13 years of
25 age, the written consent to release the sexual assault

1 evidence for testing may be signed by the parent,
2 guardian, investigating law enforcement officer, or
3 Department of Children and Family Services.

4 (3) If the survivor is an adult who has a guardian of
5 the person, a health care surrogate, or an agent acting
6 under a health care power of attorney, the consent of the
7 guardian, surrogate, or agent is not required to release
8 evidence and information concerning the sexual assault or
9 sexual abuse. If the adult is unable to provide consent
10 for the release of evidence and information and a
11 guardian, surrogate, or agent under a health care power of
12 attorney is unavailable or unwilling to release the
13 information, then an investigating law enforcement officer
14 may authorize the release.

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

25 (b) The hospital, approved pediatric health care facility,
26 or approved federally qualified health center shall keep a

1 copy of a signed or unsigned written consent form in the
2 patient's medical record.

3 (c) If a written consent to allow law enforcement to hold
4 the sexual assault evidence is signed at the completion of
5 medical forensic services, the hospital, approved pediatric
6 health care facility, or approved federally qualified health
7 center shall include the following information in its
8 discharge instructions:

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

13 (2) A person authorized to consent to the testing of
14 the sexual assault evidence may sign a written consent to
15 allow law enforcement to test the sexual assault evidence
16 at any time during that 10-year period for an adult
17 victim, or until a minor victim turns 28 years of age by
18 (A) contacting the law enforcement agency having
19 jurisdiction, or if unknown, the law enforcement agency
20 contacted by the hospital, approved pediatric health care
21 facility, or approved federally qualified health center
22 under Section 3.2 of the Criminal Identification Act; or
23 (B) by working with an advocate at a rape crisis center;

24 (3) the name, address, and phone number of the law
25 enforcement agency having jurisdiction, or if unknown the
26 name, address, and phone number of the law enforcement

1 agency contacted by the hospital or approved pediatric
2 health care facility under Section 3.2 of the Criminal
3 Identification Act; and

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

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

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

8 (410 ILCS 70/6.6)

9 Sec. 6.6. Submission of sexual assault evidence.

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

19 (b) Within 4 hours after the completion of medical
20 forensic services, the hospital or approved pediatric health
21 care facility shall notify the law enforcement agency having
22 jurisdiction that the hospital or approved pediatric health
23 care facility is in possession of sexual assault evidence and
24 the date and time the collection of evidence was completed.
25 The hospital or approved pediatric health care facility shall

1 document the notification in the patient's medical records and
2 shall include the agency notified, the date and time of the
3 notification and the name of the person who received the
4 notification. This notification to the law enforcement agency
5 having jurisdiction satisfies the hospital's or approved
6 pediatric health care facility's requirement to contact its
7 local law enforcement agency under Section 3.2 of the Criminal
8 Identification Act.

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

22 (d) If the law enforcement agency having jurisdiction has
23 not taken physical custody of the sexual assault evidence
24 within 10 days of the first contact by the hospital or approved
25 pediatric health care facility and the hospital or approved
26 pediatric health care facility has provided renotification

1 under subsection (c) of this Section, the hospital or approved
2 pediatric health care facility shall contact the State's
3 Attorney of the county where the law enforcement agency having
4 jurisdiction is located. The hospital or approved pediatric
5 health care facility shall inform the State's Attorney that
6 the hospital or approved pediatric health care facility is in
7 possession of sexual assault evidence, the date the sexual
8 assault evidence was collected, the law enforcement agency
9 having jurisdiction, the dates, times and names of persons
10 notified under subsections (b) and (c) of this Section. The
11 notification shall be made within 14 days of the collection of
12 the sexual assault evidence.

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

15 (Source: P.A. 100-201, eff. 8-18-17; 100-775, eff. 1-1-19;
16 101-634, eff. 6-5-20.)

17 (410 ILCS 70/6.6-1)

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

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

20 (a) As soon as practicable, but in no event more than 4
21 hours after the completion of medical forensic services, the
22 hospital, approved pediatric health care facility, or approved
23 federally qualified health center shall make reasonable
24 efforts to determine the law enforcement agency having
25 jurisdiction where the sexual assault occurred, if sexual

1 assault evidence was collected. The hospital, approved
2 pediatric health care facility, or approved federally
3 qualified health center may obtain the name of the law
4 enforcement agency with jurisdiction from the local law
5 enforcement agency.

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

24 (c) If the law enforcement agency having jurisdiction has
25 not taken physical custody of sexual assault evidence within 5
26 days of the first contact by the hospital, approved pediatric

1 health care facility, or approved federally qualified health
2 center, the hospital, approved pediatric health care facility,
3 or approved federally qualified health center shall renotify
4 the law enforcement agency having jurisdiction that the
5 hospital, approved pediatric health care facility, or approved
6 federally qualified health center is in possession of sexual
7 assault evidence and the date the sexual assault evidence was
8 collected. The hospital, approved pediatric health care
9 facility, or approved federally qualified health center shall
10 document the renotification in the patient's medical records
11 and shall include the agency notified, the date and time of the
12 notification and the name of the person who received the
13 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, approved
17 pediatric health care facility, or approved federally
18 qualified health center and the hospital, approved pediatric
19 health care facility, or approved federally qualified health
20 center has provided renotification under subsection (c) of
21 this Section, the hospital, approved pediatric health care
22 facility, or approved federally qualified health center shall
23 contact the State's Attorney of the county where the law
24 enforcement agency having jurisdiction is located. The
25 hospital, approved pediatric health care facility shall inform
26 the State's Attorney that the hospital, approved pediatric

1 health care facility, or approved federally qualified health
2 center is in possession of sexual assault evidence, the date
3 the sexual assault evidence was collected, the law enforcement
4 agency having jurisdiction, the dates, times and names of
5 persons notified under subsections (b) and (c) of this Section.
6 The notification shall be made within 14 days of the
7 collection of the sexual assault evidence.

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

10 (410 ILCS 70/7) (from Ch. 111 1/2, par. 87-7)

11 Sec. 7. Reimbursement.

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

20 (1) If a sexual assault survivor is eligible to
21 receive benefits under the medical assistance program
22 under Article V of the Illinois Public Aid Code, the
23 ambulance provider, hospital, approved pediatric health
24 care facility, health care professional, laboratory, or
25 pharmacy must submit the bill to the Department of

1 Healthcare and Family Services or the appropriate Medicaid
2 managed care organization and accept the amount paid as
3 full payment.

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

23 (3) If a sexual assault survivor is neither eligible
24 to receive benefits under the medical assistance program
25 under Article V of the Illinois Public Aid Code nor
26 covered by a policy of insurance or a public or private

1 health coverage program, the ambulance provider, hospital,
2 approved pediatric health care facility, health care
3 professional, laboratory, or pharmacy shall submit the
4 request for reimbursement to the Illinois Sexual Assault
5 Emergency Treatment Program under the Department of
6 Healthcare and Family Services in accordance with 89 Ill.
7 Adm. Code 148.510 at the Department of Healthcare and
8 Family Services' allowable rates under the Illinois Public
9 Aid Code.

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

26 (b) Nothing in this Section precludes a hospital, health

1 care provider, ambulance provider, laboratory, or pharmacy
2 from billing the sexual assault survivor or any applicable
3 health insurance or coverage for inpatient services.

4 (c) (Blank).

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

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

14 (f) 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 (410 ILCS 70/7-1)

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

19 Sec. 7-1. Reimbursement

20 (a) A hospital, approved pediatric health care facility,
21 approved federally qualified health center, or health care
22 professional furnishing medical forensic services, an
23 ambulance provider furnishing transportation to a sexual
24 assault survivor, a hospital, health care professional, or
25 laboratory providing follow-up healthcare, or a pharmacy

1 dispensing prescribed medications to any sexual assault
2 survivor shall furnish such services or medications to that
3 person without charge and shall seek payment as follows:

4 (1) If a sexual assault survivor is eligible to
5 receive benefits under the medical assistance program
6 under Article V of the Illinois Public Aid Code, the
7 ambulance provider, hospital, approved pediatric health
8 care facility, approved federally qualified health center,
9 health care professional, laboratory, or pharmacy must
10 submit the bill to the Department of Healthcare and Family
11 Services or the appropriate Medicaid managed care
12 organization and accept the amount paid as full payment.

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

1 rates under the Illinois Public Aid Code. The ambulance
2 provider, hospital, approved pediatric health care
3 facility, approved federally qualified health center,
4 health care professional, laboratory, or pharmacy shall
5 accept the amounts paid by the insurance company or health
6 coverage program and the Illinois Sexual Assault Treatment
7 Program as full payment.

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

22 (4) If a sexual assault survivor presents a sexual
23 assault services voucher for follow-up healthcare, the
24 healthcare professional, pediatric health care facility,
25 federally qualified health center, or laboratory that
26 provides follow-up healthcare or the pharmacy that

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

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

18 (c) (Blank).

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

25 (e) The Department of Healthcare and Family Services shall
26 establish standards, rules, and regulations to implement this

1 Section.

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

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

4 (410 ILCS 70/7.5)

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

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

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

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

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

25 (3) refer a bill to a collection agency or attorney

1 for collection action against the sexual assault survivor;

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

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

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

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

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

24 (2) a statement that a sexual assault survivor who is
25 admitted to a hospital may be billed for inpatient
26 services provided by a hospital, health care professional,

1 laboratory, or pharmacy;

2 (3) a statement that prior to leaving the hospital or
3 approved pediatric health care facility, the hospital or
4 approved pediatric health care facility will give the
5 sexual assault survivor a sexual assault services voucher
6 for follow-up healthcare if the sexual assault survivor is
7 eligible to receive a sexual assault services voucher;

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

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

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

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

23 (d) Within 60 days after the effective date of this
24 amendatory Act of the 99th General Assembly, every health care
25 professional, except for those employed by a hospital or
26 hospital affiliate, as defined in the Hospital Licensing Act,

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

20 Within 60 days after the Department's approval of a
21 treatment plan, an approved pediatric health care facility and
22 any health care professional employed by an approved pediatric
23 health care facility must develop a billing protocol that
24 ensures that no survivor of sexual assault is sent a bill for
25 any medical forensic services and submit the billing protocol
26 to the Crime Victim Services Division of the Office of the

1 Attorney General for approval.

2 The billing protocol must include at a minimum:

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

5 (2) a written acknowledgement signed by a person who
6 has completed the training that the person will not bill
7 survivors of sexual assault;

8 (3) prohibitions on submitting any bill for any
9 portion of medical forensic services provided to a
10 survivor of sexual assault to a collection agency;

11 (4) prohibitions on taking any action that would
12 adversely affect the credit of the survivor of sexual
13 assault;

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

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

19 The Crime Victim Services Division of the Office of the
20 Attorney General may provide a sample acceptable billing
21 protocol upon request.

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

26 If the Office of the Attorney General determines that

1 implementation of the protocol could result in the billing of
2 a survivor of sexual assault for medical forensic services,
3 the Office of the Attorney General shall provide the health
4 care professional or approved pediatric health care facility
5 with a written statement of the deficiencies in the protocol.
6 The health care professional or approved pediatric health care
7 facility shall have 30 days to submit a revised billing
8 protocol addressing the deficiencies to the Office of the
9 Attorney General. The health care professional or approved
10 pediatric health care facility shall implement the protocol
11 upon approval by the Crime Victim Services Division of the
12 Office of the Attorney General.

13 The health care professional or approved pediatric health
14 care facility shall submit any proposed revision to or
15 modification of an approved billing protocol to the Crime
16 Victim Services Division of the Office of the Attorney General
17 for approval. The health care professional or approved
18 pediatric health care facility shall implement the revised or
19 modified billing protocol upon approval by the Crime Victim
20 Services Division of the Office of the Illinois Attorney
21 General.

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

1 Sec. 7.5. Prohibition on billing sexual assault survivors
2 directly for certain services; written notice; billing
3 protocols.

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

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

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

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

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

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

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

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

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

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

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

1 eligible to receive a sexual assault services voucher;

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

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

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

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

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

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

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

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

1 upon approval by the Office of the Attorney General.

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

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

11 (Source: P.A. 100-775, eff. 1-1-19; 101-634, eff. 6-5-20;
12 101-652, eff. 7-1-21.)

13 (410 ILCS 70/7.5-1)

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

15 Sec. 7.5-1. Prohibition on billing sexual assault
16 survivors directly for certain services; written notice;
17 billing protocols.

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

24 (1) charge or submit a bill for any portion of the
25 costs of the services, transportation, or medications to

1 the sexual assault survivor, including any insurance
2 deductible, co-pay, co-insurance, denial of claim by an
3 insurer, spenddown, or any other out-of-pocket expense;

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

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

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

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

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

21 (c) Every hospital, approved pediatric health care
22 facility, and approved federally qualified health center
23 providing treatment services to sexual assault survivors in
24 accordance with a plan approved under Section 2-1 of this Act
25 shall provide a written notice to a sexual assault survivor.
26 The written notice must include, but is not limited to, the

1 following:

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

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

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

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

25 (5) a phone number the sexual assault survivor may
26 call should the sexual assault survivor receive a bill

1 from the hospital, approved pediatric health care
2 facility, or approved federally qualified health center
3 for medical forensic services;

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

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

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

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

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

19 Within 14 days after the Department's approval of a
20 treatment plan, an approved federally qualified health center
21 and any health care professional employed by an approved
22 federally qualified health center 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.

1 The billing protocol must include at a minimum:

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

4 (2) a written acknowledgement signed by a person who
5 has completed the training that the person will not bill
6 survivors of sexual assault;

7 (3) prohibitions on submitting any bill for any
8 portion of medical forensic services provided to a
9 survivor of sexual assault to a collection agency;

10 (4) prohibitions on taking any action that would
11 adversely affect the credit of the survivor of sexual
12 assault;

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

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

18 The Crime Victim Services Division of the Office of the
19 Attorney General may provide a sample acceptable billing
20 protocol upon request.

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

25 If the Office of the Attorney General determines that
26 implementation of the protocol could result in the billing of

1 a survivor of sexual assault for medical forensic services,
2 the Office of the Attorney General shall provide the health
3 care professional or approved pediatric health care facility
4 with a written statement of the deficiencies in the protocol.
5 The health care professional or approved pediatric health care
6 facility shall have 30 days to submit a revised billing
7 protocol addressing the deficiencies to the Office of the
8 Attorney General. The health care professional or approved
9 pediatric health care facility shall implement the protocol
10 upon approval by the Crime Victim Services Division of the
11 Office of the Attorney General.

12 The health care professional, approved pediatric health
13 care facility, or approved federally qualified health center
14 shall submit any proposed revision to or modification of an
15 approved billing protocol to the Crime Victim Services
16 Division of the Office of the Attorney General for approval.
17 The health care professional, approved pediatric health care
18 facility, or approved federally qualified health center shall
19 implement the revised or modified billing protocol upon
20 approval by the Crime Victim Services Division of the Office
21 of the Illinois Attorney General.

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

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

24 (410 ILCS 70/8) (from Ch. 111 1/2, par. 87-8)

25 Sec. 8. Penalties.

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

9 (b) The Attorney General may seek the assessment of one or
10 more of the following civil monetary penalties in any action
11 filed under this Act where the hospital, approved pediatric
12 health care facility, health care professional, ambulance
13 provider, laboratory, or pharmacy knowingly violates Section
14 7.5 of the Act:

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

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

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

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

7 All civil monetary penalties shall be deposited into the
8 Violent Crime Victims Assistance Fund.

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

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

12 (410 ILCS 70/8-1)

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

14 Sec. 8-1. Penalties.

15 (a) Any hospital, approved pediatric health care facility,
16 or approved federally qualified health center violating any
17 provisions of this Act other than Section 7.5-1 shall be
18 guilty of a petty offense for each violation, and any fine
19 imposed shall be paid into the general corporate funds of the
20 city, incorporated town or village in which the hospital,
21 approved pediatric health care facility, or approved federally
22 qualified health center is located, or of the county, in case
23 such hospital is outside the limits of any incorporated
24 municipality.

25 (b) The Attorney General may seek the assessment of one or

1 more of the following civil monetary penalties in any action
2 filed under this Act where the hospital, approved pediatric
3 health care facility, approved federally qualified health
4 center, health care professional, ambulance provider,
5 laboratory, or pharmacy knowingly violates Section 7.5-1 of
6 the Act:

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

11 (2) For violations of paragraphs (1), (2), (4), or (5)
12 of subsection (a) of Section 7.5-1 or subsection (c) of
13 Section 7.5-1 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 7.5-1, 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 7.5-1, the civil monetary
22 penalty shall not exceed \$100 per day until the health
23 care professional or approved pediatric health care
24 facility complies with subsection (d) of Section 7.5-1.

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

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

3 (410 ILCS 70/10)

4 Sec. 10. Sexual Assault Nurse Examiner Program.

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

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

22 The Sexual Assault Nurse Examiner Program shall provide
23 didactic and clinical training opportunities consistent with
24 the Sexual Assault Nurse Examiner Education Guidelines
25 established by the International Association of Forensic

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

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

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

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

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

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

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

11 (410 ILCS 70/10-1)

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

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

14 (a) The Sexual Assault Nurse Examiner Program is
15 established within the Office of the Attorney General. The
16 Sexual Assault Nurse Examiner Program shall maintain a list of
17 sexual assault nurse examiners who have completed didactic and
18 clinical training requirements consistent with the Sexual
19 Assault Nurse Examiner Education Guidelines established by the
20 International Association of Forensic Nurses.

21 (b) By March 1, 2019, the Sexual Assault Nurse Examiner
22 Program shall develop and make available to hospitals 2 hours
23 of online sexual assault training for emergency department
24 clinical staff to meet the training requirement established in
25 subsection (a) of Section 2-1. Notwithstanding any other law

1 regarding ongoing licensure requirements, such training shall
2 count toward the continuing medical education and continuing
3 nursing education credits for physicians, physician
4 assistants, advanced practice registered nurses, and
5 registered professional nurses.

6 The Sexual Assault Nurse Examiner Program shall provide
7 didactic and clinical training opportunities consistent with
8 the Sexual Assault Nurse Examiner Education Guidelines
9 established by the International Association of Forensic
10 Nurses, in sufficient numbers and geographical locations
11 across the State, to assist hospitals with training the
12 necessary number of sexual assault nurse examiners to comply
13 with the requirement of this Act to employ or contract with a
14 qualified medical provider to initiate medical forensic
15 services to a sexual assault survivor within 90 minutes of the
16 patient presenting to the hospital as required in subsection
17 (a-7) of Section 5-1.

18 The Sexual Assault Nurse Examiner Program shall assist
19 hospitals in establishing trainings to achieve the
20 requirements of this Act.

21 For the purpose of providing continuing medical education
22 credit in accordance with the Medical Practice Act of 1987 and
23 administrative rules adopted under the Medical Practice Act of
24 1987 and continuing education credit in accordance with the
25 Nurse Practice Act and administrative rules adopted under the
26 Nurse Practice Act to health care professionals for the

1 completion of sexual assault training provided by the Sexual
2 Assault Nurse Examiner Program under this Act, the Office of
3 the Attorney General shall be considered a State agency.

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

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

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

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

23 (725 ILCS 5/106B-10)

24 Sec. 106B-10. Conditions for testimony by a victim who is

1 a child or a moderately, severely, or profoundly
2 intellectually disabled person or a person affected by a
3 developmental disability. In a prosecution of criminal sexual
4 assault, predatory criminal sexual assault of a child,
5 aggravated criminal sexual assault, criminal sexual abuse, ~~or~~
6 aggravated criminal sexual abuse, or any violent crime as
7 defined in subsection (c) of Section 3 of the Rights of Crime
8 Victims and Witnesses Act, the court may set any conditions it
9 finds just and appropriate on the taking of testimony of a
10 victim who is a child under the age of 18 years or a
11 moderately, severely, or profoundly intellectually disabled
12 person or a person affected by a developmental disability,
13 involving the use of a facility dog in any proceeding
14 involving that offense. When deciding whether to permit the
15 child or person to testify with the assistance of a facility
16 dog, the court shall take into consideration the age of the
17 child or person, the rights of the parties to the litigation,
18 and any other relevant factor that would facilitate the
19 testimony by the child or the person. As used in this Section,
20 "facility dog" means a dog that is a graduate of an assistance
21 dog organization that is a member of Assistance Dogs
22 International.
23 (Source: P.A. 99-94, eff. 1-1-16.)

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

1 (725 ILCS 120/4.5)

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

3 Sec. 4.5. Procedures to implement the rights of crime
4 victims. To afford crime victims their rights, law
5 enforcement, prosecutors, judges, and corrections will provide
6 information, as appropriate, of the following procedures:

7 (a) At the request of the crime victim, law enforcement
8 authorities investigating the case shall provide notice of the
9 status of the investigation, except where the State's Attorney
10 determines that disclosure of such information would
11 unreasonably interfere with the investigation, until such time
12 as the alleged assailant is apprehended or the investigation
13 is closed.

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

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

20 (1) shall provide notice of the filing of an
21 information, the return of an indictment, or the filing of
22 a petition to adjudicate a minor as a delinquent for a
23 violent crime;

24 (2) shall provide timely notice of the date, time, and
25 place of court proceedings; of any change in the date,

1 time, and place of court proceedings; and of any
2 cancellation of court proceedings. Notice shall be
3 provided in sufficient time, wherever possible, for the
4 victim to make arrangements to attend or to prevent an
5 unnecessary appearance at court proceedings;

6 (3) or victim advocate personnel shall provide
7 information of social services and financial assistance
8 available for victims of crime, including information of
9 how to apply for these services and assistance;

10 (3.5) or victim advocate personnel shall provide
11 information about available victim services, including
12 referrals to programs, counselors, and agencies that
13 assist a victim to deal with trauma, loss, and grief;

14 (4) shall assist in having any stolen or other
15 personal property held by law enforcement authorities for
16 evidentiary or other purposes returned as expeditiously as
17 possible, pursuant to the procedures set out in Section
18 115-9 of the Code of Criminal Procedure of 1963;

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

24 (6) shall provide, whenever possible, a secure waiting
25 area during court proceedings that does not require
26 victims to be in close proximity to defendants or

1 juveniles accused of a violent crime, and their families
2 and friends;

3 (7) shall provide notice to the crime victim of the
4 right to have a translator present at all court
5 proceedings and, in compliance with the federal Americans
6 with Disabilities Act of 1990, the right to communications
7 access through a sign language interpreter or by other
8 means;

9 (8) (blank);

10 (8.5) shall inform the victim of the right to be
11 present at all court proceedings, unless the victim is to
12 testify and the court determines that the victim's
13 testimony would be materially affected if the victim hears
14 other testimony at trial;

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

19 (9.3) shall inform the victim of the right to retain
20 an attorney, at the victim's own expense, who, upon
21 written notice filed with the clerk of the court and
22 State's Attorney, is to receive copies of all notices,
23 motions, and court orders filed thereafter in the case, in
24 the same manner as if the victim were a named party in the
25 case;

26 (9.5) shall inform the victim of (A) the victim's

1 right under Section 6 of this Act to make a statement at
2 the sentencing hearing; (B) the right of the victim's
3 spouse, guardian, parent, grandparent, and other immediate
4 family and household members under Section 6 of this Act
5 to present a statement at sentencing; and (C) if a
6 presentence report is to be prepared, the right of the
7 victim's spouse, guardian, parent, grandparent, and other
8 immediate family and household members to submit
9 information to the preparer of the presentence report
10 about the effect the offense has had on the victim and the
11 person;

12 (10) at the sentencing shall make a good faith attempt
13 to explain the minimum amount of time during which the
14 defendant may actually be physically imprisoned. The
15 Office of the State's Attorney shall further notify the
16 crime victim of the right to request from the Prisoner
17 Review Board or Department of Juvenile Justice information
18 concerning the release of the defendant;

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

22 (12) shall, upon the court entering a verdict of not
23 guilty by reason of insanity, inform the victim of the
24 notification services available from the Department of
25 Human Services, including the statewide telephone number,
26 under subparagraph (d) (2) of this Section;

1 (13) shall provide notice within a reasonable time
2 after receipt of notice from the custodian, of the release
3 of the defendant on bail or personal recognizance or the
4 release from detention of a minor who has been detained;

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

8 (15) shall make all reasonable efforts to consult with
9 the crime victim before the Office of the State's Attorney
10 makes an offer of a plea bargain to the defendant or enters
11 into negotiations with the defendant concerning a possible
12 plea agreement, and shall consider the written statement,
13 if prepared prior to entering into a plea agreement. The
14 right to consult with the prosecutor does not include the
15 right to veto a plea agreement or to insist the case go to
16 trial. If the State's Attorney has not consulted with the
17 victim prior to making an offer or entering into plea
18 negotiations with the defendant, the Office of the State's
19 Attorney shall notify the victim of the offer or the
20 negotiations within 2 business days and confer with the
21 victim;

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

26 (17) shall provide notice of any appeal taken by the

1 defendant and information on how to contact the
2 appropriate agency handling the appeal, and how to request
3 notice of any hearing, oral argument, or decision of an
4 appellate court;

5 (18) shall provide timely notice of any request for
6 post-conviction review filed by the defendant under
7 Article 122 of the Code of Criminal Procedure of 1963, and
8 of the date, time and place of any hearing concerning the
9 petition. Whenever possible, notice of the hearing shall
10 be given within 48 hours of the court's scheduling of the
11 hearing; and

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

17 (c) The court shall ensure that the rights of the victim
18 are afforded.

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

22 (1) Written notice. A victim may complete a written
23 notice of intent to assert rights on a form prepared by the
24 Office of the Attorney General and provided to the victim
25 by the State's Attorney. The victim may at any time
26 provide a revised written notice to the State's Attorney.

1 The State's Attorney shall file the written notice with
2 the court. At the beginning of any court proceeding in
3 which the right of a victim may be at issue, the court and
4 prosecutor shall review the written notice to determine
5 whether the victim has asserted the right that may be at
6 issue.

7 (2) Victim's retained attorney. A victim's attorney
8 shall file an entry of appearance limited to assertion of
9 the victim's rights. Upon the filing of the entry of
10 appearance and service on the State's Attorney and the
11 defendant, the attorney is to receive copies of all
12 notices, motions and court orders filed thereafter in the
13 case.

14 (3) Standing. The victim has standing to assert the
15 rights enumerated in subsection (a) of Article I, Section
16 8.1 of the Illinois Constitution and the statutory rights
17 under Section 4 of this Act in any court exercising
18 jurisdiction over the criminal case. The prosecuting
19 attorney, a victim, or the victim's retained attorney may
20 assert the victim's rights. The defendant in the criminal
21 case has no standing to assert a right of the victim in any
22 court proceeding, including on appeal.

23 (4) Assertion of and enforcement of rights.

24 (A) The prosecuting attorney shall assert a
25 victim's right or request enforcement of a right by
26 filing a motion or by orally asserting the right or

1 requesting enforcement in open court in the criminal
2 case outside the presence of the jury. The prosecuting
3 attorney shall consult with the victim and the
4 victim's attorney regarding the assertion or
5 enforcement of a right. If the prosecuting attorney
6 decides not to assert or enforce a victim's right, the
7 prosecuting attorney shall notify the victim or the
8 victim's attorney in sufficient time to allow the
9 victim or the victim's attorney to assert the right or
10 to seek enforcement of a right.

11 (B) If the prosecuting attorney elects not to
12 assert a victim's right or to seek enforcement of a
13 right, the victim or the victim's attorney may assert
14 the victim's right or request enforcement of a right
15 by filing a motion or by orally asserting the right or
16 requesting enforcement in open court in the criminal
17 case outside the presence of the jury.

18 (C) If the prosecuting attorney asserts a victim's
19 right or seeks enforcement of a right, and the court
20 denies the assertion of the right or denies the
21 request for enforcement of a right, the victim or
22 victim's attorney may file a motion to assert the
23 victim's right or to request enforcement of the right
24 within 10 days of the court's ruling. The motion need
25 not demonstrate the grounds for a motion for
26 reconsideration. The court shall rule on the merits of

1 the motion.

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

8 (5) Violation of rights and remedies.

9 (A) If the court determines that a victim's right
10 has been violated, the court shall determine the
11 appropriate remedy for the violation of the victim's
12 right by hearing from the victim and the parties,
13 considering all factors relevant to the issue, and
14 then awarding appropriate relief to the victim.

15 (A-5) Consideration of an issue of a substantive
16 nature or an issue that implicates the constitutional
17 or statutory right of a victim at a court proceeding
18 labeled as a status hearing shall constitute a per se
19 violation of a victim's right.

20 (B) The appropriate remedy shall include only
21 actions necessary to provide the victim the right to
22 which the victim was entitled and may include
23 reopening previously held proceedings; however, in no
24 event shall the court vacate a conviction. Any remedy
25 shall be tailored to provide the victim an appropriate
26 remedy without violating any constitutional right of

1 the defendant. In no event shall the appropriate
2 remedy be a new trial, damages, or costs.

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

6 (7) Right to attend trial. A party must file a written
7 motion to exclude a victim from trial at least 60 days
8 prior to the date set for trial. The motion must state with
9 specificity the reason exclusion is necessary to protect a
10 constitutional right of the party, and must contain an
11 offer of proof. The court shall rule on the motion within
12 30 days. If the motion is granted, the court shall set
13 forth on the record the facts that support its finding
14 that the victim's testimony will be materially affected if
15 the victim hears other testimony at trial.

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

18 (A) A party who intends to call an advocate as a
19 witness at trial must seek permission of the court
20 before the subpoena is issued. The party must file a
21 written motion at least 90 days before trial that sets
22 forth specifically the issues on which the advocate's
23 testimony is sought and an offer of proof regarding
24 (i) the content of the anticipated testimony of the
25 advocate; and (ii) the relevance, admissibility, and
26 materiality of the anticipated testimony. The court

1 shall consider the motion and make findings within 30
2 days of the filing of the motion. If the court finds by
3 a preponderance of the evidence that: (i) the
4 anticipated testimony is not protected by an absolute
5 privilege; and (ii) the anticipated testimony contains
6 relevant, admissible, and material evidence that is
7 not available through other witnesses or evidence, the
8 court shall issue a subpoena requiring the advocate to
9 appear to testify at an in camera hearing. The
10 prosecuting attorney and the victim shall have 15 days
11 to seek appellate review before the advocate is
12 required to testify at an ex parte in camera
13 proceeding.

14 The prosecuting attorney, the victim, and the
15 advocate's attorney shall be allowed to be present at
16 the ex parte in camera proceeding. If, after
17 conducting the ex parte in camera hearing, the court
18 determines that due process requires any testimony
19 regarding confidential or privileged information or
20 communications, the court shall provide to the
21 prosecuting attorney, the victim, and the advocate's
22 attorney a written memorandum on the substance of the
23 advocate's testimony. The prosecuting attorney, the
24 victim, and the advocate's attorney shall have 15 days
25 to seek appellate review before a subpoena may be
26 issued for the advocate to testify at trial. The

1 presence of the prosecuting attorney at the ex parte
2 in camera proceeding does not make the substance of
3 the advocate's testimony that the court has ruled
4 inadmissible subject to discovery.

5 (B) If a victim has asserted the right to have a
6 support person present at the court proceedings, the
7 victim shall provide the name of the person the victim
8 has chosen to be the victim's support person to the
9 prosecuting attorney, within 60 days of trial. The
10 prosecuting attorney shall provide the name to the
11 defendant. If the defendant intends to call the
12 support person as a witness at trial, the defendant
13 must seek permission of the court before a subpoena is
14 issued. The defendant must file a written motion at
15 least 45 days prior to trial that sets forth
16 specifically the issues on which the support person
17 will testify and an offer of proof regarding: (i) the
18 content of the anticipated testimony of the support
19 person; and (ii) the relevance, admissibility, and
20 materiality of the anticipated testimony.

21 If the prosecuting attorney intends to call the
22 support person as a witness during the State's
23 case-in-chief, the prosecuting attorney shall inform
24 the court of this intent in the response to the
25 defendant's written motion. The victim may choose a
26 different person to be the victim's support person.

1 The court may allow the defendant to inquire about
2 matters outside the scope of the direct examination
3 during cross-examination. If the court allows the
4 defendant to do so, the support person shall be
5 allowed to remain in the courtroom after the support
6 person has testified. A defendant who fails to
7 question the support person about matters outside the
8 scope of direct examination during the State's
9 case-in-chief waives the right to challenge the
10 presence of the support person on appeal. The court
11 shall allow the support person to testify if called as
12 a witness in the defendant's case-in-chief or the
13 State's rebuttal.

14 If the court does not allow the defendant to
15 inquire about matters outside the scope of the direct
16 examination, the support person shall be allowed to
17 remain in the courtroom after the support person has
18 been called by the defendant or the defendant has
19 rested. The court shall allow the support person to
20 testify in the State's rebuttal.

21 If the prosecuting attorney does not intend to
22 call the support person in the State's case-in-chief,
23 the court shall verify with the support person whether
24 the support person, if called as a witness, would
25 testify as set forth in the offer of proof. If the
26 court finds that the support person would testify as

1 set forth in the offer of proof, the court shall rule
2 on the relevance, materiality, and admissibility of
3 the anticipated testimony. If the court rules the
4 anticipated testimony is admissible, the court shall
5 issue the subpoena. The support person may remain in
6 the courtroom after the support person testifies and
7 shall be allowed to testify in rebuttal.

8 If the court excludes the victim's support person
9 during the State's case-in-chief, the victim shall be
10 allowed to choose another support person to be present
11 in court.

12 If the victim fails to designate a support person
13 within 60 days of trial and the defendant has
14 subpoenaed the support person to testify at trial, the
15 court may exclude the support person from the trial
16 until the support person testifies. If the court
17 excludes the support person the victim may choose
18 another person as a support person.

19 (9) Right to notice and hearing before disclosure of
20 confidential or privileged information or records. A
21 defendant who seeks to subpoena records of or concerning
22 the victim that are confidential or privileged by law must
23 seek permission of the court before the subpoena is
24 issued. The defendant must file a written motion and an
25 offer of proof regarding the relevance, admissibility and
26 materiality of the records. If the court finds by a

1 preponderance of the evidence that: (A) the records are
2 not protected by an absolute privilege and (B) the records
3 contain relevant, admissible, and material evidence that
4 is not available through other witnesses or evidence, the
5 court shall issue a subpoena requiring a sealed copy of
6 the records be delivered to the court to be reviewed in
7 camera. If, after conducting an in camera review of the
8 records, the court determines that due process requires
9 disclosure of any portion of the records, the court shall
10 provide copies of what it intends to disclose to the
11 prosecuting attorney and the victim. The prosecuting
12 attorney and the victim shall have 30 days to seek
13 appellate review before the records are disclosed to the
14 defendant. The disclosure of copies of any portion of the
15 records to the prosecuting attorney does not make the
16 records subject to discovery.

17 (10) Right to notice of court proceedings. If the
18 victim is not present at a court proceeding in which a
19 right of the victim is at issue, the court shall ask the
20 prosecuting attorney whether the victim was notified of
21 the time, place, and purpose of the court proceeding and
22 that the victim had a right to be heard at the court
23 proceeding. If the court determines that timely notice was
24 not given or that the victim was not adequately informed
25 of the nature of the court proceeding, the court shall not
26 rule on any substantive issues, accept a plea, or impose a

1 sentence and shall continue the hearing for the time
2 necessary to notify the victim of the time, place and
3 nature of the court proceeding. The time between court
4 proceedings shall not be attributable to the State under
5 Section 103-5 of the Code of Criminal Procedure of 1963.

6 (11) Right to timely disposition of the case. A victim
7 has the right to timely disposition of the case so as to
8 minimize the stress, cost, and inconvenience resulting
9 from the victim's involvement in the case. Before ruling
10 on a motion to continue trial or other court proceeding,
11 the court shall inquire into the circumstances for the
12 request for the delay and, if the victim has provided
13 written notice of the assertion of the right to a timely
14 disposition, and whether the victim objects to the delay.
15 If the victim objects, the prosecutor shall inform the
16 court of the victim's objections. If the prosecutor has
17 not conferred with the victim about the continuance, the
18 prosecutor shall inform the court of the attempts to
19 confer. If the court finds the attempts of the prosecutor
20 to confer with the victim were inadequate to protect the
21 victim's right to be heard, the court shall give the
22 prosecutor at least 3 but not more than 5 business days to
23 confer with the victim. In ruling on a motion to continue,
24 the court shall consider the reasons for the requested
25 continuance, the number and length of continuances that
26 have been granted, the victim's objections and procedures

1 to avoid further delays. If a continuance is granted over
2 the victim's objection, the court shall specify on the
3 record the reasons for the continuance and the procedures
4 that have been or will be taken to avoid further delays.

5 (12) Right to Restitution.

6 (A) If the victim has asserted the right to
7 restitution and the amount of restitution is known at
8 the time of sentencing, the court shall enter the
9 judgment of restitution at the time of sentencing.

10 (B) If the victim has asserted the right to
11 restitution and the amount of restitution is not known
12 at the time of sentencing, the prosecutor shall,
13 within 5 days after sentencing, notify the victim what
14 information and documentation related to restitution
15 is needed and that the information and documentation
16 must be provided to the prosecutor within 45 days
17 after sentencing. Failure to timely provide
18 information and documentation related to restitution
19 shall be deemed a waiver of the right to restitution.
20 The prosecutor shall file and serve within 60 days
21 after sentencing a proposed judgment for restitution
22 and a notice that includes information concerning the
23 identity of any victims or other persons seeking
24 restitution, whether any victim or other person
25 expressly declines restitution, the nature and amount
26 of any damages together with any supporting

1 documentation, a restitution amount recommendation,
2 and the names of any co-defendants and their case
3 numbers. Within 30 days after receipt of the proposed
4 judgment for restitution, the defendant shall file any
5 objection to the proposed judgment, a statement of
6 grounds for the objection, and a financial statement.
7 If the defendant does not file an objection, the court
8 may enter the judgment for restitution without further
9 proceedings. If the defendant files an objection and
10 either party requests a hearing, the court shall
11 schedule a hearing.

12 (13) Access to presentence reports.

13 (A) The victim may request a copy of the
14 presentence report prepared under the Unified Code of
15 Corrections from the State's Attorney. The State's
16 Attorney shall redact the following information before
17 providing a copy of the report:

18 (i) the defendant's mental history and
19 condition;

20 (ii) any evaluation prepared under subsection
21 (b) or (b-5) of Section 5-3-2; and

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

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

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

5 (D) The State's Attorney must advise the victim
6 that the victim must maintain the confidentiality of
7 the report and other information. Any dissemination of
8 the report or information that was not stated at a
9 court proceeding constitutes indirect criminal
10 contempt of court.

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

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

26 (16) The right to be reasonably protected from the

1 accused throughout the criminal justice process and the
2 right to have the safety of the victim and the victim's
3 family considered in denying or fixing the amount of bail,
4 determining whether to release the defendant, and setting
5 conditions of release after arrest and conviction. A
6 victim of domestic violence, a sexual offense, or stalking
7 may request the entry of a protective order under Article
8 112A of the Code of Criminal Procedure of 1963.

9 (d) Procedures after the imposition of sentence.

10 (1) The Prisoner Review Board shall inform a victim or
11 any other concerned citizen, upon written request, of the
12 prisoner's release on parole, mandatory supervised
13 release, electronic detention, work release, international
14 transfer or exchange, or by the custodian, other than the
15 Department of Juvenile Justice, of the discharge of any
16 individual who was adjudicated a delinquent for a crime
17 from State custody and by the sheriff of the appropriate
18 county of any such person's final discharge from county
19 custody. The Prisoner Review Board, upon written request,
20 shall provide to a victim or any other concerned citizen a
21 recent photograph of any person convicted of a felony,
22 upon his or her release from custody. The Prisoner Review
23 Board, upon written request, shall inform a victim or any
24 other concerned citizen when feasible at least 7 days
25 prior to the prisoner's release on furlough of the times
26 and dates of such furlough. Upon written request by the

1 victim or any other concerned citizen, the State's
2 Attorney shall notify the person once of the times and
3 dates of release of a prisoner sentenced to periodic
4 imprisonment. Notification shall be based on the most
5 recent information as to victim's or other concerned
6 citizen's residence or other location available to the
7 notifying authority.

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

23 (3) In the event of an escape from State custody, the
24 Department of Corrections or the Department of Juvenile
25 Justice immediately shall notify the Prisoner Review Board
26 of the escape and the Prisoner Review Board shall notify

1 the victim. The notification shall be based upon the most
2 recent information as to the victim's residence or other
3 location available to the Board. When no such information
4 is available, the Board shall make all reasonable efforts
5 to obtain the information and make the notification. When
6 the escapee is apprehended, the Department of Corrections
7 or the Department of Juvenile Justice immediately shall
8 notify the Prisoner Review Board and the Board shall
9 notify the victim.

10 (4) The victim of the crime for which the prisoner has
11 been sentenced has the right to register with the Prisoner
12 Review Board's victim registry. Victims registered with
13 the Board shall receive reasonable written notice not less
14 than 30 days prior to the parole hearing or target
15 aftercare release date. The victim has the right to submit
16 a victim statement for consideration by the Prisoner
17 Review Board or the Department of Juvenile Justice in
18 writing, on film, videotape, or other electronic means, or
19 in the form of a recording prior to the parole hearing or
20 target aftercare release date, or in person at the parole
21 hearing or aftercare release protest hearing, or by
22 calling the toll-free number established in subsection (f)
23 of this Section. The victim shall be notified within 7
24 days after the prisoner has been granted parole or
25 aftercare release and shall be informed of the right to
26 inspect the registry of parole decisions, established

1 under subsection (g) of Section 3-3-5 of the Unified Code
2 of Corrections. The provisions of this paragraph (4) are
3 subject to the Open Parole Hearings Act. Victim statements
4 provided to the Board shall be confidential and
5 privileged, including any statements received prior to
6 January 1, 2020 (the effective date of Public Act 101-288)
7 ~~this amendatory Act of the 101st General Assembly~~, except
8 if the statement was an oral statement made by the victim
9 at a hearing open to the public.

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

1 public.

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

17 (5) If a statement is presented under Section 6, the
18 Prisoner Review Board or Department of Juvenile Justice
19 shall inform the victim of any order of discharge pursuant
20 to Section 3-2.5-85 or 3-3-8 of the Unified Code of
21 Corrections.

22 (6) At the written or oral request of the victim of the
23 crime for which the prisoner was sentenced or the State's
24 Attorney of the county where the person seeking parole or
25 aftercare release was prosecuted, the Prisoner Review
26 Board or Department of Juvenile Justice shall notify the

1 victim and the State's Attorney of the county where the
2 person seeking parole or aftercare release was prosecuted
3 of the death of the prisoner if the prisoner died while on
4 parole or aftercare release or mandatory supervised
5 release.

6 (7) When a defendant who has been committed to the
7 Department of Corrections, the Department of Juvenile
8 Justice, or the Department of Human Services is released
9 or discharged and subsequently committed to the Department
10 of Human Services as a sexually violent person and the
11 victim had requested to be notified by the releasing
12 authority of the defendant's discharge, conditional
13 release, death, or escape from State custody, the
14 releasing authority shall provide to the Department of
15 Human Services such information that would allow the
16 Department of Human Services to contact the victim.

17 (8) When a defendant has been convicted of a sex
18 offense as defined in Section 2 of the Sex Offender
19 Registration Act and has been sentenced to the Department
20 of Corrections or the Department of Juvenile Justice, the
21 Prisoner Review Board or the Department of Juvenile
22 Justice shall notify the victim of the sex offense of the
23 prisoner's eligibility for release on parole, aftercare
24 release, mandatory supervised release, electronic
25 detention, work release, international transfer or
26 exchange, or by the custodian of the discharge of any

1 individual who was adjudicated a delinquent for a sex
2 offense from State custody and by the sheriff of the
3 appropriate county of any such person's final discharge
4 from county custody. The notification shall be made to the
5 victim at least 30 days, whenever possible, before release
6 of the sex offender.

7 (e) The officials named in this Section may satisfy some
8 or all of their obligations to provide notices and other
9 information through participation in a statewide victim and
10 witness notification system established by the Attorney
11 General under Section 8.5 of this Act.

12 (f) The Prisoner Review Board shall establish a toll-free
13 number that may be accessed by the crime victim to present a
14 victim statement to the Board in accordance with paragraphs
15 (4), (4-1), and (4-2) of subsection (d).

16 (Source: P.A. 100-199, eff. 1-1-18; 100-961, eff. 1-1-19;
17 101-81, eff. 7-12-19; 101-288, eff. 1-1-20; revised 9-23-19.)

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

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

23 (a) At the request of the crime victim, law enforcement
24 authorities investigating the case shall provide notice of the
25 status of the investigation, except where the State's Attorney

1 determines that disclosure of such information would
2 unreasonably interfere with the investigation, until such time
3 as the alleged assailant is apprehended or the investigation
4 is closed.

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

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

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

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

22 (3) or victim advocate personnel shall provide
23 information of social services and financial assistance
24 available for victims of crime, including information of
25 how to apply for these services and assistance;

26 (3.5) or victim advocate personnel shall provide

1 information about available victim services, including
2 referrals to programs, counselors, and agencies that
3 assist a victim to deal with trauma, loss, and grief;

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

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

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

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

25 (8) (blank);

26 (8.5) shall inform the victim of the right to be

1 present at all court proceedings, unless the victim is to
2 testify and the court determines that the victim's
3 testimony would be materially affected if the victim hears
4 other testimony at trial;

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

9 (9.3) shall inform the victim of the right to retain
10 an attorney, at the victim's own expense, who, upon
11 written notice filed with the clerk of the court and
12 State's Attorney, is to receive copies of all notices,
13 motions, and court orders filed thereafter in the case, in
14 the same manner as if the victim were a named party in the
15 case;

16 (9.5) shall inform the victim of (A) the victim's
17 right under Section 6 of this Act to make a statement at
18 the sentencing hearing; (B) the right of the victim's
19 spouse, guardian, parent, grandparent, and other immediate
20 family and household members under Section 6 of this Act
21 to present a statement at sentencing; and (C) if a
22 presentence report is to be prepared, the right of the
23 victim's spouse, guardian, parent, grandparent, and other
24 immediate family and household members to submit
25 information to the preparer of the presentence report
26 about the effect the offense has had on the victim and the

1 person;

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

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

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

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

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

25 (15) shall make all reasonable efforts to consult with
26 the crime victim before the Office of the State's Attorney

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

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

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

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

1 be given within 48 hours of the court's scheduling of the
2 hearing; ~~and~~

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

8 (20) shall, within a reasonable time, offer to meet
9 with the crime victim regarding the decision of the
10 State's Attorney not to charge an offense, and shall meet
11 with the victim, if the victim agrees. The victim has a
12 right to have an attorney, advocate, and other support
13 person of the victim's choice attend this meeting with the
14 victim; and

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

18 (c) The court shall ensure that the rights of the victim
19 are afforded.

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

23 (1) Written notice. A victim may complete a written
24 notice of intent to assert rights on a form prepared by the
25 Office of the Attorney General and provided to the victim
26 by the State's Attorney. The victim may at any time

1 provide a revised written notice to the State's Attorney.
2 The State's Attorney shall file the written notice with
3 the court. At the beginning of any court proceeding in
4 which the right of a victim may be at issue, the court and
5 prosecutor shall review the written notice to determine
6 whether the victim has asserted the right that may be at
7 issue.

8 (2) Victim's retained attorney. A victim's attorney
9 shall file an entry of appearance limited to assertion of
10 the victim's rights. Upon the filing of the entry of
11 appearance and service on the State's Attorney and the
12 defendant, the attorney is to receive copies of all
13 notices, motions and court orders filed thereafter in the
14 case.

15 (3) Standing. The victim has standing to assert the
16 rights enumerated in subsection (a) of Article I, Section
17 8.1 of the Illinois Constitution and the statutory rights
18 under Section 4 of this Act in any court exercising
19 jurisdiction over the criminal case. The prosecuting
20 attorney, a victim, or the victim's retained attorney may
21 assert the victim's rights. The defendant in the criminal
22 case has no standing to assert a right of the victim in any
23 court proceeding, including on appeal.

24 (4) Assertion of and enforcement of rights.

25 (A) The prosecuting attorney shall assert a
26 victim's right or request enforcement of a right by

1 filing a motion or by orally asserting the right or
2 requesting enforcement in open court in the criminal
3 case outside the presence of the jury. The prosecuting
4 attorney shall consult with the victim and the
5 victim's attorney regarding the assertion or
6 enforcement of a right. If the prosecuting attorney
7 decides not to assert or enforce a victim's right, the
8 prosecuting attorney shall notify the victim or the
9 victim's attorney in sufficient time to allow the
10 victim or the victim's attorney to assert the right or
11 to seek enforcement of a right.

12 (B) If the prosecuting attorney elects not to
13 assert a victim's right or to seek enforcement of a
14 right, the victim or the victim's attorney may assert
15 the victim's right or request enforcement of a right
16 by filing a motion or by orally asserting the right or
17 requesting enforcement in open court in the criminal
18 case outside the presence of the jury.

19 (C) If the prosecuting attorney asserts a victim's
20 right or seeks enforcement of a right, unless the
21 prosecuting attorney objects or the trial court does
22 not allow it, the victim or the victim's attorney may
23 be heard regarding the prosecuting attorney's motion
24 or may file a simultaneous motion to assert or request
25 enforcement of the victim's right. If the victim or
26 the victim's attorney was not allowed to be heard at

1 the hearing regarding the prosecuting attorney's
2 motion, and the court denies the prosecuting
3 attorney's assertion of the right or denies the
4 request for enforcement of a right, the victim or
5 victim's attorney may file a motion to assert the
6 victim's right or to request enforcement of the right
7 within 10 days of the court's ruling. The motion need
8 not demonstrate the grounds for a motion for
9 reconsideration. The court shall rule on the merits of
10 the motion.

11 (D) The court shall take up and decide any motion
12 or request asserting or seeking enforcement of a
13 victim's right without delay, unless a specific time
14 period is specified by law or court rule. The reasons
15 for any decision denying the motion or request shall
16 be clearly stated on the record.

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

19 (i) designate an administrative authority
20 within the Office of the Attorney General to
21 receive and investigate complaints relating to the
22 provision or violation of the rights of a crime
23 victim as described in Article I, Section 8.1 of
24 the Illinois Constitution and in this Act;

25 (ii) create and administer a course of
26 training for employees and offices of the State of

1 Illinois that fail to comply with provisions of
2 Illinois law pertaining to the treatment of crime
3 victims as described in Article I, Section 8.1 of
4 the Illinois Constitution and in this Act as
5 required by the court under Section 5 of this Act;
6 and

7 (iii) have the authority to make
8 recommendations to employees and offices of the
9 State of Illinois to respond more effectively to
10 the needs of crime victims, including regarding
11 the violation of the rights of a crime victim.

12 (F) Crime victims' rights may also be asserted by
13 filing a complaint for mandamus, injunctive, or
14 declaratory relief in the jurisdiction in which the
15 victim's right is being violated or where the crime is
16 being prosecuted. For complaints or motions filed by
17 or on behalf of the victim, the clerk of court shall
18 waive filing fees that would otherwise be owed by the
19 victim for any court filing with the purpose of
20 enforcing crime victims' rights. If the court denies
21 the relief sought by the victim, the reasons for the
22 denial shall be clearly stated on the record in the
23 transcript of the proceedings, in a written opinion,
24 or in the docket entry, and the victim may appeal the
25 circuit court's decision to the appellate court. The
26 court shall issue prompt rulings regarding victims'

1 rights. Proceedings seeking to enforce victims' rights
2 shall not be stayed or subject to unreasonable delay
3 via continuances.

4 (5) Violation of rights and remedies.

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

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

16 (B) The appropriate remedy shall include only
17 actions necessary to provide the victim the right to
18 which the victim was entitled . Remedies may include,
19 but are not limited to: injunctive relief requiring
20 the victim's right to be afforded; declaratory
21 judgment recognizing or clarifying the victim's
22 rights; a writ of mandamus; and may include reopening
23 previously held proceedings; however, in no event
24 shall the court vacate a conviction. Any remedy shall
25 be tailored to provide the victim an appropriate
26 remedy without violating any constitutional right of

1 the defendant. In no event shall the appropriate
2 remedy to the victim be a new trial or, damages, ~~or~~
3 ~~costs~~.

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

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

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

13 (7) Right to attend trial. A party must file a written
14 motion to exclude a victim from trial at least 60 days
15 prior to the date set for trial. The motion must state with
16 specificity the reason exclusion is necessary to protect a
17 constitutional right of the party, and must contain an
18 offer of proof. The court shall rule on the motion within
19 30 days. If the motion is granted, the court shall set
20 forth on the record the facts that support its finding
21 that the victim's testimony will be materially affected if
22 the victim hears other testimony at trial.

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

25 (A) A party who intends to call an advocate as a
26 witness at trial must seek permission of the court

1 before the subpoena is issued. The party must file a
2 written motion at least 90 days before trial that sets
3 forth specifically the issues on which the advocate's
4 testimony is sought and an offer of proof regarding
5 (i) the content of the anticipated testimony of the
6 advocate; and (ii) the relevance, admissibility, and
7 materiality of the anticipated testimony. The court
8 shall consider the motion and make findings within 30
9 days of the filing of the motion. If the court finds by
10 a preponderance of the evidence that: (i) the
11 anticipated testimony is not protected by an absolute
12 privilege; and (ii) the anticipated testimony contains
13 relevant, admissible, and material evidence that is
14 not available through other witnesses or evidence, the
15 court shall issue a subpoena requiring the advocate to
16 appear to testify at an in camera hearing. The
17 prosecuting attorney and the victim shall have 15 days
18 to seek appellate review before the advocate is
19 required to testify at an ex parte in camera
20 proceeding.

21 The prosecuting attorney, the victim, and the
22 advocate's attorney shall be allowed to be present at
23 the ex parte in camera proceeding. If, after
24 conducting the ex parte in camera hearing, the court
25 determines that due process requires any testimony
26 regarding confidential or privileged information or

1 communications, the court shall provide to the
2 prosecuting attorney, the victim, and the advocate's
3 attorney a written memorandum on the substance of the
4 advocate's testimony. The prosecuting attorney, the
5 victim, and the advocate's attorney shall have 15 days
6 to seek appellate review before a subpoena may be
7 issued for the advocate to testify at trial. The
8 presence of the prosecuting attorney at the ex parte
9 in camera proceeding does not make the substance of
10 the advocate's testimony that the court has ruled
11 inadmissible subject to discovery.

12 (B) If a victim has asserted the right to have a
13 support person present at the court proceedings, the
14 victim shall provide the name of the person the victim
15 has chosen to be the victim's support person to the
16 prosecuting attorney, within 60 days of trial. The
17 prosecuting attorney shall provide the name to the
18 defendant. If the defendant intends to call the
19 support person as a witness at trial, the defendant
20 must seek permission of the court before a subpoena is
21 issued. The defendant must file a written motion at
22 least 45 days prior to trial that sets forth
23 specifically the issues on which the support person
24 will testify and an offer of proof regarding: (i) the
25 content of the anticipated testimony of the support
26 person; and (ii) the relevance, admissibility, and

1 materiality of the anticipated testimony.

2 If the prosecuting attorney intends to call the
3 support person as a witness during the State's
4 case-in-chief, the prosecuting attorney shall inform
5 the court of this intent in the response to the
6 defendant's written motion. The victim may choose a
7 different person to be the victim's support person.
8 The court may allow the defendant to inquire about
9 matters outside the scope of the direct examination
10 during cross-examination. If the court allows the
11 defendant to do so, the support person shall be
12 allowed to remain in the courtroom after the support
13 person has testified. A defendant who fails to
14 question the support person about matters outside the
15 scope of direct examination during the State's
16 case-in-chief waives the right to challenge the
17 presence of the support person on appeal. The court
18 shall allow the support person to testify if called as
19 a witness in the defendant's case-in-chief or the
20 State's rebuttal.

21 If the court does not allow the defendant to
22 inquire about matters outside the scope of the direct
23 examination, the support person shall be allowed to
24 remain in the courtroom after the support person has
25 been called by the defendant or the defendant has
26 rested. The court shall allow the support person to

1 testify in the State's rebuttal.

2 If the prosecuting attorney does not intend to
3 call the support person in the State's case-in-chief,
4 the court shall verify with the support person whether
5 the support person, if called as a witness, would
6 testify as set forth in the offer of proof. If the
7 court finds that the support person would testify as
8 set forth in the offer of proof, the court shall rule
9 on the relevance, materiality, and admissibility of
10 the anticipated testimony. If the court rules the
11 anticipated testimony is admissible, the court shall
12 issue the subpoena. The support person may remain in
13 the courtroom after the support person testifies and
14 shall be allowed to testify in rebuttal.

15 If the court excludes the victim's support person
16 during the State's case-in-chief, the victim shall be
17 allowed to choose another support person to be present
18 in court.

19 If the victim fails to designate a support person
20 within 60 days of trial and the defendant has
21 subpoenaed the support person to testify at trial, the
22 court may exclude the support person from the trial
23 until the support person testifies. If the court
24 excludes the support person the victim may choose
25 another person as a support person.

26 (9) Right to notice and hearing before disclosure of

1 confidential or privileged information or records.

2 (A) A defendant who seeks to subpoena testimony or
3 records of or concerning the victim that are
4 confidential or privileged by law must seek permission
5 of the court before the subpoena is issued. The
6 defendant must file a written motion and an offer of
7 proof regarding the relevance, admissibility and
8 materiality of the testimony or records. If the court
9 finds by a preponderance of the evidence that:

10 (i) ~~(A)~~ the testimony or records are not
11 protected by an absolute privilege and

12 (ii) ~~(B)~~ the testimony or records contain
13 relevant, admissible, and material evidence that
14 is not available through other witnesses or
15 evidence, the court shall issue a subpoena
16 requiring the witness to appear in camera or a
17 sealed copy of the records be delivered to the
18 court to be reviewed in camera. If, after
19 conducting an in camera review of the witness
20 statement or records, the court determines that
21 due process requires disclosure of any potential
22 testimony or any portion of the records, the court
23 shall provide copies of the records that ~~what~~ it
24 intends to disclose to the prosecuting attorney
25 and the victim. The prosecuting attorney and the
26 victim shall have 30 days to seek appellate review

1 before the records are disclosed to the defendant,
2 used in any court proceeding, or disclosed to
3 anyone or in any way that would subject the
4 testimony or records to public review. The
5 disclosure of copies of any portion of the
6 testimony or records to the prosecuting attorney
7 under this Section does not make the records
8 subject to discovery or required to be provided to
9 the defendant.

10 (B) A prosecuting attorney who seeks to subpoena
11 information or records concerning the victim that are
12 confidential or privileged by law must first request
13 the written consent of the crime victim. If the victim
14 does not provide such written consent, including where
15 necessary the appropriate signed document required for
16 waiving privilege, the prosecuting attorney must serve
17 the subpoena at least 21 days prior to the date a
18 response or appearance is required to allow the
19 subject of the subpoena time to file a motion to quash
20 or request a hearing. The prosecuting attorney must
21 also send a written notice to the victim at least 21
22 days prior to the response date to allow the victim to
23 file a motion or request a hearing. The notice to the
24 victim shall inform the victim (i) that a subpoena has
25 been issued for confidential information or records
26 concerning the victim, (ii) that the victim has the

1 right to request a hearing prior to the response date
2 of the subpoena, and (iii) how to request the hearing.
3 The notice to the victim shall also include a copy of
4 the subpoena. If requested, a hearing regarding the
5 subpoena shall occur before information or records are
6 provided to the prosecuting attorney.

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

22 (11) Right to timely disposition of the case. A victim
23 has the right to timely disposition of the case so as to
24 minimize the stress, cost, and inconvenience resulting
25 from the victim's involvement in the case. Before ruling
26 on a motion to continue trial or other court proceeding,

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

21 (12) Right to Restitution.

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

26 (B) If the victim has asserted the right to

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

1 schedule a hearing.

2 (13) Access to presentence reports.

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

8 (i) the defendant's mental history and
9 condition;

10 (ii) any evaluation prepared under subsection
11 (b) or (b-5) of Section 5-3-2; and

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

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

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

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

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

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

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

25 (d) Procedures after the imposition of sentence.

26 (1) The Prisoner Review Board shall inform a victim or

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

24 (2) When the defendant has been committed to the
25 Department of Human Services pursuant to Section 5-2-4 or
26 any other provision of the Unified Code of Corrections,

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

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

26 (4) The victim of the crime for which the prisoner has

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

25 (4-1) The crime victim has the right to submit a
26 victim statement for consideration by the Prisoner Review

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

16 (4-2) The crime victim has the right to submit a
17 victim statement to the Prisoner Review Board for
18 consideration at an executive clemency hearing as provided
19 in Section 3-3-13 of the Unified Code of Corrections. A
20 victim statement may be submitted in writing, on film,
21 videotape, or other electronic means, or in the form of a
22 recording prior to a hearing, or orally at a hearing, or by
23 calling the toll-free number established in subsection (f)
24 of this Section. Victim statements provided to the Board
25 shall be confidential and privileged, including any
26 statements received prior to January 1, 2020 (the

1 effective date of Public Act 101-288), except if the
2 statement was an oral statement made by the victim at a
3 hearing open to the public.

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

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

19 (7) When a defendant who has been committed to the
20 Department of Corrections, the Department of Juvenile
21 Justice, or the Department of Human Services is released
22 or discharged and subsequently committed to the Department
23 of Human Services as a sexually violent person and the
24 victim had requested to be notified by the releasing
25 authority of the defendant's discharge, conditional
26 release, death, or escape from State custody, the

1 releasing authority shall provide to the Department of
2 Human Services such information that would allow the
3 Department of Human Services to contact the victim.

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

20 (e) The officials named in this Section may satisfy some
21 or all of their obligations to provide notices and other
22 information through participation in a statewide victim and
23 witness notification system established by the Attorney
24 General under Section 8.5 of this Act.

25 (f) The Prisoner Review Board shall establish a toll-free
26 number that may be accessed by the crime victim to present a

1 victim statement to the Board in accordance with paragraphs
2 (4), (4-1), and (4-2) of subsection (d).

3 (Source: P.A. 100-199, eff. 1-1-18; 100-961, eff. 1-1-19;
4 101-81, eff. 7-12-19; 101-288, eff. 1-1-20; 101-652, eff.
5 1-1-23.)

6 (725 ILCS 120/7) (from Ch. 38, par. 1407)

7 Sec. 7. Responsibilities of victims and witnesses. Victims
8 and witnesses shall have the following responsibilities to aid
9 in the prosecution of violent crime and to ensure that their
10 constitutional rights are enforced:

11 (a) To make a timely report of the crime;

12 (b) To cooperate with law enforcement authorities
13 throughout the investigation, prosecution, and trial;

14 (c) To testify at trial;

15 (c-5) to timely provide information and documentation to
16 the prosecuting attorney that is related to the assertion of
17 their rights.

18 (d) To notify law enforcement authorities and the
19 prosecuting attorney of any change of contact information,
20 including but not limited to, changes of address and contact
21 information, including but not limited to changes of address,
22 telephone number, and email address. Law enforcement
23 authorities and the prosecuting attorney shall maintain the
24 confidentiality of this information. A court may find that the
25 failure to notify the prosecuting attorney of any change in

1 contact information constitutes waiver of a right.

2 (e) A victim who otherwise cooperates with law enforcement
3 authorities and the prosecuting attorney, but declines to
4 provide information and documentation to the prosecuting
5 attorney that is privileged or confidential under the law, or
6 chooses not to waive privilege, shall still be considered as
7 cooperating for the purposes of this Act and maintain the
8 status of victim and the rights afforded to victims under this
9 Act.

10 (Source: P.A. 99-413, eff. 8-20-15.)

11 (725 ILCS 120/9) (from Ch. 38, par. 1408)

12 Sec. 9. This Act does not limit any rights or
13 responsibilities otherwise enjoyed by or imposed upon victims
14 or witnesses of violent crime, ~~nor does it grant any person a~~
15 ~~cause of action in equity or at law for compensation for~~
16 ~~damages or attorneys fees.~~ Any act of omission or commission
17 by any law enforcement officer, circuit court clerk, or
18 State's Attorney, by the Attorney General, Prisoner Review
19 Board, Department of Corrections, the Department of Juvenile
20 Justice, Department of Human Services, or other State agency,
21 or private entity under contract pursuant to Section 8, or by
22 any employee of any State agency or private entity under
23 contract pursuant to Section 8 acting in good faith in
24 rendering crime victim's assistance or otherwise enforcing
25 this Act shall not impose civil liability upon the individual

1 or entity or his or her supervisor or employer. Nothing in this
2 Act shall create a basis for vacating a conviction or a ground
3 for relief requested by the defendant in any criminal case.
4 (Source: P.A. 99-413, eff. 8-20-15.)

5 Section 25. The Sexual Assault Evidence Submission Act is
6 amended by changing Section 50 as follows:

7 (725 ILCS 202/50)

8 Sec. 50. Sexual assault evidence tracking system.

9 (a) On June 26, 2018, the Sexual Assault Evidence Tracking
10 and Reporting Commission issued its report as required under
11 Section 43. It is the intention of the General Assembly in
12 enacting the provisions of this amendatory Act of the 101st
13 General Assembly to implement the recommendations of the
14 Sexual Assault Evidence Tracking and Reporting Commission set
15 forth in that report in a manner that utilizes the current
16 resources of law enforcement agencies whenever possible and
17 that is adaptable to changing technologies and circumstances.

18 (a-1) Due to the complex nature of a statewide tracking
19 system for sexual assault evidence and to ensure all
20 stakeholders, including, but not limited to, victims and their
21 designees, health care facilities, law enforcement agencies,
22 forensic labs, and State's Attorneys offices are integrated,
23 the Commission recommended the purchase of an electronic
24 off-the-shelf tracking system. The system must be able to

1 communicate with all stakeholders and provide real-time
2 information to a victim or his or her designee on the status of
3 the evidence that was collected. The sexual assault evidence
4 tracking system must:

5 (1) be electronic and web-based;

6 (2) be administered by the Department of State Police;

7 (3) have help desk availability at all times;

8 (4) ensure the law enforcement agency contact
9 information is accessible to the victim or his or her
10 designee through the tracking system, so there is contact
11 information for questions;

12 (5) have the option for external connectivity to
13 evidence management systems, laboratory information
14 management systems, or other electronic data systems
15 already in existence by any of the stakeholders to
16 minimize additional burdens or tasks on stakeholders;

17 (6) allow for the victim to opt in for automatic
18 notifications when status updates are entered in the
19 system, if the system allows;

20 (7) include at each step in the process, a brief
21 explanation of the general purpose of that step and a
22 general indication of how long the step may take to
23 complete;

24 (8) contain minimum fields for tracking and reporting,
25 as follows:

26 (A) for sexual assault evidence kit vendor fields:

1 (i) each sexual evidence kit identification
2 number provided to each health care facility; and

3 (ii) the date the sexual evidence kit was sent
4 to the health care facility.

5 (B) for health care facility fields:

6 (i) the date sexual assault evidence was
7 collected; and

8 (ii) the date notification was made to the law
9 enforcement agency that the sexual assault
10 evidence was collected.

11 (C) for law enforcement agency fields:

12 (i) the date the law enforcement agency took
13 possession of the sexual assault evidence from the
14 health care facility, another law enforcement
15 agency, or victim if he or she did not go through a
16 health care facility;

17 (ii) the law enforcement agency complaint
18 number;

19 (iii) if the law enforcement agency that takes
20 possession of the sexual assault evidence from a
21 health care facility is not the law enforcement
22 agency with jurisdiction in which the offense
23 occurred, the date when the law enforcement agency
24 notified the law enforcement agency having
25 jurisdiction that the agency has sexual assault
26 evidence required under subsection (c) of Section

1 20 of the Sexual Assault Incident Procedure Act;

2 (iv) an indication if the victim consented for
3 analysis of the sexual assault evidence;

4 (v) if the victim did not consent for analysis
5 of the sexual assault evidence, the date on which
6 the law enforcement agency is no longer required
7 to store the sexual assault evidence;

8 (vi) a mechanism for the law enforcement
9 agency to document why the sexual assault evidence
10 was not submitted to the laboratory for analysis,
11 if applicable;

12 (vii) the date the law enforcement agency
13 received the sexual assault evidence results back
14 from the laboratory;

15 (viii) the date statutory notifications were
16 made to the victim or documentation of why
17 notification was not made; and

18 (ix) the date the law enforcement agency
19 turned over the case information to the State's
20 Attorney office, if applicable.

21 (D) for forensic lab fields:

22 (i) the date the sexual assault evidence is
23 received from the law enforcement agency by the
24 forensic lab for analysis;

25 (ii) the laboratory case number, visible to
26 the law enforcement agency and State's Attorney

1 office; and

2 (iii) the date the laboratory completes the
3 analysis of the sexual assault evidence.

4 (E) for State's Attorney office fields:

5 (i) the date the State's Attorney office
6 received the sexual assault evidence results from
7 the laboratory, if applicable; and

8 (ii) the disposition or status of the case.

9 (a-2) The Commission also developed guidelines for secure
10 electronic access to a tracking system for a victim, or his or
11 her designee to access information on the status of the
12 evidence collected. The Commission recommended minimum
13 guidelines in order to safeguard confidentiality of the
14 information contained within this statewide tracking system.
15 These recommendations are that the sexual assault evidence
16 tracking system must:

17 (1) allow for secure access, controlled by an
18 administering body who can restrict user access and allow
19 different permissions based on the need of that particular
20 user and health care facility users may include
21 out-of-state border hospitals, if authorized by the
22 Department of State Police to obtain this State's kits
23 from vendor;

24 (2) provide for users, other than victims, the ability
25 to provide for any individual who is granted access to the
26 program their own unique user ID and password;

1 (3) provide for a mechanism for a victim to enter the
2 system and only access his or her own information;

3 (4) enable a sexual assault evidence to be tracked and
4 identified through the unique sexual assault evidence kit
5 identification number or barcode that the vendor applies
6 to each sexual assault evidence kit per the Department of
7 State Police's contract;

8 (5) have a mechanism to inventory unused kits provided
9 to a health care facility from the vendor;

10 (6) provide users the option to either scan the bar
11 code or manually enter the sexual assault evidence kit
12 number into the tracking program;

13 (7) provide a mechanism to create a separate unique
14 identification number for cases in which a sexual evidence
15 kit was not collected, but other evidence was collected;

16 (8) provide the ability to record date, time, and user
17 ID whenever any user accesses the system;

18 (9) provide for real-time entry and update of data;

19 (10) contain report functions including:

20 (A) health care facility compliance with
21 applicable laws;

22 (B) law enforcement agency compliance with
23 applicable laws;

24 (C) law enforcement agency annual inventory of
25 cases to each State's Attorney office; and

26 (D) forensic lab compliance with applicable laws;

1 and

2 (11) provide automatic notifications to the law
3 enforcement agency when:

4 (A) a health care facility has collected sexual
5 assault evidence;

6 (B) unreleased sexual assault evidence that is
7 being stored by the law enforcement agency has met the
8 minimum storage requirement by law; and

9 (C) timelines as required by law are not met for a
10 particular case, if not otherwise documented.

11 (b) The Department may ~~shall~~ develop rules to implement a
12 sexual assault evidence tracking system that conforms with
13 subsections (a-1) and (a-2) of this Section. The Department
14 shall design the criteria for the sexual assault evidence
15 tracking system so that, to the extent reasonably possible,
16 the system can use existing technologies and products,
17 including, but not limited to, currently available tracking
18 systems. The sexual assault evidence tracking system shall be
19 operational and shall begin tracking and reporting sexual
20 assault evidence no later than one year after the effective
21 date of this amendatory Act of the 101st General Assembly. The
22 Department may adopt additional rules as it deems necessary to
23 ensure that the sexual assault evidence tracking system
24 continues to be a useful tool for law enforcement.

25 (c) A treatment hospital, a treatment hospital with
26 approved pediatric transfer, an out-of-state hospital approved

1 by the Department of Public Health to receive transfers of
2 Illinois sexual assault survivors, or an approved pediatric
3 health care facility defined in Section 1a of the Sexual
4 Assault Survivors Emergency Treatment Act shall participate in
5 the sexual assault evidence tracking system created under this
6 Section and in accordance with rules adopted under subsection
7 (b), including, but not limited to, the collection of sexual
8 assault evidence and providing information regarding that
9 evidence, including, but not limited to, providing notice to
10 law enforcement that the evidence has been collected.

11 (d) The operations of the sexual assault evidence tracking
12 system shall be funded by moneys appropriated for that purpose
13 from the State Crime Laboratory Fund and funds provided to the
14 Department through asset forfeiture, together with such other
15 funds as the General Assembly may appropriate.

16 (e) To ensure that the sexual assault evidence tracking
17 system is operational, the Department may adopt emergency
18 rules to implement the provisions of this Section under
19 subsection (ff) of Section 5-45 of the Illinois Administrative
20 Procedure Act.

21 (f) Information, including, but not limited to, evidence
22 and records in the sexual assault evidence tracking system is
23 exempt from disclosure under the Freedom of Information Act.

24 (Source: P.A. 101-377, eff. 8-16-19.)

25 Section 30. The Sexual Assault Incident Procedure Act is

1 amended by changing Sections 25 and 35 and by adding Section 11
2 as follows:

3 (725 ILCS 203/11 new)

4 Sec. 11. Victim notification. When sexual assault evidence
5 is collected from a sexual assault survivor, the health care
6 provider or law enforcement officer who collects the evidence
7 must notify a victim about the tracking system. Such
8 notification is satisfied by providing the victim information
9 regarding the Sexual Assault Evidence Tracking System and the
10 victim's unique log-in information contained within the sexual
11 assault evidence kit or generated by the sexual assault
12 evidence tracking system.

13 (725 ILCS 203/25)

14 Sec. 25. Report; victim notice.

15 (a) At the time of first contact with the victim, law
16 enforcement shall:

17 (1) Advise the victim about the following by providing
18 a form, the contents of which shall be prepared by the
19 Office of the Attorney General and posted on its website,
20 written in a language appropriate for the victim or in
21 Braille, or communicating in appropriate sign language
22 that includes, but is not limited to:

23 (A) information about seeking medical attention
24 and preserving evidence, including specifically,

1 collection of evidence during a medical forensic
2 examination at a hospital and photographs of injury
3 and clothing;

4 (B) notice that the victim will not be charged for
5 hospital emergency and medical forensic services;

6 (C) information advising the victim that evidence
7 can be collected at the hospital up to 7 days after the
8 sexual assault or sexual abuse but that the longer the
9 victim waits the likelihood of obtaining evidence
10 decreases;

11 (C-5) notice that the sexual assault forensic
12 evidence collected will not be used to prosecute the
13 victim for any offense related to the use of alcohol,
14 cannabis, or a controlled substance;

15 (D) the location of nearby hospitals that provide
16 emergency medical and forensic services and, if known,
17 whether the hospitals employ any sexual assault nurse
18 examiners;

19 (E) a summary of the procedures and relief
20 available to victims of sexual assault or sexual abuse
21 under the Civil No Contact Order Act or the Illinois
22 Domestic Violence Act of 1986;

23 (F) the law enforcement officer's name and badge
24 number;

25 (G) at least one referral to an accessible service
26 agency and information advising the victim that rape

1 crisis centers can assist with obtaining civil no
2 contact orders and orders of protection; and

3 (H) if the sexual assault or sexual abuse occurred
4 in another jurisdiction, provide in writing the
5 address and phone number of a specific contact at the
6 law enforcement agency having jurisdiction.

7 (2) Offer to provide or arrange accessible
8 transportation for the victim to a hospital for emergency
9 and forensic services, including contacting emergency
10 medical services.

11 (2.5) Notify victims about the Illinois State Police
12 sexual assault evidence tracking system.

13 (3) Offer to provide or arrange accessible
14 transportation for the victim to the nearest available
15 circuit judge or associate judge so the victim may file a
16 petition for an emergency civil no contact order under the
17 Civil No Contact Order Act or an order of protection under
18 the Illinois Domestic Violence Act of 1986 after the close
19 of court business hours, if a judge is available.

20 (b) At the time of the initial contact with a person making
21 a third-party report under Section 22 of this Act, a law
22 enforcement officer shall provide the written information
23 prescribed under paragraph (1) of subsection (a) of this
24 Section to the person making the report and request the person
25 provide the written information to the victim of the sexual
26 assault or sexual abuse.

1 (c) If the first contact with the victim occurs at a
2 hospital, a law enforcement officer may request the hospital
3 provide interpretive services.

4 (Source: P.A. 99-801, eff. 1-1-17; 100-1087, eff. 1-1-19.)

5 (725 ILCS 203/35)

6 Sec. 35. Release of information.

7 (a) Upon the request of the victim who has consented to the
8 release of sexual assault evidence for testing, the law
9 enforcement agency having jurisdiction shall notify the victim
10 about the Illinois State Police sexual assault evidence
11 tracking system and provide the following information in
12 writing:

13 (1) the date the sexual assault evidence was sent to a
14 Department of State Police forensic laboratory or
15 designated laboratory;

16 (2) test results provided to the law enforcement
17 agency by a Department of State Police forensic laboratory
18 or designated laboratory, including, but not limited to:

19 (A) whether a DNA profile was obtained from the
20 testing of the sexual assault evidence from the
21 victim's case;

22 (B) whether the DNA profile developed from the
23 sexual assault evidence has been searched against the
24 DNA Index System or any state or federal DNA database;

25 (C) whether an association was made to an

1 individual whose DNA profile is consistent with the
2 sexual assault evidence DNA profile, provided that
3 disclosure would not impede or compromise an ongoing
4 investigation; and

5 (D) whether any drugs were detected in a urine or
6 blood sample analyzed for drug facilitated sexual
7 assault and information about any drugs detected.

8 (b) The information listed in paragraph (1) of subsection
9 (a) of this Section shall be provided to the victim within 7
10 days of the transfer of the evidence to the laboratory. The
11 information listed in paragraph (2) of subsection (a) of this
12 Section shall be provided to the victim within 7 days of the
13 receipt of the information by the law enforcement agency
14 having jurisdiction.

15 (c) At the time the sexual assault evidence is released
16 for testing, the victim shall be provided written information
17 by the law enforcement agency having jurisdiction or the
18 hospital providing emergency services and forensic services to
19 the victim informing him or her of the right to request
20 information under subsection (a) of this Section. A victim may
21 designate another person or agency to receive this
22 information.

23 (d) The victim or the victim's designee shall keep the law
24 enforcement agency having jurisdiction informed of the name,
25 address, telephone number, and email address of the person to
26 whom the information should be provided, and any changes of

1 the name, address, telephone number, and email address, if an
2 email address is available.

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

4 Section 95. No acceleration or delay. Where this Act makes
5 changes in a statute that is represented in this Act by text
6 that is not yet or no longer in effect (for example, a Section
7 represented by multiple versions), the use of that text does
8 not accelerate or delay the taking effect of (i) the changes
9 made by this Act or (ii) provisions derived from any other
10 Public Act.

11 Section 99. Effective date. This Act takes effect upon
12 becoming law."