



Rep. Kelly M. Cassidy

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10200HB3534ham001

LRB102 15229 RLC 25692 a

1 AMENDMENT TO HOUSE BILL 3534

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 3534 by replacing  
3 everything after the enacting clause with the following:

4 "Section 5. The Sexual Assault Survivors Emergency  
5 Treatment Act is amended by changing Sections 1a, 1a-1, 2,  
6 2-1, 2.05, 2.05-1, 2.06, 2.06-1, 2.1, 2.1-1, 2.2, 2.2-1, 3,  
7 3-1, 5, 5-1, 5.1, 5.1-1, 5.2, 5.2-1, 5.3, 5.3-1, 5.5, 5.5-1,  
8 6.1, 6.1-1, 6.2, 6.2-1, 6.4, 6.4-1, 6.5, 6.5-1, 6.6, 6.6-1, 7,  
9 7-1, 7.5, 7.5-1, 8, 8-1, 10, and 10-1 as follows:

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

11 Sec. 1a. Definitions.

12 (a) In this Act:

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

15 "Ambulance provider" means an individual or entity that  
16 owns and operates a business or service using ambulances or

1 emergency medical services vehicles to transport emergency  
2 patients.

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

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

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

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

25 "Department" means the Department of Public Health.

26 "Emergency contraception" means medication as approved by

1 the federal Food and Drug Administration (FDA) that can  
2 significantly reduce the risk of pregnancy if taken within 72  
3 hours after sexual assault.

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

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

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

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

25 "Law enforcement agency having jurisdiction" means the law  
26 enforcement agency in the jurisdiction where an alleged sexual

1 assault or sexual abuse occurred.

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

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

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

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

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

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

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

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

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

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

21 "Sexual assault" means:

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

25 (2) any act of sexual penetration; as used in this  
26 paragraph, "sexual penetration" has the meaning provided

1 under Section 11-0.1 of the Criminal Code of 2012 and  
2 includes, without limitation, acts prohibited under  
3 Sections 11-1.20 through 11-1.60 of the Criminal Code of  
4 2012.

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

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

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

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

26 "Sexual assault transfer plan" means a written plan

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

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

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

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

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

1 within a minimum of the last 7 days.

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

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

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

14 (410 ILCS 70/1a-1)

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

16 Sec. 1a-1. Definitions.

17 (a) In this Act:

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

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

24 "Approved pediatric health care facility" means a health  
25 care facility, other than a hospital, with a sexual assault



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

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

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

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

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

5 "Department" means the Department of Public Health.

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

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

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

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

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

1 has consented to the jurisdiction of the Department under  
2 Section 2.06-1.

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

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

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

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

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

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

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

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

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

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17 in all its branches.

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

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

26 "Qualified medical provider" means a board-certified child

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

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

7 "Sexual assault" means:

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

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

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

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

1 Forensic Nurses.

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

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

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

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

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

26 "Transfer services" means the appropriate medical

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

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

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

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

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

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

25 Sec. 2. Hospital and approved pediatric health care

1 facility requirements for sexual assault plans.

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

26 (5) has a black background with white bold capital

1 lettering in a clear and easy to read font that is at least  
2 72-point type, and with "call 911" in at least 125-point  
3 type;

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

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

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

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

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

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

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

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

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

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

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

25 This information shall be made available on the  
26 Department's website.



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

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

5 (410 ILCS 70/2-1)

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

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

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

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

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

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

25 (2) a treatment hospital has agreed, as a part of an  
26 areawide treatment plan, to accept sexual assault

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

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

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

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

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

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

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

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

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

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

26 (1) information provided on the provision of medical

1 forensic services;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

26 If an approved federally qualified health center is not

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

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

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

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

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

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

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

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

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

1 qualified health center's sexual assault treatment plan.

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

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

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

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

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

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

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

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

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

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

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

16           (410 ILCS 70/2.05)

17           Sec. 2.05. Department requirements.

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

1 survivors of any age and Illinois sexual assault-related laws  
2 and administrative rules.

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

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

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

26 (3) Each hospital and approved pediatric care facility

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

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

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

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

1 by the International Association of Forensic Nurses in order  
2 to qualify as a sexual assault forensic examiner.

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

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

6 (410 ILCS 70/2.05-1)

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

8 Sec. 2.05-1. Department requirements.

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

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



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

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

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

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

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

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

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

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

1 of the plan, type of plan submitted, and the date the plan  
2 was approved.

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

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

13 (410 ILCS 70/2.06)

14 Sec. 2.06. Consent to jurisdiction.

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

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

24 (b) 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 70/2.06-1)

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

3 Sec. 2.06-1. Consent to jurisdiction.

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

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

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

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

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

18 Sec. 2.1. Plan of correction; penalties.

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

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

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

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

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

1 per patient provided services in violation of this Act.

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

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

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

14 (410 ILCS 70/2.1-1)

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

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

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



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

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

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

24 If an approved pediatric health care facility or approved  
25 federally qualified health center fails to submit an  
26 acceptable Plan of Correction or to implement the Plan of

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

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

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

20 (410 ILCS 70/2.2)

21 Sec. 2.2. Emergency contraception.

22 (a) The General Assembly finds:

23 (1) Crimes of sexual assault and sexual abuse cause  
24 significant physical, emotional, and psychological trauma  
25 to the victims. This trauma is compounded by a victim's

1           fear of becoming pregnant and bearing a child as a result  
2           of the sexual assault.

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

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

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

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

1 protection for survivors of sexual assault.

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

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

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

14 (410 ILCS 70/2.2-1)

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

16 Sec. 2.2-1. Emergency contraception.

17 (a) The General Assembly finds:

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

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

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

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

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

24           The hospital, approved pediatric health care facility, or  
25 approved federally qualified health center shall implement the  
26 protocol upon approval by the Department. The Department shall

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

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

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

9 (410 ILCS 70/3) (from Ch. 111 1/2, par. 87-3)

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

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

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

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

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

9 (410 ILCS 70/3-1)

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

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

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

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

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

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

11 (410 ILCS 70/5) (from Ch. 111 1/2, par. 87-5)

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

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

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

24 (a-5) A treatment hospital, a treatment hospital with  
25 approved pediatric transfer, or an approved pediatric health



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

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

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

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

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

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

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

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

26           On and after January 1, 2022, the information

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

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

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

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

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

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

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

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

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

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

26           (8) Medical advocacy services provided by a rape

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

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

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

18 (a-7) By January 1, 2022, every hospital with a treatment  
19 plan approved by the Department shall employ or contract with  
20 a qualified medical provider to initiate medical forensic  
21 services to a sexual assault survivor within 90 minutes of the  
22 patient presenting to the treatment hospital or treatment  
23 hospital with approved pediatric transfer. The provision of  
24 medical forensic services by a qualified medical provider  
25 shall not delay the provision of life-saving medical 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 or approved pediatric health care  
9 facility providing medical forensic services to sexual assault  
10 survivors shall issue a voucher to any sexual assault survivor  
11 who is eligible to receive one in accordance with Section 5.2  
12 of this Act. The hospital shall make a copy of the voucher and  
13 place it in the medical record of the sexual assault survivor.  
14 The hospital shall provide a copy of the voucher to the sexual  
15 assault survivor after discharge upon request.

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

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

21 (Source: P.A. 100-513, eff. 1-1-18; 100-775, eff. 1-1-19;  
22 100-1087, eff. 1-1-19; 101-81, eff. 7-12-19; 101-377, eff.  
23 8-16-19; 101-634, eff. 6-5-20.)

24 (410 ILCS 70/5-1)

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

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

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

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

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

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

1 investigation under the Abused and Neglected Child  
2 Reporting Act.

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

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

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

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



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

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

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

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

25           (B) Following the discussion regarding the  
26 evidence-based guidelines for evidence collection in

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

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

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

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

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

1 Prevention guidelines and consistent with the hospital's  
2 or approved pediatric health care facility's current  
3 approved protocol for sexual assault survivors.

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

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

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

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

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

1 applicable.

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

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

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

25 (b-5) Every hospital, approved pediatric health care  
26 facility, or approved federally qualified health center

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

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

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

17 (410 ILCS 70/5.1)

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

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

24 Photo documentation shall be stored and backed up securely  
25 in its original file format in accordance with facility

1 protocol. The facility protocol shall require limited access  
2 to the images and be included in the sexual assault treatment  
3 plan submitted to the Department.

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

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

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

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

24 (410 ILCS 70/5.1-1)

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

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

3           (a) Photo documentation taken during a medical forensic  
4 examination shall be maintained by the hospital, approved  
5 pediatric health care facility, or approved federally  
6 qualified health center as part of the patient's medical  
7 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 repealed on December 31 ~~June 30~~, 2021.  
5 (Source: P.A. 101-634, eff. 6-5-20.)

6 (410 ILCS 70/5.2)

7 Sec. 5.2. Sexual assault services voucher.

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

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

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

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

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



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

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

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

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

20 (2) the service provided;

21 (3) the charge of service;

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

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

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

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

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

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

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

18           (410 ILCS 70/5.2-1)

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

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

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

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

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

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

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

20           (c) A sexual assault services voucher 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           (d) Any treatment hospital, treatment hospital with  
25 approved pediatric transfer, approved pediatric health care  
26 facility, approved federally qualified health center, health

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

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

8 (2) the service provided;

9 (3) the charge of service;

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

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

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

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

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

1 of Healthcare and Family Services Sexual Assault Emergency  
2 Treatment Program to issue a sexual assault services voucher.

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

5 (410 ILCS 70/5.3)

6 Sec. 5.3. Pediatric sexual assault care.

7 (a) The General Assembly finds:

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

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

24 (3) Pediatric sexual assault survivors throughout the  
25 State should have access to qualified medical providers

1 who have received specialized training regarding the care  
2 of pediatric sexual assault survivors within a reasonable  
3 distance from their home.

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

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

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

1 vehicle.

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

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

24 If medical forensic services can be initiated within 90  
25 minutes after the patient's arrival at the approved pediatric  
26 health care facility following an immediate transfer, the

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

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

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



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

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

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

8 (410 ILCS 70/5.3-1)

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

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

11 (a) The General Assembly finds:

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

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

1 perpetrators, unwitnessed by others, and may leave no  
2 obvious physical signs on child victims.

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

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

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

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

1 department or approved federally qualified health center staff  
2 shall notify the patient and non-offending parent or legal  
3 guardian that the patient will be transferred for medical  
4 forensic services and shall provide the patient and  
5 non-offending parent or legal guardian the option of being  
6 transferred to the approved pediatric health care facility or  
7 the treatment hospital designated in the hospital's or  
8 approved federally qualified health center's plan. The  
9 pediatric sexual assault survivor may be transported by  
10 ambulance, law enforcement, or personal 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 or approved  
15 federally qualified health center's plan, or the patient or  
16 non-offending parent or legal guardian chooses to be  
17 transferred to a treatment hospital, the hospital emergency  
18 department or approved federally qualified health center staff  
19 shall contact a treatment hospital designated in the  
20 hospital's or approved federally qualified health center's  
21 plan to arrange for the transfer of the patient to the  
22 treatment hospital for medical forensic services, which are to  
23 be initiated within 90 minutes of the patient's arrival at the  
24 treatment hospital. The treatment hospital shall provide  
25 medical forensic services and may not transfer the patient to  
26 another facility. The pediatric sexual assault survivor may be

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

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

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

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

1 services to the patient.

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

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

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

19 (410 ILCS 70/5.5)

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

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

1 attending physician, an advanced practice registered nurse, or  
2 physician assistant shall be reimbursed for the follow-up  
3 healthcare services provided. Follow-up healthcare services  
4 include, but are not limited to, the following:

5 (1) a physical examination;

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

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

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

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

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

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

23 (410 ILCS 70/5.5-1)

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

25 Sec. 5.5-1. Minimum reimbursement requirements for

1 follow-up healthcare.

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

11 (1) a physical examination;

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

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

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

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

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

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

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

2 Sec. 6.1. Minimum standards.

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

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

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

20 (410 ILCS 70/6.1-1)

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

22 Sec. 6.1-1. Minimum standards.

23 (a) The Department shall prescribe minimum standards,  
24 rules, and regulations necessary to implement this Act and the



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

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

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

17 (410 ILCS 70/6.2) (from Ch. 111 1/2, par. 87-6.2)

18 Sec. 6.2. Assistance and grants.

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

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

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

2 (410 ILCS 70/6.2-1)

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

4 Sec. 6.2-1. Assistance and grants.

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

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

13 (410 ILCS 70/6.4) (from Ch. 111 1/2, par. 87-6.4)

14 Sec. 6.4. Sexual assault evidence collection program.

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

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

20 (a-5) (Blank).

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

1 pertains to medical aspects of the evidence collection.

2 (c) (Blank).

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

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

6 (410 ILCS 70/6.4-1)

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

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

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

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

14 (a-5) (Blank).

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

23 (c) (Blank).

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

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

1 (410 ILCS 70/6.5)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

25                 (410 ILCS 70/6.5-1)



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

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

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

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

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

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

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

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

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

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

26 (1) the sexual assault evidence will be stored for 10

1 years from the completion of an Illinois State Police  
2 Sexual Assault Evidence Collection Kit, or 10 years from  
3 the age of 18 years, whichever is longer;

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

9 (A) contacting the law enforcement agency having  
10 jurisdiction, or if unknown, the law enforcement agency  
11 contacted by the hospital, approved pediatric health care  
12 facility, or approved federally qualified health center  
13 under Section 3.2 of the Criminal Identification Act; or

14 (B) by working with an advocate at a rape crisis center;

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

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

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

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

25 (410 ILCS 70/6.6)

1           Sec. 6.6. Submission of sexual assault evidence.

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

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

26           (c) If the law enforcement agency having jurisdiction has

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

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

1 notified under subsections (b) and (c) of this Section. The  
2 notification shall be made within 14 days of the collection of  
3 the sexual assault evidence.

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

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

8 (410 ILCS 70/6.6-1)

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

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

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

22 (b) Within 4 hours after the completion of medical  
23 forensic services, the hospital, approved pediatric health  
24 care facility, or approved federally qualified health center  
25 shall notify the law enforcement agency having jurisdiction

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

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

1 document the renotification in the patient's medical records  
2 and shall include the agency notified, the date and time of the  
3 notification and the name of the person who received the  
4 notification.

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

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

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



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

2 Sec. 7. Reimbursement.

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

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

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

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

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

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

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) (Blank).

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

1 the Illinois Public Aid Code.

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

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

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

8 (410 ILCS 70/7-1)

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

10 Sec. 7-1. Reimbursement

11 (a) A hospital, approved pediatric health care facility,  
12 approved federally qualified health center, or health care  
13 professional furnishing medical forensic services, an  
14 ambulance provider furnishing transportation to a sexual  
15 assault survivor, a hospital, health care professional, or  
16 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, approved federally qualified health center,  
25 health care professional, laboratory, or pharmacy must

1 submit the bill to the Department of Healthcare and Family  
2 Services or the appropriate Medicaid managed care  
3 organization and accept the amount paid as 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, approved federally qualified health center,  
9 health care professional, laboratory, or pharmacy shall  
10 bill the insurance company or program. With respect to  
11 such insured patients, applicable deductible, co-pay,  
12 co-insurance, denial of claim, or any other out-of-pocket  
13 insurance-related expense may be submitted to the Illinois  
14 Sexual Assault Emergency Treatment Program of the  
15 Department of Healthcare and Family Services in accordance  
16 with 89 Ill. Adm. Code 148.510 for payment at the  
17 Department of Healthcare and Family Services' allowable  
18 rates under the Illinois Public Aid Code. The ambulance  
19 provider, hospital, approved pediatric health care  
20 facility, approved federally qualified health center,  
21 health care professional, laboratory, or pharmacy shall  
22 accept the amounts paid by the insurance company or health  
23 coverage program and the Illinois Sexual Assault Treatment  
24 Program as full payment.

25 (3) If a sexual assault survivor is neither eligible  
26 to receive benefits under the medical assistance program

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

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

1 hospitals, or approved pediatric health care facilities or  
2 approved federally qualified health centers from providing  
3 follow-up healthcare and receiving reimbursement under  
4 this Section.

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

9 (c) (Blank).

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

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

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

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

21 (410 ILCS 70/7.5)

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

25 (a) A hospital, approved pediatric health care facility,

1 health care professional, ambulance provider, laboratory, or  
2 pharmacy furnishing medical forensic services, transportation,  
3 follow-up healthcare, or medication to a sexual assault  
4 survivor shall not:

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

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

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

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

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

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



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

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

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

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

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

26 (5) a phone number the sexual assault survivor may

1 call should the sexual assault survivor receive a bill  
2 from the hospital or approved pediatric health care  
3 facility 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, a  
9 health care professional, a laboratory, or a pharmacy.

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

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

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

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

18 The billing protocol must include at a minimum:

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

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

24 (3) prohibitions on submitting any bill for any  
25 portion of medical forensic services provided to a  
26 survivor of sexual assault to a collection agency;

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

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

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

9           The Crime Victim Services Division of the Office of the  
10 Attorney General may provide a sample acceptable billing  
11 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 Crime Victim Services Division of the  
2 Office of the Attorney General.

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

12 (e) 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 70/7.5-1)

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

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

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

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

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

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

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

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

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

23           (c) Every hospital, approved pediatric health care  
24 facility, and approved federally qualified health center  
25 providing treatment services to sexual assault survivors in  
26 accordance with a plan approved under Section 2-1 of this Act

1 shall provide a written notice to a sexual assault survivor.  
2 The written notice must include, but is not limited to, the  
3 following:

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

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

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

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

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

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

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

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



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

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

21 Within 14 days after the Department's approval of a  
22 treatment plan, an approved federally qualified health center  
23 and any health care professional employed by an approved  
24 federally qualified health center must develop a billing  
25 protocol that ensures that no survivor of sexual assault is  
26 sent a bill for any medical forensic services and submit the

1 billing protocol to the Crime Victim Services Division of the  
2 Office of the Attorney General for approval.

3 The billing protocol must include at a minimum:

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

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

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

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

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

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

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

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

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

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

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

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

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

2 Sec. 8. Penalties.

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

11 (b) The Attorney General may seek the assessment of one or  
12 more of the following civil monetary penalties in any action  
13 filed under this Act where the hospital, approved pediatric  
14 health care facility, health care professional, ambulance  
15 provider, laboratory, or pharmacy knowingly violates Section  
16 7.5 of the Act:

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

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

25 (3) For violations of paragraph (3) of subsection (a)  
26 of Section 7.5, the civil monetary penalty shall not

1 exceed \$500 for each day the bill is with a collection  
2 agency.

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

9 All civil monetary penalties shall be deposited into the  
10 Violent Crime Victims Assistance Fund.

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

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

14 (410 ILCS 70/8-1)

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

16 Sec. 8-1. Penalties.

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

1 municipality.

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

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

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

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

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

1 All civil monetary penalties shall be deposited into the  
2 Violent Crime Victims Assistance Fund.

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

5 (410 ILCS 70/10)

6 Sec. 10. Sexual Assault Nurse Examiner Program.

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

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

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

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

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

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

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



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

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

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

13 (410 ILCS 70/10-1)

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

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

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

23 (b) By March 1, 2019, the Sexual Assault Nurse Examiner  
24 Program shall develop and make available to hospitals 2 hours  
25 of online sexual assault training for emergency department

1 clinical staff to meet the training requirement established in  
2 subsection (a) of Section 2-1. Notwithstanding any other law  
3 regarding ongoing licensure requirements, such training shall  
4 count toward the continuing medical education and continuing  
5 nursing education credits for physicians, physician  
6 assistants, advanced practice registered nurses, and  
7 registered professional nurses.

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

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

23 For the purpose of providing continuing medical education  
24 credit in accordance with the Medical Practice Act of 1987 and  
25 administrative rules adopted under the Medical Practice Act of  
26 1987 and continuing education credit in accordance with the

1 Nurse Practice Act and administrative rules adopted under the  
2 Nurse Practice Act to health care professionals for the  
3 completion of sexual assault training provided by the Sexual  
4 Assault Nurse Examiner Program under this Act, the Office of  
5 the Attorney General shall be considered a State agency.

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

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

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

23 Section 10. The Criminal Code of 2012 is amended by  
24 changing Sections 11-0.1 and 11-1.20 as follows:

1 (720 ILCS 5/11-0.1)

2 Sec. 11-0.1. Definitions. In this Article, unless the  
3 context clearly requires otherwise, the following terms are  
4 defined as indicated:

5 "Accused" means a person accused of an offense prohibited  
6 by Section 11-1.20, 11-1.30, 11-1.40, 11-1.50, or 11-1.60 of  
7 this Code or a person for whose conduct the accused is legally  
8 responsible under Article 5 of this Code.

9 "Adult obscenity or child pornography Internet site". See  
10 Section 11-23.

11 "Advance prostitution" means:

12 (1) Soliciting for a prostitute by performing any of  
13 the following acts when acting other than as a prostitute  
14 or a patron of a prostitute:

15 (A) Soliciting another for the purpose of  
16 prostitution.

17 (B) Arranging or offering to arrange a meeting of  
18 persons for the purpose of prostitution.

19 (C) Directing another to a place knowing the  
20 direction is for the purpose of prostitution.

21 (2) Keeping a place of prostitution by controlling or  
22 exercising control over the use of any place that could  
23 offer seclusion or shelter for the practice of  
24 prostitution and performing any of the following acts when  
25 acting other than as a prostitute or a patron of a  
26 prostitute:

1 (A) Knowingly granting or permitting the use of  
2 the place for the purpose of prostitution.

3 (B) Granting or permitting the use of the place  
4 under circumstances from which he or she could  
5 reasonably know that the place is used or is to be used  
6 for purposes of prostitution.

7 (C) Permitting the continued use of the place  
8 after becoming aware of facts or circumstances from  
9 which he or she should reasonably know that the place  
10 is being used for purposes of prostitution.

11 "Agency". See Section 11-9.5.

12 "Arranges". See Section 11-6.5.

13 "Bodily harm" means physical harm, and includes, but is  
14 not limited to, sexually transmitted disease, pregnancy, and  
15 impotence.

16 "Care and custody". See Section 11-9.5.

17 "Child care institution". See Section 11-9.3.

18 "Child pornography". See Section 11-20.1.

19 "Child sex offender". See Section 11-9.3.

20 "Coercive control" means a direct or implied threat of  
21 danger, or retribution sufficient to coerce a reasonable  
22 person of ordinary susceptibilities to perform an act which  
23 otherwise would not have been performed, or acquiesce in an  
24 act to which one otherwise would not have submitted.

25 "Community agency". See Section 11-9.5.

26 "Conditional release". See Section 11-9.2.

1 "Consent". See Section 11-1.70.

2 "Custody". See Section 11-9.2.

3 "Day care center". See Section 11-9.3.

4 "Depict by computer". See Section 11-20.1.

5 "Depiction by computer". See Section 11-20.1.

6 "Disseminate". See Section 11-20.1.

7 "Distribute". See Section 11-21.

8 "Family member" means a parent, grandparent, child, aunt,  
9 uncle, great-aunt, or great-uncle, whether by whole blood,  
10 half-blood, or adoption, and includes a step-grandparent,  
11 step-parent, or step-child. "Family member" also means, if the  
12 victim is a child under 18 years of age, an accused who has  
13 resided in the household with the child continuously for at  
14 least 6 months.

15 "Force or threat of force" means the use of force or  
16 violence or the threat of force or violence, including, but  
17 not limited to, the following situations:

18 (1) when the accused threatens to use force or  
19 violence on the victim or on any other person, and the  
20 victim under the circumstances reasonably believes that  
21 the accused has the ability to execute that threat; or

22 (2) when the accused overcomes the victim by use of  
23 superior strength or size, physical restraint, or physical  
24 confinement.

25 "Harmful to minors". See Section 11-21.

26 "Loiter". See Section 9.3.

1 "Material". See Section 11-21.

2 "Minor". See Section 11-21.

3 "Nudity". See Section 11-21.

4 "Obscene". See Section 11-20.

5 "Part day child care facility". See Section 11-9.3.

6 "Penal system". See Section 11-9.2.

7 "Person responsible for the child's welfare". See Section  
8 11-9.1A.

9 "Person with a disability". See Section 11-9.5.

10 "Playground". See Section 11-9.3.

11 "Probation officer". See Section 11-9.2.

12 "Produce". See Section 11-20.1.

13 "Profit from prostitution" means, when acting other than  
14 as a prostitute, to receive anything of value for personally  
15 rendered prostitution services or to receive anything of value  
16 from a prostitute, if the thing received is not for lawful  
17 consideration and the person knows it was earned in whole or in  
18 part from the practice of prostitution.

19 "Public park". See Section 11-9.3.

20 "Public place". See Section 11-30.

21 "Reproduce". See Section 11-20.1.

22 "Sado-masochistic abuse". See Section 11-21.

23 "School". See Section 11-9.3.

24 "School official". See Section 11-9.3.

25 "Sexual abuse". See Section 11-9.1A.

26 "Sexual act". See Section 11-9.1.

1 "Sexual conduct" means any knowing touching or fondling by  
2 the victim or the accused, either directly or through  
3 clothing, of the sex organs, anus, or breast of the victim or  
4 the accused, or any part of the body of a child under 13 years  
5 of age, or any transfer or transmission of semen by the accused  
6 upon any part of the clothed or unclothed body of the victim,  
7 for the purpose of sexual gratification or arousal of the  
8 victim or the accused.

9 "Sexual excitement". See Section 11-21.

10 "Sexual penetration" means any contact, however slight,  
11 between the sex organ or anus of one person and an object or  
12 the sex organ, mouth, or anus of another person, or any  
13 intrusion, however slight, of any part of the body of one  
14 person or of any animal or object into the sex organ or anus of  
15 another person, including, but not limited to, cunnilingus,  
16 fellatio, or anal penetration. Evidence of emission of semen  
17 is not required to prove sexual penetration.

18 "Solicit". See Section 11-6.

19 "State-operated facility". See Section 11-9.5.

20 "Supervising officer". See Section 11-9.2.

21 "Surveillance agent". See Section 11-9.2.

22 "Treatment and detention facility". See Section 11-9.2.

23 "Victim" means a person alleging to have been subjected to  
24 an offense prohibited by Section 11-1.20, 11-1.30, 11-1.40,  
25 11-1.50, or 11-1.60 of this Code.

26 (Source: P.A. 96-1551, eff. 7-1-11.)



1 (720 ILCS 5/11-1.20) (was 720 ILCS 5/12-13)

2 Sec. 11-1.20. Criminal sexual assault.

3 (a) A person commits criminal sexual assault if that  
4 person commits an act of sexual penetration and:

5 (1) uses force or threat of force;

6 (2) knows that the victim is unable to understand the  
7 nature of the act or is unable to give knowing consent;

8 (3) is a family member of the victim, and the victim is  
9 under 18 years of age; ~~or~~

10 (4) is 17 years of age or over and holds a position of  
11 trust, authority, or supervision in relation to the  
12 victim, and the victim is at least 13 years of age but  
13 under 18 years of age; or.

14 (5) uses coercive control.

15 (b) Sentence.

16 (1) Criminal sexual assault is a Class 1 felony,  
17 except that:

18 (A) A person who is convicted of the offense of  
19 criminal sexual assault as defined in paragraph (a)(1)  
20 or (a)(2) after having previously been convicted of  
21 the offense of criminal sexual assault or the offense  
22 of exploitation of a child, or who is convicted of the  
23 offense of criminal sexual assault as defined in  
24 paragraph (a)(1) or (a)(2) after having previously  
25 been convicted under the laws of this State or any

1 other state of an offense that is substantially  
2 equivalent to the offense of criminal sexual assault  
3 or to the offense of exploitation of a child, commits a  
4 Class X felony for which the person shall be sentenced  
5 to a term of imprisonment of not less than 30 years and  
6 not more than 60 years, except that if the person is  
7 under the age of 18 years at the time of the offense,  
8 he or she shall be sentenced under Section 5-4.5-105  
9 of the Unified Code of Corrections. The commission of  
10 the second or subsequent offense is required to have  
11 been after the initial conviction for this paragraph  
12 (A) to apply.

13 (B) A person who has attained the age of 18 years  
14 at the time of the commission of the offense and who is  
15 convicted of the offense of criminal sexual assault as  
16 defined in paragraph (a)(1) or (a)(2) after having  
17 previously been convicted of the offense of aggravated  
18 criminal sexual assault or the offense of predatory  
19 criminal sexual assault of a child, or who is  
20 convicted of the offense of criminal sexual assault as  
21 defined in paragraph (a)(1) or (a)(2) after having  
22 previously been convicted under the laws of this State  
23 or any other state of an offense that is substantially  
24 equivalent to the offense of aggravated criminal  
25 sexual assault or the offense of predatory criminal  
26 sexual assault of a child shall be sentenced to a term

1 of natural life imprisonment. The commission of the  
2 second or subsequent offense is required to have been  
3 after the initial conviction for this paragraph (B) to  
4 apply. An offender under the age of 18 years at the  
5 time of the commission of the offense covered by this  
6 subparagraph (B) shall be sentenced under Section  
7 5-4.5-105 of the Unified Code of Corrections.

8 (C) A second or subsequent conviction for a  
9 violation of paragraph (a) (3) or (a) (4) or under any  
10 similar statute of this State or any other state for  
11 any offense involving criminal sexual assault that is  
12 substantially equivalent to or more serious than the  
13 sexual assault prohibited under paragraph (a) (3) or  
14 (a) (4) is a Class X felony.

15 (Source: P.A. 99-69, eff. 1-1-16.)

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

18 (725 ILCS 120/4.5)

19 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

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

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

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

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

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

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

1           (3.5) or victim advocate personnel shall provide  
2 information about available victim services, including  
3 referrals to programs, counselors, and agencies that  
4 assist a victim to deal with trauma, loss, and grief;

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

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

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

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

26           (8) (blank);

1           (8.5) shall inform the victim of the right to be  
2 present at all court proceedings, unless the victim is to  
3 testify and the court determines that the victim's  
4 testimony would be materially affected if the victim hears  
5 other testimony at trial;

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

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

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

1 about the effect the offense has had on the victim and the  
2 person;

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

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

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

18 (13) shall provide notice within a reasonable time  
19 after receipt of notice from the custodian, of the release  
20 of the defendant on bail or personal recognizance or the  
21 release from detention of a minor who 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 meet with the crime victim regarding the  
9 decision of the State's Attorney not to charge an offense.  
10 The victim has the right to have an attorney, advocate,  
11 and other support person of the victim's choice attend  
12 this meeting with the victim; and

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

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

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

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

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

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

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

22 (4) Assertion of and enforcement of rights.

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

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

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

17 (C) If the prosecuting attorney asserts a victim's  
18 right or seeks enforcement of a right, unless the  
19 prosecuting attorney objects or the trial court does  
20 not allow it, the victim or the victim's attorney may  
21 be heard regarding the prosecuting attorney's motion  
22 or may file a simultaneous motion to assert or request  
23 enforcement of the victim's right. If the victim or  
24 the victim's attorney was not allowed to be heard at  
25 the hearing regarding the prosecuting attorney's  
26 motion, and the court denies the prosecuting

1           attorney's assertion of the right or denies the  
2 request for enforcement of a right, the victim or  
3 victim's attorney may file a motion to assert the  
4 victim's right or to request enforcement of the right  
5 within 10 days of the court's ruling. The motion need  
6 not demonstrate the grounds for a motion for  
7 reconsideration. The court shall rule on the merits of  
8 the motion.

9           (D) The court shall take up and decide any motion  
10 or request asserting or seeking enforcement of a  
11 victim's right without delay, unless a specific time  
12 period is specified by law or court rule. The reasons  
13 for any decision denying the motion or request shall  
14 be clearly stated on the record.

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

17           (i) designate an administrative authority  
18 within the Office of the Attorney General to  
19 receive and investigate complaints relating to the  
20 provision or violation of the rights of a crime  
21 victim as described in Article I. Section 8.1 of  
22 the Illinois Constitution and in this Act;

23           (ii) create and administer a course of  
24 training for employees and offices of the State of  
25 Illinois that fail to comply with provisions of  
26 Illinois law pertaining to the treatment of crime

1 victims as described in Article I. Section 8.1 of  
2 the Illinois Constitution and in this Act as  
3 required by the court under Section 5 of this Act;  
4 and

5 (iii) have the authority to make  
6 recommendations to employees and offices of the  
7 State of Illinois to respond more effectively to  
8 the needs of crime victims, including regarding  
9 the violation of the rights of a crime victim.

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

1           via 13 continuances.

2           (5) Violation of rights and remedies.

3           (A) If the court determines that a victim's right  
4           has been violated, the court shall determine the  
5           appropriate remedy for the violation of the victim's  
6           right by hearing from the victim and the parties,  
7           considering all factors relevant to the issue, and  
8           then awarding appropriate relief to the victim and  
9           shall impose a penalty upon the individual employee or  
10          employees and upon the office that violated the  
11          victim's right. As used in this Section, the term  
12          "office", includes but is not limited to, a law  
13          enforcement agency, State's Attorney's Office, board,  
14          agency, or other governmental entity.

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. Remedies may include,  
23          but are not limited to: injunctive relief requiring  
24          the victim's right to be afforded; declaratory  
25          judgment recognizing or clarifying the victim's  
26          rights; a writ of mandamus; and ~~may include~~ reopening

1           previously held proceedings; however, in no event  
2           shall the court vacate a conviction. Any remedy shall  
3           be tailored to provide the victim an appropriate  
4           remedy without violating any constitutional right of  
5           the defendant. In no event shall the appropriate  
6           remedy to the victim be a new trial or ~~7~~ damages, ~~or~~  
7           ~~costs~~. The court shall impose upon the office a civil  
8           penalty of not less than \$500 nor more than \$5,000 for  
9           the violation, the court shall consider in aggravation  
10          or mitigation the budget of the office and whether the  
11          office has previously been assessed penalties for  
12          violations of this Act as well as the harm to the  
13          victim. Any funds collected under this subparagraph  
14          (B) shall be deposited in the Violent Crime Victims  
15          Assistance Fund.

16          The court shall impose a mandatory training course  
17          provided by the Attorney General for the employee under  
18          item (ii) of subparagraph (E) of paragraph (4), which must  
19          be successfully completed within 6 months of the entry of  
20          the court order.

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

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

25          (7) Right to attend trial. A party must file a written  
26          motion to exclude a victim from trial at least 60 days

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

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

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



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

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

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

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

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

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

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

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

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

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

12           (9) Right to notice and hearing before disclosure of  
13 confidential or privileged information or records.

14           (A) A defendant who seeks to subpoena testimony or  
15 records of or concerning the victim that are  
16 confidential or privileged by law must seek permission  
17 of the court before the subpoena is issued. The  
18 defendant must file a written motion and an offer of  
19 proof regarding the relevance, admissibility and  
20 materiality of the testimony or records. If the court  
21 finds by a preponderance of the evidence that:

22           (i) ~~(A)~~ the testimony or records are not  
23 protected by an absolute privilege and

24           (ii) ~~(B)~~ the testimony or records contain  
25 relevant, admissible, and material evidence that  
26 is not available through other witnesses or

1 evidence, the court shall issue a subpoena  
2 requiring the witness to appear in camera or a  
3 sealed copy of the records be delivered to the  
4 court to be reviewed in camera. If, after  
5 conducting an in camera review of the witness  
6 statement or records, the court determines that  
7 due process requires disclosure of any potential  
8 testimony or any portion of the records, the court  
9 shall provide a summary of potential testimony or  
10 copies of the records that ~~what~~ it intends to  
11 disclose to the prosecuting attorney and the  
12 victim. The prosecuting attorney and the victim  
13 shall have 30 days to seek appellate review before  
14 the records are disclosed to the defendant, used  
15 in any court proceeding, or disclosed to anyone or  
16 in any way that would subject the testimony or  
17 records to public review. The disclosure of copies  
18 of any portion of the testimony or records to the  
19 prosecuting attorney under this Section does not  
20 make the records subject to discovery or required  
21 to be provided to the defendant.

22 (B) A prosecuting attorney who seeks to subpoena  
23 information or records concerning the victim that are  
24 confidential or privileged by law must first request  
25 the written consent of the crime victim. If the victim  
26 does not provide such written consent, including where

1           necessary the appropriate signed document required for  
2           waiving privilege, the prosecuting attorney must serve  
3           the subpoena at least 21 days prior to the date a  
4           response or appearance is required to allow the  
5           subject of the subpoena time to file a motion to quash  
6           or request a hearing. The prosecuting attorney must  
7           also send a written notice to the victim at least 21  
8           days prior to the response date to allow the victim to  
9           file a motion or request a hearing. The notice to the  
10          victim shall inform the victim (1) that a subpoena has  
11          been issued for confidential information or records  
12          concerning the victim, (2) that the victim has the  
13          right to request a hearing prior to the response date  
14          of the subpoena, and (3) how to request the hearing.  
15          The notice to the victim shall also include a copy of  
16          the subpoena. If requested, a hearing regarding the  
17          subpoena shall occur before information or records are  
18          provided to the prosecuting attorney.

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

1 of the nature of the court proceeding, the court shall not  
2 rule on any substantive issues, accept a plea, or impose a  
3 sentence and shall continue the hearing for the time  
4 necessary to notify the victim of the time, place and  
5 nature of the court proceeding. The time between court  
6 proceedings shall not be attributable to the State under  
7 Section 103-5 of the Code of Criminal Procedure of 1963.

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

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

7           (12) Right to Restitution.

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

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



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

14 (13) Access to presentence reports.

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

20 (i) the defendant's mental history and  
21 condition;

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

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

26 (B) The State's Attorney or the defendant may

1 request the court redact other information in the  
2 report that may endanger the safety of any person.

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

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

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

25 (15) Limitation on appellate relief. In no case shall  
26 an appellate court provide a new trial to remedy the

1 violation of a victim's right.

2 (16) The right to be reasonably protected from the  
3 accused throughout the criminal justice process and the  
4 right to have the safety of the victim and the victim's  
5 family considered in denying or fixing the amount of bail,  
6 determining whether to release the defendant, and setting  
7 conditions of release after arrest and conviction. A  
8 victim of domestic violence, a sexual offense, or stalking  
9 may request the entry of a protective order under Article  
10 112A of the Code of Criminal Procedure of 1963.

11 (d) Procedures after the imposition of sentence.

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

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

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

25 (3) In the event of an escape from State custody, the  
26 Department of Corrections or the Department of Juvenile

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

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

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

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

1 ~~General Assembly~~, except if the statement was an oral  
2 statement made by the victim at a hearing open to the  
3 public.

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

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

24 (6) At the written or oral request of the victim of the  
25 crime for which the prisoner was sentenced or the State's  
26 Attorney of the county where the person seeking parole or

1       aftercare release was prosecuted, the Prisoner Review  
2       Board or Department of Juvenile Justice shall notify the  
3       victim and the State's Attorney of the county where the  
4       person seeking parole or aftercare release was prosecuted  
5       of the death of the prisoner if the prisoner died while on  
6       parole or aftercare release or mandatory supervised  
7       release.

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

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



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

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

14 (f) The Prisoner Review Board shall establish a toll-free  
15 number that may be accessed by the crime victim to present a  
16 victim statement to the Board in accordance with paragraphs  
17 (4), (4-1), and (4-2) of subsection (d).

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

20 (725 ILCS 120/7) (from Ch. 38, par. 1407)

21 Sec. 7. Responsibilities of victims and witnesses. Victims  
22 and witnesses shall have the following responsibilities to aid  
23 in the prosecution of violent crime and to ensure that their  
24 constitutional rights are enforced:

25 (a) To make a timely report of the crime;

1 (b) To cooperate with law enforcement authorities  
2 throughout the investigation, prosecution, and trial;

3 (c) To testify at trial;

4 (c-5) to timely provide information and documentation to  
5 the prosecuting attorney that is related to the assertion of  
6 their rights.

7 (d) To notify law enforcement authorities and the  
8 prosecuting attorney of any change of contact information,  
9 including but not limited to, changes of address and contact  
10 information, including but not limited to changes of address,  
11 telephone number, and email address. Law enforcement  
12 authorities and the prosecuting attorney shall maintain the  
13 confidentiality of this information. A court may find that the  
14 failure to notify the prosecuting attorney of any change in  
15 contact information constitutes waiver of a right.

16 (e) A victim who otherwise cooperates with law enforcement  
17 authorities and the prosecuting attorney, but declines to  
18 provide information and documentation to the prosecuting  
19 attorney that is privileged or confidential under the law, or  
20 chooses not to waive privilege, shall still be considered as  
21 cooperating for the purposes of this Act and maintain the  
22 status of victim and the rights afforded to victims under this  
23 Act.

24 (Source: P.A. 99-413, eff. 8-20-15.)

25 (725 ILCS 120/9) (from Ch. 38, par. 1408)

1           Sec. 9. This Act does not limit any rights or  
2           responsibilities otherwise enjoyed by or imposed upon victims  
3           or witnesses of violent crime, ~~nor does it grant any person a~~  
4           ~~cause of action in equity or at law for compensation for~~  
5           ~~damages or attorneys fees.~~ Any act of omission or commission  
6           by any law enforcement officer, circuit court clerk, or  
7           State's Attorney, by the Attorney General, Prisoner Review  
8           Board, Department of Corrections, the Department of Juvenile  
9           Justice, Department of Human Services, or other State agency,  
10          or private entity under contract pursuant to Section 8, or by  
11          any employee of any State agency or private entity under  
12          contract pursuant to Section 8 acting in good faith in  
13          rendering crime victim's assistance or otherwise enforcing  
14          this Act shall not impose civil liability upon the individual  
15          or entity or his or her supervisor or employer. Nothing in this  
16          Act shall create a basis for vacating a conviction or a ground  
17          for relief requested by the defendant in any criminal case.

18          (Source: P.A. 99-413, eff. 8-20-15.)

19                Section 99. Effective date. This Act takes effect upon  
20                becoming law.".