

Rep. Michael D. Unes

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10000HB3852ham002 LRB100 11373 MJP 25551 a 1 AMENDMENT TO HOUSE BILL 3852 2 AMENDMENT NO. . Amend House Bill 3852, AS AMENDED, by replacing everything after the enacting clause with the 3 4 following: 5 "Section 5. The Sexual Assault Survivors Emergency 6 Treatment Act is amended by changing Sections 1a, 2, 2.1, 2.2, 7 3, 5, 5.5, 6.1, 6.2, 6.4, 6.5, 6.6, 7, 7.5, 8, and 9 as follows: (410 ILCS 70/1a) (from Ch. 111 1/2, par. 87-1a) 8 Sec. 1a. Definitions. In this Act: 9 10 "Ambulance provider" means an individual or entity that owns and operates a business or service using ambulances or 11 12 emergency medical services vehicles to transport emergency patients. 13 "Areawide sexual assault treatment plan" means a plan, 14 15 developed by the eligible health care facilities hospitals in the community or area to be served, which provides for hospital 16

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emergency services to sexual assault survivors that shall be 1 2 made available by each of the participating eligible health 3 care facilities hospitals.

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"Children's Advocacy Center" has the meaning given to that 5 term under the Children's Advocacy Center Act.

6 "Department" means the Department of Public Health.

"Eligible health care facility" means a hospital, 7 emergency department, or outpatient clinic performing child 8 sexual abuse examinations in collaboration with a Children's 9 10 Advocacy Center with medical providers that meet at least one 11 of the following training requirements: (1) a physician with Child Abuse Pediatrics Sub-board certification or eligibility 12 13 or child abuse fellowship training; (2) a physician, advanced 14 practice nurse, or physician assistant with 16 hours of formal 15 didactic training in the medical evaluation of child sexual abuse; or (3) a nurse with a registered nursing degree or 16 bachelor of science in nursing degree and 40 hours of didactic 17 training in the medical evaluation of child sexual abuse, as 18 well as competency-based clinical preceptorship. 19

20 "Emergency contraception" means medication as approved by the federal Food and Drug Administration (FDA) that can 21 significantly reduce the risk of pregnancy if taken within 72 22 hours after sexual assault. 23

24 "Emergency services" means health care delivered to 25 outpatients within or under the care and supervision of personnel working in a designated emergency department of a 26

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1 hospital or outpatient clinic of an eligible health facility, including, but not limited to, care ordered by such personnel 2 3 for a sexual assault survivor. 4 "Follow-up healthcare" means healthcare services related 5 to a sexual assault, including laboratory services and pharmacy services, rendered within 90 days of the initial visit for 6 7 hospital emergency services. "Forensic services" means the collection of evidence 8 9 pursuant to a statewide sexual assault evidence collection 10 program administered by the Department of State Police, using the Illinois State Police Sexual Assault Evidence Collection 11 Kit. 12 13 "Health care professional" means a physician, a physician 14 assistant, or an advanced practice nurse. 15 "Hospital" has the meaning given to that term in the 16 Hospital Licensing Act. 17 "Hospital emergency services" means healthcare delivered to outpatients within or under the care and supervision of 18 19 personnel working in a designated emergency department of a 20 hospital, including, but not limited to, care ordered by such personnel for a sexual assault survivor in the emergency 21 22 department. "Illinois State Police Sexual Assault Evidence Collection 23

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 10000HB3852ham002

shall be the Illinois State Police Sexual Assault Evidence
 Collection Kit.

3 "Law enforcement agency having jurisdiction" means the law 4 enforcement agency in the jurisdiction where an alleged sexual 5 assault or sexual abuse occurred.

6 "Nurse" means a nurse licensed under the Nurse Practice 7 Act.

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

10 "Sexual assault" means an act of nonconsensual sexual 11 conduct or sexual penetration, as defined in Section 11-0.1 of 12 the Criminal Code of 2012, including, without limitation, acts 13 prohibited under Sections 11-1.20 through 11-1.60 of the 14 Criminal Code of 2012.

15 <u>"Sexual assault nurse examiner" means a registered nurse</u> 16 <u>who has completed a sexual assault nurse examiner (SANE)</u> 17 <u>training program that meets the Forensic Sexual Assault Nurse</u> 18 <u>Examiner Education Guidelines established by the International</u> 19 <u>Association of Forensic Nurses.</u>

20 "Sexual assault survivor" means a person who presents for 21 hospital emergency services to an eligible health care facility 22 in relation to injuries or trauma resulting from a sexual 23 assault.

24 "Sexual assault transfer plan" means a written plan 25 developed by <u>an eliqible health care facility</u> a hospital and 26 approved by the Department, which describes the <u>eliqible health</u> 10000HB3852ham002 -5- LRB100 11373 MJP 25551 a

1 <u>care facility's hospital's</u> procedures for transferring sexual 2 assault survivors to another <u>eligible health care facility</u> 3 <u>hospital</u> in order to receive emergency treatment.

4 "Sexual assault treatment plan" means a written plan 5 developed by an eligible health care facility a hospital that describes the eligible health care facility's hospital's 6 procedures and protocols for providing hospital emergency 7 services and forensic services to sexual assault survivors who 8 9 present themselves for such services, either directly or 10 through transfer from another eligible health care facility 11 hospital.

12 "Transfer services" means the appropriate medical 13 screening examination and necessary stabilizing treatment 14 prior to the transfer of a sexual assault survivor to <u>an</u> 15 <u>eligible health care facility</u> a hospital that provides hospital 16 emergency services and forensic services to sexual assault 17 survivors pursuant to a sexual assault treatment plan or 18 areawide sexual assault treatment plan.

19 "Voucher" means a document generated by <u>an eliqible health</u>
20 <u>care facility</u> a hospital at the time the sexual assault
21 survivor receives hospital emergency and forensic services
22 that a sexual assault survivor may present to providers for
23 follow-up healthcare.

24 (Source: P.A. 99-454, eff. 1-1-16; 99-801, eff. 1-1-17.)

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

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1 Sec. 2. Eligible health facility care Hospital 2 requirements. Every eligible health care facility hospital required to be licensed by the Department pursuant to the 3 4 Hospital Licensing Act, approved July 1, 1953, as now or 5 hereafter amended, or licensed by the Department under any 6 other applicable law, or that is regulated by a State or federal agency governing outpatient facilities, which provides 7 8 general medical and surgical hospital services shall provide 9 either (i) transfer services or (ii) hospital emergency 10 services and forensic services, in accordance with rules and 11 regulations adopted by the Department, to all sexual assault survivors who apply for either (i) transfer services or (ii) 12 13 hospital emergency services and forensic services in relation to injuries or trauma resulting from the sexual assault. 14

15 In addition, every such eligible health care facility 16 hospital, regardless of whether or not a request is made for reimbursement, shall submit to the Department a plan to provide 17 either (i) transfer services or (ii) hospital emergency 18 services and forensic services to sexual assault survivors. 19 20 Such plan shall be submitted within 60 days after receipt of 21 the Department's request for this plan, to the Department for approval prior to such plan becoming effective. The Department 22 shall approve such plan for either (i) transfer services or 23 24 (ii) hospital emergency services and forensic services to 25 sexual assault survivors if it finds that the implementation of 26 the proposed plan would provide adequate (i) transfer services

1 or (ii) hospital emergency services and forensic services for 2 sexual assault survivors and provide sufficient protections 3 from the risk of pregnancy to sexual assault survivors.

The Department shall periodically conduct on site reviews of such approved plans with <u>eligible health care facility</u> hospital personnel to insure that the established procedures are being followed.

On January 1, 2007, and each January 1 thereafter, the 8 9 Department shall submit a report to the General Assembly 10 containing information on the eligible health care facilities 11 hospitals in this State that have submitted a plan to provide either (i) transfer services or (ii) hospital emergency 12 13 services and forensic services to sexual assault survivors. The 14 Department shall post on its Internet website the report 15 required in this Section. The report shall include all of the 16 following:

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(1) A list of all <u>eliqible health care facilities</u> hospitals that have submitted a plan.

(2) A list of <u>eligible health care facilities</u> hospitals
whose plans have been found by the Department to be in
compliance with this Act.

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(3) A list of <u>eligible health care facilities</u> hospitals that have failed to submit an acceptable Plan of Correction within the time required by Section 2.1 of this Act.

25 (4) A list of <u>eligible health care facilities</u> hospitals
26 at which the periodic site review required by this Act has

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1 been conducted.

When <u>an eligible health care facility</u> a hospital listed as noncompliant under item (3) of this Section submits and implements the required Plan of Correction, the Department shall immediately update the report on its Internet website to reflect that <u>eligible health care facility's</u> hospital's compliance.

8 (Source: P.A. 94-762, eff. 5-12-06; 95-432, eff. 1-1-08.)

9 (410 ILCS 70/2.1) (from Ch. 111 1/2, par. 87-2.1)

10 Sec. 2.1. Plan of correction; penalties. If the Department surveyor determines that the eligible health care facility 11 12 hospital is not in compliance with its approved plan, the surveyor shall provide the eliqible health care facility 13 14 hospital with a written list of the specific items of 15 noncompliance within 10 working days after the conclusion of the on site review. The eligible health care facility hospital 16 shall have 10 working days to submit to the Department a plan 17 of correction which contains the eligible health care 18 19 facility's hospital's specific proposals for correcting the items of noncompliance. The Department shall review the plan of 20 21 correction and notify the eligible health care facility hospital in writing within 10 working days as to whether the 22 23 plan is acceptable or unacceptable.

If the Department finds the Plan of Correction unacceptable, the <u>eligible health care facility</u> hospital shall 10000HB3852ham002 -9- LRB100 11373 MJP 25551 a

have 10 working days to resubmit an acceptable Plan of
 Correction. Upon notification that its Plan of Correction is
 acceptable, <u>an eligible health care facility</u> a hospital shall
 implement the Plan of Correction within 60 days.

5 The failure to submit an acceptable Plan of Correction or 6 to implement the Plan of Correction, within the time frames 7 required in this Section, will subject <u>an eliqible health care</u> 8 <u>facility</u> a hospital to the imposition of a fine by the 9 Department. The Department may impose a fine of up to \$500 per 10 day until <u>an eliqible health care facility</u> a hospital complies 11 with the requirements of this Section.

Before imposing a fine pursuant to this Section, the 12 13 Department shall provide the eligible health care facility hospital via certified mail with written notice and an 14 15 opportunity for an administrative hearing. Such hearing must be 16 requested within 10 working days after receipt of the Department's Notice. All hearings shall be conducted in 17 accordance with the Department's rules in administrative 18 19 hearings.

20 (Source: P.A. 94-762, eff. 5-12-06; 95-432, eff. 1-1-08.)

21 (410 ILCS 70/2.2)

22 Sec. 2.2. Emergency contraception.

23 (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.

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

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

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

(b) Within 120 days after the effective date of this 14 15 amendatory Act of the 92nd General Assembly, every eligible 16 health care facility hospital providing services to sexual assault survivors in accordance with a plan approved under 17 Section 2 must develop a protocol that ensures that each 18 survivor of sexual assault will receive medically and factually 19 20 accurate and written and oral information about emergency contraception; the indications and counter-indications and 21 22 risks associated with the use of emergency contraception; and a 23 description of how and when victims may be provided emergency 24 contraception upon the written order of a physician licensed to practice medicine in all its branches, a licensed advanced 25 26 practice nurse, or a licensed physician assistant. The

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Department shall approve the protocol if it finds that the implementation of the protocol would provide sufficient protection for survivors of sexual assault.

4 The eligible health care facility hospital shall implement 5 the protocol upon approval by the Department. The Department 6 shall adopt rules and regulations establishing one or more safe harbor protocols and setting minimum acceptable protocol 7 standards that eligible health care facilities hospitals may 8 develop and implement. The Department shall approve any 9 10 protocol that meets those standards. The Department may provide 11 a sample acceptable protocol upon request.

12 (Source: P.A. 99-173, eff. 7-29-15.)

13 (410 ILCS 70/3) (from Ch. 111 1/2, par. 87-3)

14 Sec. 3. Areawide sexual assault treatment plans; 15 submission. Eligible health care facilities Hospitals in the area to be served may develop and participate in areawide plans 16 that shall describe the hospital emergency services and 17 forensic services to sexual assault survivors that each 18 19 participating eligible health care facility hospital has agreed to make available. Each eligible health care facility 20 21 hospital participating in such a plan shall provide such 22 services as it is designated to provide in the plan agreed upon 23 by the participants. Areawide plans may include eligible health 24 care facility hospital transfer plans. All areawide plans shall 25 be submitted to the Department for approval, prior to becoming 10000HB3852ham002 -12- LRB100 11373 MJP 25551 a

effective. The Department shall approve a proposed plan if it finds that the implementation of the plan would provide for appropriate hospital emergency services and forensic services for the people of the area to be served.

5 (Source: P.A. 95-432, eff. 1-1-08.)

6 (410 ILCS 70/5) (from Ch. 111 1/2, par. 87-5)

Sec. 5. Minimum requirements for <u>eligible health care</u>
 <u>facilities hospitals</u> providing <u>hospital</u> emergency services and
 forensic services to sexual assault survivors.

10 (a) Every <u>eligible health care facility</u> hospital providing 11 hospital emergency services and forensic services to sexual 12 assault survivors under this Act shall, as minimum requirements 13 for such services, provide, with the consent of the sexual 14 assault survivor, and as ordered by the attending physician, an 15 advanced practice nurse, or a physician assistant, the 16 following:

(1) appropriate medical examinations and laboratory 17 18 tests required to ensure the health, safety, and welfare of 19 a sexual assault survivor or which may be used as evidence 20 in a criminal proceeding against a person accused of the 21 sexual assault, or both; and records of the results of such 22 examinations and tests shall be maintained by the eligible 23 health care facility hospital and made available to law 24 enforcement officials upon the request of the sexual 25 assault survivor;

1 (2) appropriate oral and written information 2 concerning the possibility of infection, sexually 3 transmitted disease and pregnancy resulting from sexual 4 assault;

5 (3) appropriate oral and written information 6 concerning accepted medical procedures, medication, and 7 possible contraindications of such medication available 8 for the prevention or treatment of infection or disease 9 resulting from sexual assault;

10 (4) an amount of medication for treatment at the 11 <u>eligible health care facility hospital</u> and after discharge 12 as is deemed appropriate by the attending physician, an 13 advanced practice nurse, or a physician assistant and 14 consistent with the <u>eligible health care facility's</u> 15 hospital's current approved protocol for sexual assault 16 survivors;

(5) an evaluation of the sexual assault survivor's risk of contracting human immunodeficiency virus (HIV) from the sexual assault;

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

24 (7) referral by <u>eligible health care facility</u> hospital
 25 personnel for appropriate counseling; and

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(8) when HIV prophylaxis is deemed appropriate, an

initial dose or doses of HIV prophylaxis, along with written and oral instructions indicating the importance of timely follow-up healthcare.

4 (b) Any person who is a sexual assault survivor who seeks
5 emergency hospital services and forensic services or follow-up
6 healthcare under this Act shall be provided such services
7 without the consent of any parent, guardian, custodian,
8 surrogate, or agent.

9 (b-5) Every treating eligible health care facility 10 hospital providing hospital emergency and forensic services to 11 sexual assault survivors shall issue a voucher to any sexual assault survivor who is eligible to receive one. The eligible 12 13 health care facility hospital shall make a copy of the voucher and place it in the medical record of the sexual assault 14 15 survivor. The eligible health care facility hospital shall 16 provide a copy of the voucher to the sexual assault survivor 17 after discharge upon request.

18 (c) Nothing in this Section creates a physician-patient 19 relationship that extends beyond discharge from the hospital <u>or</u> 20 <u>outpatient clinic's</u> emergency department.

21 (Source: P.A. 99-173, eff. 7-29-15; 99-454, eff. 1-1-16; 22 99-642, eff. 7-28-16.)

23 (410 ILCS 70/5.5)

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24 Sec. 5.5. Minimum reimbursement requirements for follow-up 25 healthcare. 10000HB3852ham002 -15- LRB100 11373 MJP 25551 a

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

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(1) a physical examination;

10 (2) laboratory tests to determine the presence or
11 absence of sexually transmitted disease; and

12 (3) appropriate medications, including HIV13 prophylaxis.

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

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

22 (Source: P.A. 99-173, eff. 7-29-15.)

23 (410 ILCS 70/6.1) (from Ch. 111 1/2, par. 87-6.1)

24 Sec. 6.1. Minimum standards. The Department shall 25 prescribe minimum standards, rules, and regulations necessary 10000HB3852ham002 -16- LRB100 11373 MJP 25551 a

1 to implement this Act, which shall apply to every eligible health care facility hospital required to be licensed by the 2 3 Department that provides general medical and surgical hospital 4 services. Such standards shall include, but not be limited to, 5 a uniform system for recording results of medical examinations 6 and all diagnostic tests performed in connection therewith to determine the condition and necessary treatment of sexual 7 8 assault survivors, which results shall be preserved in a 9 confidential manner as part of the eligible health care 10 facility's hospital record of the sexual assault survivor. 11 (Source: P.A. 95-432, eff. 1-1-08.)

12 (410 ILCS 70/6.2) (from Ch. 111 1/2, par. 87-6.2)

Sec. 6.2. Assistance and grants. The Department shall assist in the development and operation of programs which provide hospital emergency services and forensic services to sexual assault survivors, and, where necessary, to provide grants to <u>eligible health care facilities</u> hospitals for this purpose.

19 (Source: P.A. 95-432, eff. 1-1-08.)

20 (410 ILCS 70/6.4) (from Ch. 111 1/2, par. 87-6.4)

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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

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

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(a-5) (Blank).

(b) The Illinois State Police shall administer a program to 2 3 train eligible health care facilities hespitals and eligible 4 health care facility hospital personnel participating in the 5 sexual assault evidence collection program, in the correct use and application of the sexual assault evidence collection kits. 6 A sexual assault nurse examiner may conduct examinations using 7 the sexual assault evidence collection kits, without the 8 9 presence or participation of a physician. The Department shall 10 cooperate with the Illinois State Police in this program as it 11 pertains to medical aspects of the evidence collection.

(c) In this Section, "sexual assault nurse examiner" means
a registered nurse who has completed a sexual assault nurse
examiner (SANE) training program that meets the Forensic Sexual
Assault Nurse Examiner Education Guidelines established by the
International Association of Forensic Nurses.

17 (Source: P.A. 99-801, eff. 1-1-17.)

18 (410 ILCS 70/6.5)

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

(a) Upon the completion of hospital emergency services and forensic services, the health care professional providing the 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. The written consent shall 10000HB3852ham002 -19- LRB100 11373 MJP 25551 a

be on a form included in the sexual assault evidence collection kit and shall include whether the survivor consents to the release of information about the sexual assault to law enforcement.

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

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

(3) If the survivor is an adult who has a quardian of 12 13 the person, a health care surrogate, or an agent acting 14 under a health care power of attorney, the consent of the 15 quardian, surrogate, or agent is not required to release evidence and information concerning the sexual assault or 16 17 sexual abuse. If the adult is unable to provide consent for 18 the release of evidence and information and a quardian, 19 surrogate, or agent under a health care power of attorney 20 is unavailable or unwilling to release the information, 21 an investigating law enforcement officer then may authorize the release. 22

(4) Any health care professional, including any
 physician, advanced practice nurse, physician assistant,
 or nurse, sexual assault nurse examiner, and any health
 care institution, including any <u>eligible health care</u>

facility hospital, who provides evidence or information to 1 a law enforcement officer under a written consent as 2 3 specified in this Section is immune from any civil or 4 professional liability that might arise from those 5 actions, with the exception of willful or wanton misconduct. The immunity provision applies only if all of 6 the requirements of this Section are met. 7

8 (b) The <u>eliqible health care facility</u> hospital shall keep a 9 copy of a signed or unsigned written consent form in the 10 patient's medical record.

11 (c) If a written consent to allow law enforcement to test 12 the sexual assault evidence is not signed at the completion of 13 hospital emergency services and forensic services, the 14 <u>eligible health care facility</u> hospital shall include the 15 following information in its discharge instructions:

(1) the sexual assault evidence will be stored for 5
years from the completion of an Illinois State Police
Sexual Assault Evidence Collection Kit, or 5 years from the
age of 18 years, whichever is longer;

(2) (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 5-year period for an adult victim, or until a minor victim turns 23 years of age by (A) contacting the law enforcement agency having jurisdiction, or if unknown, the law enforcement agency contacted by the 10000HB3852ham002 -21- LRB100 11373 MJP 25551 a

eligible health care facility hospital under Section 3.2 of the Criminal Identification Act; or (B) by working with an advocate at a rape crisis center <u>or Children's Advocacy</u> <u>Center;</u>

5 (3) the name, address, and phone number of the law 6 enforcement agency having jurisdiction, or if unknown the 7 name, address, and phone number of the law enforcement 8 agency contacted by the <u>eligible health care facility</u> 9 <u>hospital</u> under Section 3.2 of the Criminal Identification 10 Act; and

(4) the name and phone number of a local rape crisis
 center <u>or Children's Advocacy Center</u>.

13 (Source: P.A. 99-801, eff. 1-1-17.)

14 (410 ILCS 70/6.6)

15 Sec. 6.6. Submission of sexual assault evidence.

(a) As soon as practicable, but in no event more than 4 16 17 hours after the completion of hospital emergency services and forensic services, the eligible health care facility hospital 18 19 shall make reasonable efforts to determine the law enforcement 20 agency having jurisdiction where the sexual assault occurred. 21 The eligible health care facility hospital may obtain the name 22 of the law enforcement agency with jurisdiction from the local 23 law enforcement agency.

(b) Within 4 hours after the completion of hospital
 emergency services and forensic services, the <u>eligible health</u>

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

13 (c) If the law enforcement agency having jurisdiction has 14 not taken physical custody of sexual assault evidence within 5 15 days of the first contact by the eligible health care facility 16 hospital, the eligible health care facility hospital shall 17 renotify re notify the law enforcement agency having 18 jurisdiction that the eligible health care facility hospital is in possession of sexual assault evidence and the date the 19 20 sexual assault evidence was collected. The eligible health care 21 facility hospital shall document the renotification 22 re-notification in the patient's medical records and shall include the agency notified, the date and time of the 23 24 notification and the name of the person who received the 25 notification.

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(d) If the law enforcement agency having jurisdiction has

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1 not taken physical custody of the sexual assault evidence 2 within 10 days of the first contact by the eligible health care 3 facility hospital and the eligible health care facility 4 hospital has provided renotification under subsection (c) of 5 this Section, the eligible health care facility hospital shall 6 contact the State's Attorney of the county where the law enforcement agency having jurisdiction is located. 7 The eligible health care facility hospital shall inform the State's 8 9 Attorney that the eligible health care facility hospital is in 10 possession of sexual assault evidence, the date the sexual assault evidence was collected, the law enforcement agency 11 having jurisdiction, the dates, times and names of persons 12 13 notified under subsections (b) and (c) of this Section. The notification shall be made within 14 days of the collection of 14 15 the sexual assault evidence.

16 (Source: P.A. 99-801, eff. 1-1-17; revised 10-26-16.)

17 (410 ILCS 70/7) (from Ch. 111 1/2, par. 87-7)

18 Sec. 7. Reimbursement.

19 (a) An eligible health care facility A hospital or health care professional furnishing hospital emergency services or 20 21 forensic services, an ambulance provider furnishing 22 transportation to a sexual assault survivor, an eligible health 23 care facility a hospital, health care professional, or 24 laboratory providing follow-up healthcare, or a pharmacy dispensing prescribed medications to any sexual assault 25

1 survivor shall furnish such services or medications to that 2 person without charge and shall seek payment as follows:

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

11 (2) If a sexual assault survivor is covered by one or 12 more policies of health insurance or is a beneficiary under 13 a public or private health coverage program, the ambulance 14 provider, eligible health care facility hospital, health 15 care professional, laboratory, or pharmacy shall bill the insurance company or program. With respect to such insured 16 patients, applicable deductible, co-pay, co-insurance, 17 18 denial of claim, other out-of-pocket or any 19 insurance-related expense may be submitted to the Illinois 20 Sexual Assault Emergency Treatment Program of the 21 Department of Healthcare and Family Services in accordance 22 with 89 Ill. Adm. Code 148.510 for payment at the 23 Department of Healthcare and Family Services' allowable 24 rates under the Illinois Public Aid Code. The ambulance 25 provider, eligible health care facility hospital, health 26 care professional, laboratory, or pharmacy shall accept

1 the amounts paid by the insurance company or health 2 coverage program and the Illinois Sexual Assault Treatment 3 Program as full payment.

(3) If a sexual assault survivor is neither eligible to 4 5 receive benefits under the medical assistance program under Article V of the Public Aid Code nor covered by a 6 7 policy of insurance or a public or private health coverage 8 program, the ambulance provider, eligible health care 9 facility hospital, health care professional, laboratory, 10 or pharmacy shall submit the request for reimbursement to the Illinois Sexual Assault Emergency Treatment Program 11 12 under the Department of Healthcare and Family Services in 13 accordance with 89 Ill. Adm. Code 148.510 at the Department 14 of Healthcare and Family Services' allowable rates under 15 the Illinois Public Aid Code.

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

Code. Nothing in this subsection (a) precludes <u>eligible</u> <u>health care facilities</u> hospitals from providing follow-up healthcare and receiving reimbursement under this Section.

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

9 (c) (Blank).

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(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.

19 (Source: P.A. 98-463, eff. 8-16-13; 99-454, eff. 1-1-16.)

20 (410 ILCS 70/7.5)

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

(a) <u>An eligible health care facility</u> A hospital, health
 care professional, ambulance provider, laboratory, or pharmacy

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

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

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

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

17 (4) contact or distribute information to affect the18 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 <u>an eligible health</u>
 <u>care facility</u> <u>a hospital</u>, health care provider, ambulance
 provider, laboratory, or pharmacy from billing the sexual
 assault survivor or any applicable health insurance or coverage
 for inpatient services.

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1 (c) Within 60 days after the effective date of this 2 amendatory Act of the 99th General Assembly, every <u>eligible</u> 3 <u>health care facility hospital</u> providing treatment services to 4 sexual assault survivors in accordance with a plan approved 5 under Section 2 of this Act shall provide a written notice to a 6 sexual assault survivor. The written notice must include, but 7 is not limited to, the following:

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

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

(3) a statement that prior to leaving the emergency department of the treating facility, the <u>eligible health</u> <u>care facility hospital</u> will give the sexual assault survivor a voucher for follow-up healthcare if the sexual assault survivor is eligible to receive a voucher;

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

26

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

1 should the sexual assault survivor receive a bill from the 2 <u>eligible health care facility hospital</u> for hospital 3 emergency services and forensic services;

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

10 This subsection (c) shall not apply to <u>eligible health care</u> 11 <u>facilities</u> hospitals that provide transfer services as defined 12 under Section 1a of this Act.

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

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1 minimum:

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

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

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

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

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

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

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

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 <u>hospital</u> emergency services or forensic 1 services.

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

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

20 (Source: P.A. 99-454, eff. 1-1-16.)

21 (410 ILCS 70/8) (from Ch. 111 1/2, par. 87-8)

22 Sec. 8. Penalties.

(a) Any <u>eligible health care facility</u> hospital violating
any provisions of this Act other than Section 7.5 shall be
guilty of a petty offense for each violation, and any fine

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imposed shall be paid into the general corporate funds of the city, incorporated town or village in which the <u>eligible health</u> <u>care facility hospital</u> is located, or of the county, in case such <u>eligible health care facility</u> hospital is outside the limits of any incorporated municipality.

6 (b) The Attorney General may seek the assessment of one or 7 more of the following civil monetary penalties in any action 8 filed under this Act where the <u>eliqible health care facility</u> 9 hospital, health care professional, ambulance provider, 10 laboratory, or pharmacy knowingly violates Section 7.5 of the 11 Act:

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

16 (2) For violations of paragraphs (1), (2), (4), or (5)
17 of subsection (a) of Section 7.5 or subsection (c) of
18 Section 7.5 involving a pattern or practice, the civil
19 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

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professional complies with subsection (d) of Section 7.5. 1 2 All civil monetary penalties shall be deposited into the 3 Violent Crime Victims Assistance Fund. 4 (Source: P.A. 99-454, eff. 1-1-16.) (410 ILCS 70/9) (from Ch. 111 1/2, par. 87-9) 5 6 Sec. 9. Nothing in this Act shall be construed to require a 7 eligible health care facility hospital to provide any services 8 which relate to an abortion. 9 (Source: P.A. 79-564.)

Section 99. Effective date. This Act takes effect January 11 1, 2018.".