



Rep. Kelly M. Cassidy

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10200SB3023ham001

LRB102 22896 CPF 37787 a

1 AMENDMENT TO SENATE BILL 3023

2 AMENDMENT NO. _____. Amend Senate Bill 3023 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, 2-1,
6 5-1, 5.4, 5.5, 5.5-1, 7.5, 7.5-1, and 9.5 as follows:

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

8 Sec. 1a. Definitions.

9 (a) In this Act:

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

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

16 "Approved pediatric health care facility" means a health

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

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

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

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

22 "Department" means the Department of Public Health.

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

1 "Follow-up healthcare" means healthcare services related
2 to a sexual assault, including laboratory services and
3 pharmacy services, rendered within 180 ~~90~~ days of the initial
4 visit for medical forensic services.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

18 "Sexual assault" means:

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

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

1 2012.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

12 (410 ILCS 70/1a-1)

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

14 Sec. 1a-1. Definitions.

15 (a) In this Act:

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

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

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

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

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

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

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

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

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

3 "Department" means the Department of Public Health.

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

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

12 "Follow-up healthcare" means healthcare services related
13 to a sexual assault, including laboratory services and
14 pharmacy services, rendered within 180 ~~90~~ days of the initial
15 visit for medical forensic services.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

5 "Sexual assault" means:

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

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

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

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

26 "Sexual assault services voucher" means a document

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

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

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

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

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

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

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

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

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

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

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

23 (410 ILCS 70/2-1)

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

25 Sec. 2-1. Hospital, approved pediatric health care

1 facility, and approved federally qualified health center
2 requirements for sexual assault plans.

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

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

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

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

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

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

1 survivor.

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

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

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

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

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

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

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

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

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

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

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

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

26 (4) information on the hospital's sexual

1 assault-related policies and procedures.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 ~~physician assistant, or advanced practice registered nurse who~~
2 ~~has received a minimum of 10 hours of sexual assault training~~
3 ~~provided by a qualified medical provider on current Illinois~~
4 ~~legislation, how to properly perform a medical forensic~~
5 ~~examination, evidence collection, drug and alcohol facilitated~~
6 ~~sexual assault, and forensic photography and has all~~
7 ~~documentation and photos peer reviewed by a qualified medical~~
8 ~~provider or (ii) until the federally qualified health care~~
9 ~~center certifies to the Department, in a form and manner~~
10 ~~prescribed by the Department, that it employs or contracts~~
11 ~~with a qualified medical provider in accordance with~~
12 ~~subsection (a-7) of Section 5-1, whichever occurs first. If~~
13 ~~the treatment plan is terminated, the federally qualified~~
14 ~~health center must submit to the Department for approval,~~
15 ~~before providing medical forensic services, a new treatment~~
16 ~~plan and a list of qualified medical providers to ensure~~
17 ~~coverage for the days and hours of operation.~~

18 A federally qualified health center must employ a Sexual
19 Assault Nurse Examiner Coordinator who is a qualified medical
20 provider and a Medical Director who is a qualified medical
21 provider.

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

1 sexual assault treatment plan must include a procedure for
2 ensuring a sexual assault survivor in need of such medical or
3 surgical services receives the services at the treatment
4 hospital. The areawide treatment plan may also include a
5 treatment hospital with approved pediatric transfer or an
6 approved pediatric health care facility. An approved federally
7 qualified health center must report each instance that a
8 sexual assault survivor is transferred to a treatment
9 hospital, treatment hospital with approved pediatric transfer,
10 or an approved pediatric health care facility to the
11 Department within 24 hours of the transfer, in a form and
12 manner prescribed by the Department, including the reason for
13 the transfer.

14 The Department shall review a proposed sexual assault
15 treatment plan submitted by a federally qualified health
16 center within 14 days after receipt of the plan. ~~The If the~~
17 Department shall approve the proposed sexual assault treatment
18 plan if it finds that the proposed plan:

19 (1) meets the minimum requirements set forth in
20 Section 5-1;

21 (2) ~~and that implementation of the proposed plan~~ would
22 provide medical forensic services for sexual assault
23 survivors 13 years old or older on-site during the
24 approved federally qualified health center's hours of
25 operation; and

26 (3) includes an emergency protocol for sexual assault

1 survivors 13 years old or older to be transferred to a
2 treatment hospital or treatment hospital with approved
3 pediatric transfer to receive medical forensic services if
4 medical forensic services are not available by a qualified
5 medical provider during the approved federally qualified
6 health center's hours of operation, as required , ~~then the~~
7 ~~Department shall approve the plan.~~

8 The Department shall not approve sexual assault treatment
9 plans for more than 6 federally qualified health centers,
10 which must be located in geographically diverse areas of the
11 State. If the Department does not approve a plan, then the
12 Department shall notify the federally qualified health center
13 that the proposed plan has not been approved. The federally
14 qualified health center shall have 14 days to submit a revised
15 plan. The Department shall review the revised plan within 14
16 days after receipt of the plan and notify the federally
17 qualified health center whether the revised plan is approved
18 or rejected. A federally qualified health center may not (i)
19 provide medical forensic services to sexual assault survivors
20 13 years old or older who present with a complaint of sexual
21 assault within a minimum of the previous 7 days or (ii) who
22 have disclosed past sexual assault by a specific individual
23 and were in the care of that individual within a minimum of the
24 previous 7 days until the Department has approved a treatment
25 plan.

26 Each approved federally qualified health center shall

1 ensure that any physician, physician assistant, advanced
2 practice registered nurse, or registered professional nurse
3 who (i) provides clinical services to sexual assault survivors
4 and (ii) does not meet the definition of a qualified medical
5 provider under Section 1a-1 receives (A) a minimum of 2 hours
6 of sexual assault training within 6 months after the effective
7 date of this amendatory Act of the 102nd General Assembly or
8 within 6 months after beginning employment, whichever is
9 later, and (B) a minimum of 2 hours of continuing education on
10 responding to sexual assault survivors every 2 years.
11 Protocols for training shall be included in the approved
12 federally qualified health center's sexual assault treatment
13 plan. Sexual assault training provided under this paragraph
14 may be provided in person or online and shall include, but not
15 be limited to:

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

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

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

24 (4) information on the approved federally qualified
25 health center's sexual assault-related policies and
26 procedures.

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

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

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

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

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

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

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

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

26 ~~and~~

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

4 (8) directs those seeking services as follows: "Call
5 the local rape crisis center for support."; and

6 (9) includes the name and hotline number, available 24
7 hours a day, 7 days a week, of the local rape crisis
8 center.

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

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

23 An approved federally qualified health center that has a
24 memorandum of understanding with a rape crisis center must
25 notify the rape crisis center immediately if medical forensic
26 services are not available during the approved federally

1 qualified health center's hours of operation or if the
2 approved federally qualified health center's treatment plan is
3 terminated by the Department.

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

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

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

20 (2) The total number of Illinois Sexual Assault
21 Evidence Collection Kits:

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

25 (B) completed for (i) all sexual assault survivors
26 and (ii) pediatric sexual assault survivors; and

1 (C) declined by (i) all sexual assault survivors
2 and (ii) pediatric sexual assault survivors.

3 This information shall be made available on the
4 Department's website.

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

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

8 (410 ILCS 70/5-1)

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

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

14 (a) Every hospital, approved pediatric health care
15 facility, and approved federally qualified health center
16 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, 2023, 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, or an approved federally qualified health
2 center shall provide the following services in accordance with
3 subsection (a):

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

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

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

1 of 20 years after the date the record was created.

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

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

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

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

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

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

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

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

23 (3) Appropriate oral and written information
24 concerning accepted medical procedures, laboratory tests,
25 medication, and possible contraindications of such
26 medication available for the prevention or treatment of

1 infection or disease resulting from sexual assault.

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

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

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

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

26 (7) Referral by hospital, ~~or~~ approved pediatric health

1 care facility, or approved federally qualified health
2 center personnel for appropriate counseling.

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

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

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

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

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

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

7 (a-10) Every federally qualified health center with a
8 treatment plan approved by the Department shall employ or
9 contract with a qualified medical provider to initiate medical
10 forensic services to a sexual assault survivor within 90
11 minutes of the patient presenting to the federally qualified
12 health center. The provision of medical forensic services by a
13 qualified medical provider shall not delay the provision of
14 life-saving medical care.

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

23 (b-5) Every hospital, approved pediatric health care
24 facility, or approved federally qualified health center
25 providing medical forensic services to sexual assault
26 survivors shall issue a voucher to any sexual assault survivor

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

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

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

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

16 (410 ILCS 70/5.4)

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

18 (a) Nothing in this Section shall prohibit the transfer of
19 a patient in need of medical services from a hospital that has
20 been designated as a trauma center by the Department in
21 accordance with Section 3.90 of the Emergency Medical Services
22 (EMS) Systems Act.

23 (b) A transfer hospital, treatment hospital with approved
24 pediatric transfer, or approved pediatric health care facility
25 may transfer a sexual assault survivor to an out-of-state

1 hospital that has been designated as a trauma center by the
2 Department under Section 3.90 of the Emergency Medical
3 Services (EMS) Systems Act if the out-of-state hospital: (1)
4 submits an areawide treatment plan approved by the Department;
5 and (2) has certified the following to the Department in a form
6 and manner prescribed by the Department that the out-of-state
7 hospital will:

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

10 (ii) comply with all requirements of this Act
11 applicable to treatment hospitals, including, but not
12 limited to, offering evidence collection to any Illinois
13 sexual assault survivor who presents with a complaint of
14 sexual assault within a minimum of the last 7 days or who
15 has disclosed past sexual assault by a specific individual
16 and was in the care of that individual within a minimum of
17 the last 7 days and not billing the sexual assault
18 survivor for medical forensic services or 180 ~~90~~ days of
19 follow-up healthcare;

20 (iii) use an Illinois State Police Sexual Assault
21 Evidence Collection Kit to collect forensic evidence from
22 an Illinois sexual assault survivor;

23 (iv) ensure its staff cooperates with Illinois law
24 enforcement agencies and are responsive to subpoenas
25 issued by Illinois courts; and

26 (v) provide appropriate transportation upon the

1 completion of medical forensic services back to the
2 transfer hospital or treatment hospital with pediatric
3 transfer where the sexual assault survivor initially
4 presented seeking medical forensic services, unless the
5 sexual assault survivor chooses to arrange his or her own
6 transportation.

7 (c) Subsection (b) of this Section is inoperative on and
8 after January 1, 2024.

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

10 (410 ILCS 70/5.5)

11 Sec. 5.5. Minimum reimbursement requirements for follow-up
12 healthcare.

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

21 (1) a physical examination;

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

24 (3) appropriate medications, including HIV
25 prophylaxis, in accordance with the Centers for Disease

1 Control and Prevention's guidelines.

2 (b) Reimbursable follow-up healthcare is limited to office
3 visits with a physician, advanced practice registered nurse,
4 or physician assistant within 180 ~~90~~ days after an initial
5 visit for hospital medical forensic services.

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

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

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

14 (410 ILCS 70/5.5-1)

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

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

18 (a) Every hospital, pediatric health care facility,
19 federally qualified health center, health care professional,
20 laboratory, or pharmacy that provides follow-up healthcare to
21 a sexual assault survivor, with the consent of the sexual
22 assault survivor and as ordered by the attending physician, an
23 advanced practice registered nurse, or physician assistant
24 shall be reimbursed for the follow-up healthcare services
25 provided. Follow-up healthcare services include, but are not

1 limited to, the following:

2 (1) a physical examination;

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

5 (3) appropriate medications, including HIV
6 prophylaxis, in accordance with the Centers for Disease
7 Control and Prevention's guidelines.

8 (b) Reimbursable follow-up healthcare is limited to office
9 visits with a physician, advanced practice registered nurse,
10 or physician assistant within 180 ~~90~~ days after an initial
11 visit for hospital medical forensic services.

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

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

17 (Source: P.A. 101-634, eff. 6-5-20; 102-22, eff. 6-25-21;
18 102-674, eff. 11-30-21.)

19 (410 ILCS 70/7.5)

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

23 (a) A hospital, approved pediatric health care facility,
24 health care professional, ambulance provider, laboratory, or
25 pharmacy furnishing medical forensic services, transportation,

1 follow-up healthcare, or medication to a sexual assault
2 survivor shall not:

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

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

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

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

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

21 (a-5) Notwithstanding any other provision of law,
22 including, but not limited to, subsection (a), a sexual
23 assault survivor who is not the subscriber or primary
24 policyholder of the sexual assault survivor's insurance policy
25 may opt out of billing the sexual assault survivor's private
26 insurance provider. If the sexual assault survivor opts out of

1 billing the sexual assault survivor's private insurance
2 provider, then the bill for medical forensic services shall be
3 sent to the Department of Healthcare and Family Services'
4 Sexual Assault Emergency Treatment Program for reimbursement
5 for the services provided to the sexual assault survivor.

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

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

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

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

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

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

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

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

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

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

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

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

24 The billing protocol must include at a minimum:

- 25 (1) a description of training for persons who prepare
26 bills for medical and forensic services;

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

4 (3) prohibitions on submitting any bill for any
5 portion of medical forensic services provided to a
6 survivor of sexual assault to a collection agency;

7 (4) prohibitions on taking any action that would
8 adversely affect the credit of the survivor of sexual
9 assault;

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

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

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

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

21 If the Office of the Attorney General determines that
22 implementation of the protocol could result in the billing of
23 a survivor of sexual assault for medical forensic services,
24 the Office of the Attorney General shall provide the health
25 care professional or approved pediatric health care facility
26 with a written statement of the deficiencies in the protocol.

1 The health care professional or approved pediatric health care
2 facility shall have 30 days to submit a revised billing
3 protocol addressing the deficiencies to the Office of the
4 Attorney General. The health care professional or approved
5 pediatric health care facility shall implement the protocol
6 upon approval by the Office of the Attorney General.

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

14 (e) This Section is effective on and after January 1,
15 2024.

16 (Source: P.A. 101-634, eff. 6-5-20; 101-652, eff. 7-1-21;
17 102-22, eff. 6-25-21; 102-674, eff. 11-30-21.)

18 (410 ILCS 70/7.5-1)

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

20 Sec. 7.5-1. Prohibition on billing sexual assault
21 survivors directly for certain services; written notice;
22 billing protocols.

23 (a) A hospital, approved pediatric health care facility,
24 approved federally qualified health center, health care
25 professional, ambulance provider, laboratory, or pharmacy

1 furnishing medical forensic services, transportation,
2 follow-up healthcare, or medication to a sexual assault
3 survivor shall not:

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

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

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

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

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

22 (a-5) Notwithstanding any other provision of law,
23 including, but not limited to, subsection (a), a sexual
24 assault survivor who is not the subscriber or primary
25 policyholder of the sexual assault survivor's insurance policy
26 may opt out of billing the sexual assault survivor's private

1 insurance provider. If the sexual assault survivor opts out of
2 billing the sexual assault survivor's private insurance
3 provider, then the bill for medical forensic services shall be
4 sent to the Department of Healthcare and Family Services'
5 Sexual Assault Emergency Treatment Program for reimbursement
6 for the services provided to the sexual assault survivor.

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

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

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

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

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

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

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

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

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

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

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

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

17 The billing protocol must include at a minimum:

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

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

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

26 (4) prohibitions on taking any action that would

1 adversely affect the credit of the survivor of sexual
2 assault;

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

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

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

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

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

1 Office of the Attorney General.

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

12 (e) This Section is repealed on December 31, 2023.

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

15 (410 ILCS 70/9.5)

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

17 Sec. 9.5. Sexual Assault Medical Forensic Services
18 Implementation Task Force.

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

25 (1) one member of the Senate appointed by the

1 President of the Senate, who may designate an alternate
2 member;

3 (2) one member of the Senate appointed by the Minority
4 Leader of the Senate, who may designate an alternate
5 member;

6 (3) one member of the House of Representatives
7 appointed by the Speaker of the House of Representatives,
8 who may designate an alternate member;

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

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

16 (6) one member representing the Department of Public
17 Health appointed by the Director of Public Health;

18 (7) one member representing the Illinois State Police
19 appointed by the Director of the Illinois State Police;

20 (8) one member representing the Department of
21 Healthcare and Family Services appointed by the Director
22 of Healthcare and Family Services;

23 (9) six members representing hospitals appointed by
24 the head of a statewide organization representing the
25 interests of hospitals in Illinois, at least one of whom
26 shall represent small and rural hospitals and at least one

1 of these members shall represent urban hospitals;

2 (10) one member representing physicians appointed by
3 the head of a statewide organization representing the
4 interests of physicians in Illinois;

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

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

17 (13) one member representing nurses appointed by the
18 head of a statewide organization representing the
19 interests of nurses in Illinois;

20 (14) two members representing sexual assault nurse
21 examiners appointed by the head of a statewide
22 organization representing the interests of forensic nurses
23 in Illinois, at least one of whom shall represent
24 pediatric/adolescent sexual assault nurse examiners and at
25 least one of these members shall represent
26 adult/adolescent sexual assault nurse examiners;

1 (15) one member representing State's Attorneys
2 appointed by the head of a statewide organization
3 representing the interests of State's Attorneys in
4 Illinois;

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

11 (17) one member representing children's advocacy
12 centers appointed by the head of a statewide organization
13 representing the interests of children's advocacy centers
14 in Illinois; ~~and.~~

15 (18) one member representing approved federally
16 qualified health centers appointed by the Director of
17 Public Health.

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

23 (b) The first meeting of the Task Force shall be called by
24 the co-chairpersons no later than 90 days after the effective
25 date of this Section.

26 (c) The goals of the Task Force shall include, but not be

1 limited to, the following:

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

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

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

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

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

23 (6) to examine the role of telemedicine in the
24 provision of medical forensic services under this Act and
25 to develop recommendations for statutory change and
26 standards and procedures for the use of telemedicine to be

1 adopted by the Department;

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

10 (8) to submit a report to the General Assembly by
11 January 1, 2024 ~~2023~~ regarding the status of
12 implementation of this amendatory Act of the 100th General
13 Assembly, including, but not limited to, the impact of
14 transfers to out-of-state hospitals on sexual assault
15 survivors and the availability of treatment hospitals in
16 Illinois. The report shall also cover the impact of
17 medical forensic services provided at approved federally
18 qualified health centers on sexual assault survivors. The
19 ~~the~~ report to the General Assembly shall be filed with the
20 Clerk of the House of Representatives and the Secretary of
21 the Senate in electronic form only, in the manner that the
22 Clerk and the Secretary shall direct.

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

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

25 Section 99. Effective date. This Section and the changes

1 to Sections 2-1, 5-1, and 9.5 of the Sexual Assault Survivors
2 Emergency Treatment Act take effect upon becoming law.".