

AN ACT concerning criminal law.

**Be it enacted by the People of the State of Illinois,
represented in the General Assembly:**

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

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

Sec. 1a. Definitions.

(a) In this Act:

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

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

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

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

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

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

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

"Department" means the Department of Public Health.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

"Sexual assault" means:

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

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

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

Education Guidelines established by the International Association of Forensic Nurses.

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

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

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

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

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

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

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

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

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

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

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

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

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

(410 ILCS 70/1a-1)

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

Sec. 1a-1. Definitions.

(a) In this Act:

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

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

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

"Approved federally qualified health center" means a

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

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

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

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

"Department" means the Department of Public Health.

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

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

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

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

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

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

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

Collection Kit.

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

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

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

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

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

patients.

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

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

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

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

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

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

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

"Sexual assault" means:

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

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

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

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

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

healthcare provided as a result of the sexual assault.

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

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

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

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

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

"Treatment hospital" means a hospital with a sexual

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

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

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

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

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

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

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

In addition, every such hospital, regardless of whether or not a request is made for reimbursement, shall submit to the Department a plan to provide either (i) transfer services to all sexual assault survivors, (ii) medical forensic services to all sexual assault survivors, or (iii) transfer services to pediatric sexual assault survivors and medical forensic services to sexual assault survivors 13 years old or older. The Department shall approve such plan for either (i) transfer services to all sexual assault survivors, (ii) medical forensic services to all sexual assault survivors, or (iii) transfer services to pediatric sexual assault survivors and medical forensic services to sexual assault survivors 13 years old or older, if it finds that the implementation of the proposed plan would provide (i) transfer services or (ii) medical forensic services for sexual assault survivors in accordance with the requirements of this Act and provide sufficient protections from the risk of pregnancy to sexual assault survivors. Notwithstanding anything to the contrary in this paragraph, the Department may approve a sexual assault transfer plan for the provision of medical forensic services ~~until January 1, 2022~~ if:

- (1) a treatment hospital with approved pediatric

transfer has agreed, as part of an areawide treatment plan, to accept sexual assault survivors 13 years of age or older from the proposed transfer hospital, if the treatment hospital with approved pediatric transfer is geographically closer to the transfer hospital than a treatment hospital or another treatment hospital with approved pediatric transfer and such transfer is not unduly burdensome on the sexual assault survivor; and

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

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

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

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

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

A transfer hospital must submit an areawide treatment plan under Section 3 of this Act that includes a written agreement with a treatment hospital stating that the treatment hospital will provide medical forensic services to all sexual assault survivors transferred from the transfer hospital. The areawide treatment plan may also include an approved pediatric health care facility. Notwithstanding anything to the contrary in this paragraph, ~~until January 1, 2022,~~ the areawide treatment plan may include a written agreement with a treatment hospital with approved pediatric transfer that is geographically closer than other hospitals providing medical forensic services to sexual assault survivors 13 years of age or older stating that the treatment hospital with approved pediatric transfer will provide medical services to sexual assault survivors 13 years of age or older who are transferred from the transfer hospital. If the areawide treatment plan includes a written

agreement with a treatment hospital with approved pediatric transfer, it must also include a written agreement with a treatment hospital stating that the treatment hospital will provide medical forensic services to sexual assault survivors under 13 years of age who are transferred from the transfer hospital.

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

After July 1, 2020 or once a treatment hospital or a treatment hospital with approved pediatric transfer certifies compliance with subsection (a-7) of Section 5, whichever occurs first, each treatment hospital and treatment hospital with approved pediatric transfer shall ensure that emergency department attending physicians, physician assistants, advanced practice registered nurses, and registered

professional nurses providing clinical services, who do not meet the definition of a qualified medical provider in Section 1a of this Act, receive a minimum of 2 hours of continuing education on responding to sexual assault survivors every 2 years. Protocols for training shall be included in the hospital's sexual assault treatment plan.

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

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

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

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

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

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

(b) An approved pediatric health care facility may provide medical forensic services, in accordance with rules adopted by the Department, to all pediatric sexual assault survivors who present for medical forensic services in relation to injuries

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

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

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

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

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

- (1) is at least 14 inches by 14 inches in size;
- (2) directs those seeking services as follows: "If closed, call 911 for services or go to the closest hospital emergency department, (insert name) located at (insert address).";
- (3) lists the approved pediatric health care facility's hours of operation;
- (4) lists the street address of the building;
- (5) has a black background with white bold capital lettering in a clear and easy to read font that is at least 72-point type, and with "call 911" in at least 125-point type;
- (6) is posted clearly and conspicuously on or adjacent to the door at each entrance and, if building materials allow, is posted internally for viewing through glass; if posted externally, the sign shall be made of

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

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

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

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

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

the Criminal Identification Act.

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

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

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

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

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

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

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

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

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

(410 ILCS 70/2-1)

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

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

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

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

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

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

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

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

treatment hospital would not unduly burden the sexual assault survivor.

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

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

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

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

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

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

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

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

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

- (1) information provided on the provision of medical forensic services;
- (2) information on the use of the Illinois Sexual Assault Evidence Collection Kit;
- (3) information on sexual assault epidemiology, neurobiology of trauma, drug-facilitated sexual assault, child sexual abuse, and Illinois sexual assault-related laws; and

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

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

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

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

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

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

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

- (1) is at least 14 inches by 14 inches in size;
- (2) directs those seeking services as follows: "If closed, call 911 for services or go to the closest hospital emergency department, (insert name) located at (insert address).";
- (3) lists the approved pediatric health care facility's hours of operation;

(4) lists the street address of the building;

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

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

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

(b-5) An approved federally qualified health center may provide medical forensic services, in accordance with rules adopted by the Department, to all sexual assault survivors 13 years old or older who present for medical forensic services in relation to injuries or trauma resulting from a sexual assault during the duration, and 90 days thereafter, of a proclamation issued by the Governor declaring a disaster, or a successive proclamation regarding the same disaster, in all 102 counties due to a public health emergency. These services shall be provided by (i) a qualified medical provider, physician, physician assistant, or advanced practice

registered nurse who has received a minimum of 10 hours of sexual assault training provided by a qualified medical provider on current Illinois legislation, how to properly perform a medical forensic examination, evidence collection, drug and alcohol facilitated sexual assault, and forensic photography and has all documentation and photos peer reviewed by a qualified medical provider or (ii) until the federally qualified health care center certifies to the Department, in a form and manner prescribed by the Department, that it employs or contracts with a qualified medical provider in accordance with subsection (a-7) of Section 5-1, whichever occurs first.

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

The Department shall review a proposed sexual assault treatment plan submitted by a federally qualified health center within 14 days after receipt of the plan. If the Department finds that the proposed plan meets the minimum

requirements set forth in Section 5-1 and that implementation of the proposed plan would provide medical forensic services for sexual assault survivors 13 years old or older, then the Department shall approve the plan. If the Department does not approve a plan, then the Department shall notify the federally qualified health center that the proposed plan has not been approved. The federally qualified health center shall have 14 days to submit a revised plan. The Department shall review the revised plan within 14 days after receipt of the plan and notify the federally qualified health center whether the revised plan is approved or rejected. A federally qualified health center may not (i) provide medical forensic services to sexual assault survivors 13 years old or older who present with a complaint of sexual assault within a minimum of the previous 7 days or (ii) who have disclosed past sexual assault by a specific individual and were in the care of that individual within a minimum of the previous 7 days until the Department has approved a treatment plan.

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

- (1) is at least 14 inches by 14 inches in size;
- (2) directs those seeking services as follows: "If closed, call 911 for services or go to the closest hospital emergency department, (insert name) located at (insert address).";

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

(4) lists the street address of the building;

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

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

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

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

(c) Each treatment hospital, treatment hospital with approved pediatric transfer, approved pediatric health care facility, and approved federally qualified health center must enter into a memorandum of understanding with a rape crisis center for medical advocacy services, if these services are available to the treatment hospital, treatment hospital with

approved pediatric transfer, approved pediatric health care facility, or approved federally qualified health center. With the consent of the sexual assault survivor, a rape crisis counselor shall remain in the exam room during the collection for forensic evidence.

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

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

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

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

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

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

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

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

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

(410 ILCS 70/2.05)

Sec. 2.05. Department requirements.

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

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

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

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

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

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

pediatric health care facility's compliance.

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

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

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

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

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

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

Sec. 2.05-1. Department requirements.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(410 ILCS 70/2.06)

Sec. 2.06. Consent to jurisdiction.

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

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

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

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

(410 ILCS 70/2.06-1)

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

Sec. 2.06-1. Consent to jurisdiction.

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

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

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

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

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

Sec. 2.1. Plan of correction; penalties.

(a) If the Department surveyor determines that the hospital or approved pediatric health care facility is not in compliance with its approved plan, the surveyor shall provide the hospital or approved pediatric health care facility with a written list of the specific items of noncompliance within 10 working days after the conclusion of the on-site review. The hospital shall have 10 working days to submit to the Department a plan of correction which contains the hospital's or approved pediatric health care facility's specific proposals for correcting the items of noncompliance. The Department shall review the plan of correction and notify the hospital in writing within 10 working days as to whether the plan is acceptable or unacceptable.

If the Department finds the Plan of Correction

unacceptable, the hospital or approved pediatric health care facility shall have 10 working days to resubmit an acceptable Plan of Correction. Upon notification that its Plan of Correction is acceptable, a hospital or approved pediatric health care facility shall implement the Plan of Correction within 60 days.

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

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

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

accordance with the Department's rules in administrative hearings.

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

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

(410 ILCS 70/2.1-1)

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

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

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

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

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

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

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

of this Act.

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

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

(410 ILCS 70/2.2)

Sec. 2.2. Emergency contraception.

(a) The General Assembly finds:

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

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

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

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

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

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

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

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

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

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

(410 ILCS 70/2.2-1)

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

Sec. 2.2-1. Emergency contraception.

(a) The General Assembly finds:

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

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

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

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

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

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

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

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

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

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

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

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

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

(410 ILCS 70/3-1)

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

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

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

services for the people of the area to be served.

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

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

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

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

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

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

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

(1) Appropriate medical forensic services without delay, in a private, age-appropriate or developmentally-appropriate space, required to ensure the health, safety, and welfare of a sexual assault survivor

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

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

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

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

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

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

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

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

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

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

this Act.

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

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

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

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

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

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

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

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

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

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

the medical forensic examination.

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

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

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

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

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

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

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

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

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

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

(410 ILCS 70/5-1)

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

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

federally qualified health centers.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

approved protocol for sexual assault survivors.

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

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

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

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

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

(10) A treatment hospital, a treatment hospital with

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

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

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

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

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

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

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

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

(410 ILCS 70/5.1)

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

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

Photo documentation shall be stored and backed up securely

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(410 ILCS 70/5.2)

Sec. 5.2. Sexual assault services voucher.

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

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

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

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

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

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

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

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

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

sexual assault services voucher.

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

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

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

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

(410 ILCS 70/5.2-1)

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

Sec. 5.2-1. Sexual assault services voucher.

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

survivor receives medical forensic services.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(410 ILCS 70/5.3)

Sec. 5.3. Pediatric sexual assault care.

(a) The General Assembly finds:

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

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

(3) Pediatric sexual assault survivors throughout the

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

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

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

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

transported by ambulance, law enforcement, or personal vehicle.

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

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

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

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

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

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

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

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

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

(410 ILCS 70/5.3-1)

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

Sec. 5.3-1. Pediatric sexual assault care.

(a) The General Assembly finds:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(410 ILCS 70/5.5)

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

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

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

- (1) a physical examination;
- (2) laboratory tests to determine the presence or absence of sexually transmitted infection; and
- (3) appropriate medications, including HIV prophylaxis, in accordance with the Centers for Disease Control and Prevention's guidelines.

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

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

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

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

(410 ILCS 70/5.5-1)

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

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

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

- (1) a physical examination;
- (2) laboratory tests to determine the presence or absence of sexually transmitted infection; and
- (3) appropriate medications, including HIV prophylaxis, in accordance with the Centers for Disease Control and Prevention's guidelines.

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

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

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

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

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

Sec. 6.1. Minimum standards.

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

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

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

(410 ILCS 70/6.1-1)

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

Sec. 6.1-1. Minimum standards.

(a) The Department shall prescribe minimum standards,

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

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

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

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

Sec. 6.2. Assistance and grants.

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

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

~~July 1, 2021.~~

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

(410 ILCS 70/6.2-1)

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

Sec. 6.2-1. Assistance and grants.

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

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

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

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

Sec. 6.4. Sexual assault evidence collection program.

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

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

(a-5) (Blank).

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

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

(c) (Blank).

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

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

(410 ILCS 70/6.4-1)

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

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

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

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

(a-5) (Blank).

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

(c) (Blank).

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

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

(410 ILCS 70/6.5)

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

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

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

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

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

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

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

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

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

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

the age of 18 years, whichever is longer;

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

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

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

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

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

(410 ILCS 70/6.5-1)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(410 ILCS 70/6.6)

Sec. 6.6. Submission of sexual assault evidence.

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

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

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

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

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

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

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

(410 ILCS 70/6.6-1)

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

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

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

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

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

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

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

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

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

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

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

Sec. 7. Reimbursement.

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

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

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

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

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

Aid Code.

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

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

(c) (Blank).

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

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

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

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

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

(410 ILCS 70/7-1)

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

Sec. 7-1. Reimbursement

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

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

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

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

(3) If a sexual assault survivor is neither eligible

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

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

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

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

(c) (Blank).

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

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

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

(410 ILCS 70/7.5)

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

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

protocols.

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

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

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

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

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

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

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

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

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

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

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

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

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

forth in Section 1a of this Act;

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

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

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

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

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

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

The billing protocol must include at a minimum:

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

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

(3) prohibitions on submitting any bill for any

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The billing protocol must include at a minimum:

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

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

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

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

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

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

credit reporting agency.

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

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

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

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

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

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

(410 ILCS 70/7.5-1)

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

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

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

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

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

collection, enforcement, or filing of other process;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The billing protocol must include at a minimum:

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

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

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

survivor of sexual assault to a collection agency;

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

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

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

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

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

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

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

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

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

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

Sec. 8. Penalties.

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

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

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

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

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

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

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

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

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

(410 ILCS 70/8-1)

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

Sec. 8-1. Penalties.

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

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

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

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

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

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

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

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

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

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

(410 ILCS 70/10)

Sec. 10. Sexual Assault Nurse Examiner Program.

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

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

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

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

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

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

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

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

~~July 1, 2021.~~

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

(410 ILCS 70/10-1)

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

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

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

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

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

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

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

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

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

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

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

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

(725 ILCS 5/106B-10)

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

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

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

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

(725 ILCS 120/4.5)

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

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

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

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

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

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

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

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

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

how to apply for these services and assistance;

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

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

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

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

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

(8) (blank);

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

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

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

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

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

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

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

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

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

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

(15) shall make all reasonable efforts to consult with

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

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

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

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

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

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

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

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

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

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

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

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

(4) Assertion of and enforcement of rights.

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

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

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

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

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

(5) Violation of rights and remedies.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

If the court excludes the victim's support person

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

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

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

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

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

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

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

(12) Right to Restitution.

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

judgment of restitution at the time of sentencing.

(B) If the victim has asserted the right to restitution and the amount of restitution is not known at the time of sentencing, the prosecutor shall, within 5 days after sentencing, notify the victim what information and documentation related to restitution is needed and that the information and documentation must be provided to the prosecutor within 45 days after sentencing. Failure to timely provide information and documentation related to restitution shall be deemed a waiver of the right to restitution. The prosecutor shall file and serve within 60 days after sentencing a proposed judgment for restitution and a notice that includes information concerning the identity of any victims or other persons seeking restitution, whether any victim or other person expressly declines restitution, the nature and amount of any damages together with any supporting documentation, a restitution amount recommendation, and the names of any co-defendants and their case numbers. Within 30 days after receipt of the proposed judgment for restitution, the defendant shall file any objection to the proposed judgment, a statement of grounds for the objection, and a financial statement. If the defendant does not file an objection, the court may enter the judgment for restitution without further

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

(13) Access to presentence reports.

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

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

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

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

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

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

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

court proceeding constitutes indirect criminal contempt of court.

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

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

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

(d) Procedures after the imposition of sentence.

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

(2) When the defendant has been committed to the

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

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

notify the victim.

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

at a hearing open to the public.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

unreasonably interfere with the investigation.

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

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

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

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

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

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

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

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

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

(8) (blank);

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(4) Assertion of and enforcement of rights.

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

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

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

(C) If the prosecuting attorney asserts a victim's right or seeks enforcement of a right, unless the prosecuting attorney objects or the trial court does not allow it, the victim or the victim's attorney may be heard regarding the prosecuting attorney's motion or may file a simultaneous motion to assert or request enforcement of the victim's right. If the victim or the victim's attorney was not allowed to be heard at the hearing regarding the prosecuting attorney's motion, and the court denies the prosecuting attorney's assertion of the right or denies the request for enforcement of a right, the victim or victim's attorney may file a motion to assert the victim's right or to request enforcement of the right within 10 days of the court's ruling. The motion need not demonstrate the grounds for a motion for

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

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

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

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

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

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

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

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

(5) Violation of rights and remedies.

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

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

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

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

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

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

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

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

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

(A) A party who intends to call an advocate as a witness at trial must seek permission of the court before the subpoena is issued. The party must file a written motion at least 90 days before trial that sets forth specifically the issues on which the advocate's testimony is sought and an offer of proof regarding (i) the content of the anticipated testimony of the advocate; and (ii) the relevance, admissibility, and materiality of the anticipated testimony. The court shall consider the motion and make findings within 30

days of the filing of the motion. If the court finds by a preponderance of the evidence that: (i) the anticipated testimony is not protected by an absolute privilege; and (ii) the anticipated testimony contains relevant, admissible, and material evidence that is not available through other witnesses or evidence, the court shall issue a subpoena requiring the advocate to appear to testify at an in camera hearing. The prosecuting attorney and the victim shall have 15 days to seek appellate review before the advocate is required to testify at an ex parte in camera proceeding.

The prosecuting attorney, the victim, and the advocate's attorney shall be allowed to be present at the ex parte in camera proceeding. If, after conducting the ex parte in camera hearing, the court determines that due process requires any testimony regarding confidential or privileged information or communications, the court shall provide to the prosecuting attorney, the victim, and the advocate's attorney a written memorandum on the substance of the advocate's testimony. The prosecuting attorney, the victim, and the advocate's attorney shall have 15 days to seek appellate review before a subpoena may be issued for the advocate to testify at trial. The presence of the prosecuting attorney at the ex parte

in camera proceeding does not make the substance of the advocate's testimony that the court has ruled inadmissible subject to discovery.

(B) If a victim has asserted the right to have a support person present at the court proceedings, the victim shall provide the name of the person the victim has chosen to be the victim's support person to the prosecuting attorney, within 60 days of trial. The prosecuting attorney shall provide the name to the defendant. If the defendant intends to call the support person as a witness at trial, the defendant must seek permission of the court before a subpoena is issued. The defendant must file a written motion at least 45 days prior to trial that sets forth specifically the issues on which the support person will testify and an offer of proof regarding: (i) the content of the anticipated testimony of the support person; and (ii) the relevance, admissibility, and materiality of the anticipated testimony.

If the prosecuting attorney intends to call the support person as a witness during the State's case-in-chief, the prosecuting attorney shall inform the court of this intent in the response to the defendant's written motion. The victim may choose a different person to be the victim's support person. The court may allow the defendant to inquire about

matters outside the scope of the direct examination during cross-examination. If the court allows the defendant to do so, the support person shall be allowed to remain in the courtroom after the support person has testified. A defendant who fails to question the support person about matters outside the scope of direct examination during the State's case-in-chief waives the right to challenge the presence of the support person on appeal. The court shall allow the support person to testify if called as a witness in the defendant's case-in-chief or the State's rebuttal.

If the court does not allow the defendant to inquire about matters outside the scope of the direct examination, the support person shall be allowed to remain in the courtroom after the support person has been called by the defendant or the defendant has rested. The court shall allow the support person to testify in the State's rebuttal.

If the prosecuting attorney does not intend to call the support person in the State's case-in-chief, the court shall verify with the support person whether the support person, if called as a witness, would testify as set forth in the offer of proof. If the court finds that the support person would testify as set forth in the offer of proof, the court shall rule

on the relevance, materiality, and admissibility of the anticipated testimony. If the court rules the anticipated testimony is admissible, the court shall issue the subpoena. The support person may remain in the courtroom after the support person testifies and shall be allowed to testify in rebuttal.

If the court excludes the victim's support person during the State's case-in-chief, the victim shall be allowed to choose another support person to be present in court.

If the victim fails to designate a support person within 60 days of trial and the defendant has subpoenaed the support person to testify at trial, the court may exclude the support person from the trial until the support person testifies. If the court excludes the support person the victim may choose another person as a support person.

(9) Right to notice and hearing before disclosure of confidential or privileged information or records.

(A) A defendant who seeks to subpoena testimony or records of or concerning the victim that are confidential or privileged by law must seek permission of the court before the subpoena is issued. The defendant must file a written motion and an offer of proof regarding the relevance, admissibility and materiality of the testimony or records. If the court

finds by a preponderance of the evidence that:

(i) ~~(A)~~ the testimony or records are not protected by an absolute privilege and

(ii) ~~(B)~~ the testimony or records contain relevant, admissible, and material evidence that is not available through other witnesses or evidence, the court shall issue a subpoena requiring the witness to appear in camera or a sealed copy of the records be delivered to the court to be reviewed in camera. If, after conducting an in camera review of the witness statement or records, the court determines that due process requires disclosure of any potential testimony or any portion of the records, the court shall provide copies of the records that ~~what~~ it intends to disclose to the prosecuting attorney and the victim. The prosecuting attorney and the victim shall have 30 days to seek appellate review before the records are disclosed to the defendant, used in any court proceeding, or disclosed to anyone or in any way that would subject the testimony or records to public review. The disclosure of copies of any portion of the testimony or records to the prosecuting attorney under this Section does not make the records subject to discovery or required to be provided to

the defendant.

(B) A prosecuting attorney who seeks to subpoena information or records concerning the victim that are confidential or privileged by law must first request the written consent of the crime victim. If the victim does not provide such written consent, including where necessary the appropriate signed document required for waiving privilege, the prosecuting attorney must serve the subpoena at least 21 days prior to the date a response or appearance is required to allow the subject of the subpoena time to file a motion to quash or request a hearing. The prosecuting attorney must also send a written notice to the victim at least 21 days prior to the response date to allow the victim to file a motion or request a hearing. The notice to the victim shall inform the victim (i) that a subpoena has been issued for confidential information or records concerning the victim, (ii) that the victim has the right to request a hearing prior to the response date of the subpoena, and (iii) how to request the hearing. The notice to the victim shall also include a copy of the subpoena. If requested, a hearing regarding the subpoena shall occur before information or records are provided to the prosecuting attorney.

(10) Right to notice of court proceedings. If the victim is not present at a court proceeding in which a

right of the victim is at issue, the court shall ask the prosecuting attorney whether the victim was notified of the time, place, and purpose of the court proceeding and that the victim had a right to be heard at the court proceeding. If the court determines that timely notice was not given or that the victim was not adequately informed of the nature of the court proceeding, the court shall not rule on any substantive issues, accept a plea, or impose a sentence and shall continue the hearing for the time necessary to notify the victim of the time, place and nature of the court proceeding. The time between court proceedings shall not be attributable to the State under Section 103-5 of the Code of Criminal Procedure of 1963.

(11) Right to timely disposition of the case. A victim has the right to timely disposition of the case so as to minimize the stress, cost, and inconvenience resulting from the victim's involvement in the case. Before ruling on a motion to continue trial or other court proceeding, the court shall inquire into the circumstances for the request for the delay and, if the victim has provided written notice of the assertion of the right to a timely disposition, and whether the victim objects to the delay. If the victim objects, the prosecutor shall inform the court of the victim's objections. If the prosecutor has not conferred with the victim about the continuance, the prosecutor shall inform the court of the attempts to

confer. If the court finds the attempts of the prosecutor to confer with the victim were inadequate to protect the victim's right to be heard, the court shall give the prosecutor at least 3 but not more than 5 business days to confer with the victim. In ruling on a motion to continue, the court shall consider the reasons for the requested continuance, the number and length of continuances that have been granted, the victim's objections and procedures to avoid further delays. If a continuance is granted over the victim's objection, the court shall specify on the record the reasons for the continuance and the procedures that have been or will be taken to avoid further delays.

(12) Right to Restitution.

(A) If the victim has asserted the right to restitution and the amount of restitution is known at the time of sentencing, the court shall enter the judgment of restitution at the time of sentencing.

(B) If the victim has asserted the right to restitution and the amount of restitution is not known at the time of sentencing, the prosecutor shall, within 5 days after sentencing, notify the victim what information and documentation related to restitution is needed and that the information and documentation must be provided to the prosecutor within 45 days after sentencing. Failure to timely provide information and documentation related to restitution

shall be deemed a waiver of the right to restitution. The prosecutor shall file and serve within 60 days after sentencing a proposed judgment for restitution and a notice that includes information concerning the identity of any victims or other persons seeking restitution, whether any victim or other person expressly declines restitution, the nature and amount of any damages together with any supporting documentation, a restitution amount recommendation, and the names of any co-defendants and their case numbers. Within 30 days after receipt of the proposed judgment for restitution, the defendant shall file any objection to the proposed judgment, a statement of grounds for the objection, and a financial statement. If the defendant does not file an objection, the court may enter the judgment for restitution without further proceedings. If the defendant files an objection and either party requests a hearing, the court shall schedule a hearing.

(13) Access to presentence reports.

(A) The victim may request a copy of the presentence report prepared under the Unified Code of Corrections from the State's Attorney. The State's Attorney shall redact the following information before providing a copy of the report:

(i) the defendant's mental history and

condition;

(ii) any evaluation prepared under subsection (b) or (b-5) of Section 5-3-2; and

(iii) the name, address, phone number, and other personal information about any other victim.

(B) The State's Attorney or the defendant may request the court redact other information in the report that may endanger the safety of any person.

(C) The State's Attorney may orally disclose to the victim any of the information that has been redacted if there is a reasonable likelihood that the information will be stated in court at the sentencing.

(D) The State's Attorney must advise the victim that the victim must maintain the confidentiality of the report and other information. Any dissemination of the report or information that was not stated at a court proceeding constitutes indirect criminal contempt of court.

(14) Appellate relief. If the trial court denies the relief requested, the victim, the victim's attorney, or the prosecuting attorney may file an appeal within 30 days of the trial court's ruling. The trial or appellate court may stay the court proceedings if the court finds that a stay would not violate a constitutional right of the defendant. If the appellate court denies the relief sought, the reasons for the denial shall be clearly stated

in a written opinion. In any appeal in a criminal case, the State may assert as error the court's denial of any crime victim's right in the proceeding to which the appeal relates.

(15) Limitation on appellate relief. In no case shall an appellate court provide a new trial to remedy the violation of a victim's right.

(16) The right to be reasonably protected from the accused throughout the criminal justice process and the right to have the safety of the victim and the victim's family considered in determining whether to release the defendant, and setting conditions of release after arrest and conviction. A victim of domestic violence, a sexual offense, or stalking may request the entry of a protective order under Article 112A of the Code of Criminal Procedure of 1963.

(d) Procedures after the imposition of sentence.

(1) The Prisoner Review Board shall inform a victim or any other concerned citizen, upon written request, of the prisoner's release on parole, mandatory supervised release, electronic detention, work release, international transfer or exchange, or by the custodian, other than the Department of Juvenile Justice, of the discharge of any individual who was adjudicated a delinquent for a crime from State custody and by the sheriff of the appropriate county of any such person's final discharge from county

custody. The Prisoner Review Board, upon written request, shall provide to a victim or any other concerned citizen a recent photograph of any person convicted of a felony, upon his or her release from custody. The Prisoner Review Board, upon written request, shall inform a victim or any other concerned citizen when feasible at least 7 days prior to the prisoner's release on furlough of the times and dates of such furlough. Upon written request by the victim or any other concerned citizen, the State's Attorney shall notify the person once of the times and dates of release of a prisoner sentenced to periodic imprisonment. Notification shall be based on the most recent information as to victim's or other concerned citizen's residence or other location available to the notifying authority.

(2) When the defendant has been committed to the Department of Human Services pursuant to Section 5-2-4 or any other provision of the Unified Code of Corrections, the victim may request to be notified by the releasing authority of the approval by the court of an on-grounds pass, a supervised off-grounds pass, an unsupervised off-grounds pass, or conditional release; the release on an off-grounds pass; the return from an off-grounds pass; transfer to another facility; conditional release; escape; death; or final discharge from State custody. The Department of Human Services shall establish and maintain

a statewide telephone number to be used by victims to make notification requests under these provisions and shall publicize this telephone number on its website and to the State's Attorney of each county.

(3) In the event of an escape from State custody, the Department of Corrections or the Department of Juvenile Justice immediately shall notify the Prisoner Review Board of the escape and the Prisoner Review Board shall notify the victim. The notification shall be based upon the most recent information as to the victim's residence or other location available to the Board. When no such information is available, the Board shall make all reasonable efforts to obtain the information and make the notification. When the escapee is apprehended, the Department of Corrections or the Department of Juvenile Justice immediately shall notify the Prisoner Review Board and the Board shall notify the victim.

(4) The victim of the crime for which the prisoner has been sentenced has the right to register with the Prisoner Review Board's victim registry. Victims registered with the Board shall receive reasonable written notice not less than 30 days prior to the parole hearing or target aftercare release date. The victim has the right to submit a victim statement for consideration by the Prisoner Review Board or the Department of Juvenile Justice in writing, on film, videotape, or other electronic means, or

in the form of a recording prior to the parole hearing or target aftercare release date, or in person at the parole hearing or aftercare release protest hearing, or by calling the toll-free number established in subsection (f) of this Section. The victim shall be notified within 7 days after the prisoner has been granted parole or aftercare release and shall be informed of the right to inspect the registry of parole decisions, established under subsection (g) of Section 3-3-5 of the Unified Code of Corrections. The provisions of this paragraph (4) are subject to the Open Parole Hearings Act. Victim statements provided to the Board shall be confidential and privileged, including any statements received prior to January 1, 2020 (the effective date of Public Act 101-288), except if the statement was an oral statement made by the victim at a hearing open to the public.

(4-1) The crime victim has the right to submit a victim statement for consideration by the Prisoner Review Board or the Department of Juvenile Justice prior to or at a hearing to determine the conditions of mandatory supervised release of a person sentenced to a determinate sentence or at a hearing on revocation of mandatory supervised release of a person sentenced to a determinate sentence. A victim statement may be submitted in writing, on film, videotape, or other electronic means, or in the form of a recording, or orally at a hearing, or by calling

the toll-free number established in subsection (f) of this Section. Victim statements provided to the Board shall be confidential and privileged, including any statements received prior to January 1, 2020 (the effective date of Public Act 101-288), except if the statement was an oral statement made by the victim at a hearing open to the public.

(4-2) The crime victim has the right to submit a victim statement to the Prisoner Review Board for consideration at an executive clemency hearing as provided in Section 3-3-13 of the Unified Code of Corrections. A victim statement may be submitted in writing, on film, videotape, or other electronic means, or in the form of a recording prior to a hearing, or orally at a hearing, or by calling the toll-free number established in subsection (f) of this Section. Victim statements provided to the Board shall be confidential and privileged, including any statements received prior to January 1, 2020 (the effective date of Public Act 101-288), except if the statement was an oral statement made by the victim at a hearing open to the public.

(5) If a statement is presented under Section 6, the Prisoner Review Board or Department of Juvenile Justice shall inform the victim of any order of discharge pursuant to Section 3-2.5-85 or 3-3-8 of the Unified Code of Corrections.

(6) At the written or oral request of the victim of the crime for which the prisoner was sentenced or the State's Attorney of the county where the person seeking parole or aftercare release was prosecuted, the Prisoner Review Board or Department of Juvenile Justice shall notify the victim and the State's Attorney of the county where the person seeking parole or aftercare release was prosecuted of the death of the prisoner if the prisoner died while on parole or aftercare release or mandatory supervised release.

(7) When a defendant who has been committed to the Department of Corrections, the Department of Juvenile Justice, or the Department of Human Services is released or discharged and subsequently committed to the Department of Human Services as a sexually violent person and the victim had requested to be notified by the releasing authority of the defendant's discharge, conditional release, death, or escape from State custody, the releasing authority shall provide to the Department of Human Services such information that would allow the Department of Human Services to contact the victim.

(8) When a defendant has been convicted of a sex offense as defined in Section 2 of the Sex Offender Registration Act and has been sentenced to the Department of Corrections or the Department of Juvenile Justice, the Prisoner Review Board or the Department of Juvenile

Justice shall notify the victim of the sex offense of the prisoner's eligibility for release on parole, aftercare release, mandatory supervised release, electronic detention, work release, international transfer or exchange, or by the custodian of the discharge of any individual who was adjudicated a delinquent for a sex offense from State custody and by the sheriff of the appropriate county of any such person's final discharge from county custody. The notification shall be made to the victim at least 30 days, whenever possible, before release of the sex offender.

(e) The officials named in this Section may satisfy some or all of their obligations to provide notices and other information through participation in a statewide victim and witness notification system established by the Attorney General under Section 8.5 of this Act.

(f) The Prisoner Review Board shall establish a toll-free number that may be accessed by the crime victim to present a victim statement to the Board in accordance with paragraphs (4), (4-1), and (4-2) of subsection (d).

(Source: P.A. 100-199, eff. 1-1-18; 100-961, eff. 1-1-19; 101-81, eff. 7-12-19; 101-288, eff. 1-1-20; 101-652, eff. 1-1-23.)

(725 ILCS 120/7) (from Ch. 38, par. 1407)

Sec. 7. Responsibilities of victims and witnesses. Victims

and witnesses shall have the following responsibilities to aid in the prosecution of violent crime and to ensure that their constitutional rights are enforced:

(a) To make a timely report of the crime;

(b) To cooperate with law enforcement authorities throughout the investigation, prosecution, and trial;

(c) To testify at trial;

(c-5) to timely provide information and documentation to the prosecuting attorney that is related to the assertion of their rights.

(d) To notify law enforcement authorities and the prosecuting attorney of any change of contact information, including but not limited to, changes of address and contact information, including but not limited to changes of address, telephone number, and email address. Law enforcement authorities and the prosecuting attorney shall maintain the confidentiality of this information. A court may find that the failure to notify the prosecuting attorney of any change in contact information constitutes waiver of a right.

(e) A victim who otherwise cooperates with law enforcement authorities and the prosecuting attorney, but declines to provide information and documentation to the prosecuting attorney that is privileged or confidential under the law, or chooses not to waive privilege, shall still be considered as cooperating for the purposes of this Act and maintain the status of victim and the rights afforded to victims under this

Act.

(Source: P.A. 99-413, eff. 8-20-15.)

(725 ILCS 120/9) (from Ch. 38, par. 1408)

Sec. 9. This Act does not limit any rights or responsibilities otherwise enjoyed by or imposed upon victims or witnesses of violent crime, ~~nor does it grant any person a cause of action in equity or at law for compensation for damages or attorneys fees.~~ Any act of omission or commission by any law enforcement officer, circuit court clerk, or State's Attorney, by the Attorney General, Prisoner Review Board, Department of Corrections, the Department of Juvenile Justice, Department of Human Services, or other State agency, or private entity under contract pursuant to Section 8, or by any employee of any State agency or private entity under contract pursuant to Section 8 acting in good faith in rendering crime victim's assistance or otherwise enforcing this Act shall not impose civil liability upon the individual or entity or his or her supervisor or employer. Nothing in this Act shall create a basis for vacating a conviction or a ground for relief requested by the defendant in any criminal case.

(Source: P.A. 99-413, eff. 8-20-15.)

Section 25. The Sexual Assault Evidence Submission Act is amended by changing Section 50 as follows:

(725 ILCS 202/50)

Sec. 50. Sexual assault evidence tracking system.

(a) On June 26, 2018, the Sexual Assault Evidence Tracking and Reporting Commission issued its report as required under Section 43. It is the intention of the General Assembly in enacting the provisions of this amendatory Act of the 101st General Assembly to implement the recommendations of the Sexual Assault Evidence Tracking and Reporting Commission set forth in that report in a manner that utilizes the current resources of law enforcement agencies whenever possible and that is adaptable to changing technologies and circumstances.

(a-1) Due to the complex nature of a statewide tracking system for sexual assault evidence and to ensure all stakeholders, including, but not limited to, victims and their designees, health care facilities, law enforcement agencies, forensic labs, and State's Attorneys offices are integrated, the Commission recommended the purchase of an electronic off-the-shelf tracking system. The system must be able to communicate with all stakeholders and provide real-time information to a victim or his or her designee on the status of the evidence that was collected. The sexual assault evidence tracking system must:

- (1) be electronic and web-based;
- (2) be administered by the Department of State Police;
- (3) have help desk availability at all times;
- (4) ensure the law enforcement agency contact

information is accessible to the victim or his or her designee through the tracking system, so there is contact information for questions;

(5) have the option for external connectivity to evidence management systems, laboratory information management systems, or other electronic data systems already in existence by any of the stakeholders to minimize additional burdens or tasks on stakeholders;

(6) allow for the victim to opt in for automatic notifications when status updates are entered in the system, if the system allows;

(7) include at each step in the process, a brief explanation of the general purpose of that step and a general indication of how long the step may take to complete;

(8) contain minimum fields for tracking and reporting, as follows:

(A) for sexual assault evidence kit vendor fields:

(i) each sexual evidence kit identification number provided to each health care facility; and

(ii) the date the sexual evidence kit was sent to the health care facility.

(B) for health care facility fields:

(i) the date sexual assault evidence was collected; and

(ii) the date notification was made to the law

enforcement agency that the sexual assault evidence was collected.

(C) for law enforcement agency fields:

(i) the date the law enforcement agency took possession of the sexual assault evidence from the health care facility, another law enforcement agency, or victim if he or she did not go through a health care facility;

(ii) the law enforcement agency complaint number;

(iii) if the law enforcement agency that takes possession of the sexual assault evidence from a health care facility is not the law enforcement agency with jurisdiction in which the offense occurred, the date when the law enforcement agency notified the law enforcement agency having jurisdiction that the agency has sexual assault evidence required under subsection (c) of Section 20 of the Sexual Assault Incident Procedure Act;

(iv) an indication if the victim consented for analysis of the sexual assault evidence;

(v) if the victim did not consent for analysis of the sexual assault evidence, the date on which the law enforcement agency is no longer required to store the sexual assault evidence;

(vi) a mechanism for the law enforcement

agency to document why the sexual assault evidence was not submitted to the laboratory for analysis, if applicable;

(vii) the date the law enforcement agency received the sexual assault evidence results back from the laboratory;

(viii) the date statutory notifications were made to the victim or documentation of why notification was not made; and

(ix) the date the law enforcement agency turned over the case information to the State's Attorney office, if applicable.

(D) for forensic lab fields:

(i) the date the sexual assault evidence is received from the law enforcement agency by the forensic lab for analysis;

(ii) the laboratory case number, visible to the law enforcement agency and State's Attorney office; and

(iii) the date the laboratory completes the analysis of the sexual assault evidence.

(E) for State's Attorney office fields:

(i) the date the State's Attorney office received the sexual assault evidence results from the laboratory, if applicable; and

(ii) the disposition or status of the case.

(a-2) The Commission also developed guidelines for secure electronic access to a tracking system for a victim, or his or her designee to access information on the status of the evidence collected. The Commission recommended minimum guidelines in order to safeguard confidentiality of the information contained within this statewide tracking system. These recommendations are that the sexual assault evidence tracking system must:

(1) allow for secure access, controlled by an administering body who can restrict user access and allow different permissions based on the need of that particular user and health care facility users may include out-of-state border hospitals, if authorized by the Department of State Police to obtain this State's kits from vendor;

(2) provide for users, other than victims, the ability to provide for any individual who is granted access to the program their own unique user ID and password;

(3) provide for a mechanism for a victim to enter the system and only access his or her own information;

(4) enable a sexual assault evidence to be tracked and identified through the unique sexual assault evidence kit identification number or barcode that the vendor applies to each sexual assault evidence kit per the Department of State Police's contract;

(5) have a mechanism to inventory unused kits provided

to a health care facility from the vendor;

(6) provide users the option to either scan the bar code or manually enter the sexual assault evidence kit number into the tracking program;

(7) provide a mechanism to create a separate unique identification number for cases in which a sexual evidence kit was not collected, but other evidence was collected;

(8) provide the ability to record date, time, and user ID whenever any user accesses the system;

(9) provide for real-time entry and update of data;

(10) contain report functions including:

(A) health care facility compliance with applicable laws;

(B) law enforcement agency compliance with applicable laws;

(C) law enforcement agency annual inventory of cases to each State's Attorney office; and

(D) forensic lab compliance with applicable laws; and

(11) provide automatic notifications to the law enforcement agency when:

(A) a health care facility has collected sexual assault evidence;

(B) unreleased sexual assault evidence that is being stored by the law enforcement agency has met the minimum storage requirement by law; and

(C) timelines as required by law are not met for a particular case, if not otherwise documented.

(b) The Department may ~~shall~~ develop rules to implement a sexual assault evidence tracking system that conforms with subsections (a-1) and (a-2) of this Section. The Department shall design the criteria for the sexual assault evidence tracking system so that, to the extent reasonably possible, the system can use existing technologies and products, including, but not limited to, currently available tracking systems. The sexual assault evidence tracking system shall be operational and shall begin tracking and reporting sexual assault evidence no later than one year after the effective date of this amendatory Act of the 101st General Assembly. The Department may adopt additional rules as it deems necessary to ensure that the sexual assault evidence tracking system continues to be a useful tool for law enforcement.

(c) A treatment hospital, a treatment hospital with approved pediatric transfer, an out-of-state hospital approved by the Department of Public Health to receive transfers of Illinois sexual assault survivors, or an approved pediatric health care facility defined in Section 1a of the Sexual Assault Survivors Emergency Treatment Act shall participate in the sexual assault evidence tracking system created under this Section and in accordance with rules adopted under subsection (b), including, but not limited to, the collection of sexual assault evidence and providing information regarding that

evidence, including, but not limited to, providing notice to law enforcement that the evidence has been collected.

(d) The operations of the sexual assault evidence tracking system shall be funded by moneys appropriated for that purpose from the State Crime Laboratory Fund and funds provided to the Department through asset forfeiture, together with such other funds as the General Assembly may appropriate.

(e) To ensure that the sexual assault evidence tracking system is operational, the Department may adopt emergency rules to implement the provisions of this Section under subsection (ff) of Section 5-45 of the Illinois Administrative Procedure Act.

(f) Information, including, but not limited to, evidence and records in the sexual assault evidence tracking system is exempt from disclosure under the Freedom of Information Act.

(Source: P.A. 101-377, eff. 8-16-19.)

Section 30. The Sexual Assault Incident Procedure Act is amended by changing Sections 25 and 35 and by adding Section 11 as follows:

(725 ILCS 203/11 new)

Sec. 11. Victim notification. When sexual assault evidence is collected from a sexual assault survivor, the health care provider or law enforcement officer who collects the evidence must notify a victim about the tracking system. Such

notification is satisfied by providing the victim information regarding the Sexual Assault Evidence Tracking System and the victim's unique log-in information contained within the sexual assault evidence kit or generated by the sexual assault evidence tracking system.

(725 ILCS 203/25)

Sec. 25. Report; victim notice.

(a) At the time of first contact with the victim, law enforcement shall:

(1) Advise the victim about the following by providing a form, the contents of which shall be prepared by the Office of the Attorney General and posted on its website, written in a language appropriate for the victim or in Braille, or communicating in appropriate sign language that includes, but is not limited to:

(A) information about seeking medical attention and preserving evidence, including specifically, collection of evidence during a medical forensic examination at a hospital and photographs of injury and clothing;

(B) notice that the victim will not be charged for hospital emergency and medical forensic services;

(C) information advising the victim that evidence can be collected at the hospital up to 7 days after the sexual assault or sexual abuse but that the longer the

victim waits the likelihood of obtaining evidence decreases;

(C-5) notice that the sexual assault forensic evidence collected will not be used to prosecute the victim for any offense related to the use of alcohol, cannabis, or a controlled substance;

(D) the location of nearby hospitals that provide emergency medical and forensic services and, if known, whether the hospitals employ any sexual assault nurse examiners;

(E) a summary of the procedures and relief available to victims of sexual assault or sexual abuse under the Civil No Contact Order Act or the Illinois Domestic Violence Act of 1986;

(F) the law enforcement officer's name and badge number;

(G) at least one referral to an accessible service agency and information advising the victim that rape crisis centers can assist with obtaining civil no contact orders and orders of protection; and

(H) if the sexual assault or sexual abuse occurred in another jurisdiction, provide in writing the address and phone number of a specific contact at the law enforcement agency having jurisdiction.

(2) Offer to provide or arrange accessible transportation for the victim to a hospital for emergency

and forensic services, including contacting emergency medical services.

(2.5) Notify victims about the Illinois State Police sexual assault evidence tracking system.

(3) Offer to provide or arrange accessible transportation for the victim to the nearest available circuit judge or associate judge so the victim may file a petition for an emergency civil no contact order under the Civil No Contact Order Act or an order of protection under the Illinois Domestic Violence Act of 1986 after the close of court business hours, if a judge is available.

(b) At the time of the initial contact with a person making a third-party report under Section 22 of this Act, a law enforcement officer shall provide the written information prescribed under paragraph (1) of subsection (a) of this Section to the person making the report and request the person provide the written information to the victim of the sexual assault or sexual abuse.

(c) If the first contact with the victim occurs at a hospital, a law enforcement officer may request the hospital provide interpretive services.

(Source: P.A. 99-801, eff. 1-1-17; 100-1087, eff. 1-1-19.)

(725 ILCS 203/35)

Sec. 35. Release of information.

(a) Upon the request of the victim who has consented to the

release of sexual assault evidence for testing, the law enforcement agency having jurisdiction shall notify the victim about the Illinois State Police sexual assault evidence tracking system and provide the following information in writing:

(1) the date the sexual assault evidence was sent to a Department of State Police forensic laboratory or designated laboratory;

(2) test results provided to the law enforcement agency by a Department of State Police forensic laboratory or designated laboratory, including, but not limited to:

(A) whether a DNA profile was obtained from the testing of the sexual assault evidence from the victim's case;

(B) whether the DNA profile developed from the sexual assault evidence has been searched against the DNA Index System or any state or federal DNA database;

(C) whether an association was made to an individual whose DNA profile is consistent with the sexual assault evidence DNA profile, provided that disclosure would not impede or compromise an ongoing investigation; and

(D) whether any drugs were detected in a urine or blood sample analyzed for drug facilitated sexual assault and information about any drugs detected.

(b) The information listed in paragraph (1) of subsection

(a) of this Section shall be provided to the victim within 7 days of the transfer of the evidence to the laboratory. The information listed in paragraph (2) of subsection (a) of this Section shall be provided to the victim within 7 days of the receipt of the information by the law enforcement agency having jurisdiction.

(c) At the time the sexual assault evidence is released for testing, the victim shall be provided written information by the law enforcement agency having jurisdiction or the hospital providing emergency services and forensic services to the victim informing him or her of the right to request information under subsection (a) of this Section. A victim may designate another person or agency to receive this information.

(d) The victim or the victim's designee shall keep the law enforcement agency having jurisdiction informed of the name, address, telephone number, and email address of the person to whom the information should be provided, and any changes of the name, address, telephone number, and email address, if an email address is available.

(Source: P.A. 99-801, eff. 1-1-17.)

Section 95. No acceleration or delay. Where this Act makes changes in a statute that is represented in this Act by text that is not yet or no longer in effect (for example, a Section represented by multiple versions), the use of that text does

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not accelerate or delay the taking effect of (i) the changes made by this Act or (ii) provisions derived from any other Public Act.

Section 99. Effective date. This Act takes effect upon becoming law.