



Sen. David Koehler

Filed: 3/24/2023

10300SB0333sam001

LRB103 26029 AWJ 60036 a

1 AMENDMENT TO SENATE BILL 333

2 AMENDMENT NO. _____. Amend Senate Bill 333 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Criminal Identification Act is amended by
5 changing Section 3.2 as follows:

6 (20 ILCS 2630/3.2) (from Ch. 38, par. 206-3.2)

7 Sec. 3.2. (a) It is the duty of any person conducting or
8 operating a medical facility, or any physician or nurse, as
9 soon as treatment permits, to notify the local law enforcement
10 agency of that jurisdiction upon the application for treatment
11 of a person who is not accompanied by a law enforcement
12 officer, when it reasonably appears that the person requesting
13 treatment has received:

14 (1) any injury resulting from the discharge of a
15 firearm; or

16 (2) any injury sustained in the commission of ~~or as a~~

1 ~~victim of a criminal offense; or~~

2 (3) any injury sustained as a victim of a criminal
3 offense.

4 (a-5) Except when it reasonably appears that the person
5 requesting treatment is a sexual assault survivor, a person
6 conducting or operating a medical facility, or a physician or
7 nurse at the medical facility, must notify the local law
8 enforcement as follows:

9 (1) If a sexual assault survivor consents to
10 notification being made, local law enforcement must be
11 notified as soon as treatment permits. If the sexual
12 assault or sexual abuse occurred in another jurisdiction,
13 the law enforcement officer taking the report must submit
14 the report to the law enforcement agency having
15 jurisdiction as provided in subsection (c) of Section 20
16 of the Sexual Assault Incident Procedure Act.

17 (2) If after being advised of options for notification
18 by a health care provider in a manner that ensures that the
19 decision is not made under duress or as a result of
20 influence from a third party, a sexual assault survivor
21 does not consent to notification being made as soon as
22 treatment permits, notification to the law enforcement
23 agency having jurisdiction must be delayed until after the
24 sexual assault survivor leaves the outpatient treatment
25 location, but no later than 24 hours after the sexual
26 assault survivor leaves. If the law enforcement agency

1 having jurisdiction cannot be reasonably determined, then
2 notification shall be made to the local law enforcement
3 agency of the medical facility. This requirement to delay
4 notifying law enforcement does not change the obligations
5 of mandated reporters under the Abused and Neglected Child
6 Reporting Act, the Adult Protective Services Act, or the
7 Abused and Neglected Long Term Care Facility Residents
8 Reporting Act.

9 (3) If a sexual assault survivor does not consent to
10 notification being made as soon as treatment permits and
11 only consents to the collection and storage of evidence,
12 the person conducting or operating a medical facility, or
13 a physician or nurse at the medical facility, must make
14 the notification in accordance with Section 6.6 or 6.6-1
15 of the Sexual Assault Survivors Emergency Treatment Act.
16 Law enforcement may not be given any personal identifying
17 information for the sexual assault survivor other than
18 using the unique sexual assault evidence kit
19 identification number assigned to the Illinois State
20 Police evidence collection kit or the sexual assault
21 survivor's medical record number. The medical facility,
22 physician, or nurse must record the unique sexual assault
23 evidence kit identification number in the medical record,
24 if one exists, and shall provide the number to the sexual
25 assault survivor or the sexual assault survivor's designee
26 at the time of treatment and later at the request of the

1 sexual assault survivor or their designee.

2 (4) The sexual assault survivor's decision regarding
3 notification of law enforcement must be documented in the
4 medical record. The documentation must also affirm that
5 the sexual assault survivor's decision was made
6 independently and not under duress or as a result of
7 influence of a third party.

8 (5) The notification to law enforcement must be
9 limited to the following information:

10 (A) the date and time the sexual assault survivor
11 presented for treatment;

12 (B) the nature of the criminal offense;

13 (C) the municipality, township, or county where
14 the criminal offense occurred;

15 (D) when necessary to prevent serious and imminent
16 physical harm to others, information that identifies a
17 perpetrator who poses a serious and imminent threat to
18 an identifiable group or individual other than the
19 victim;

20 (E) when applicable, the unique sexual assault
21 evidence kit identification number; and

22 (F) additional information and details about the
23 criminal offense or the sexual assault survivor that
24 the sexual assault survivor gives consent to be given,
25 and this consent must be documented in the medical
26 record.

1 (6) When a sexual assault survivor arrives at the
2 medical facility unconscious, as soon as treatment
3 permits, the health care provider shall make at least 2
4 attempts to contact a surrogate decision maker, as defined
5 by the Health Care Surrogate Act. If no surrogate decision
6 maker responds and the survivor remains unconscious, the
7 medical facility, physician, or nurse shall notify law
8 enforcement.

9 (7) Nothing in this subsection permits a delay in
10 notification to law enforcement when a patient admits to
11 committing a violent crime.

12 (8) Nothing in this subsection permits a delay in
13 notification to law enforcement when a sexual assault
14 survivor is admitted or treated for an injury due to
15 discharge of a firearm or life-threatening injuries.
16 Notification related to the sexual assault shall otherwise
17 meet the requirements of this subsection.

18 (9) Nothing in this subsection changes the obligations
19 of mandated reporters under the Abused and Neglected Child
20 Reporting Act, the Adult Protective Services Act, and the
21 Abused and Neglected Long Term Care Facility Residents
22 Reporting Act, and nothing in this subsection requires a
23 delay in notification of law enforcement by the Department
24 of Children and Family Services, Adult Protective
25 Services, or any other agency receiving a mandated report.

26 Any hospital, physician or nurse shall be forever held

1 harmless from any civil liability for their reasonable
2 compliance with the provisions of this Section.

3 (b) Notwithstanding subsection (a), nothing in this
4 Section shall be construed to require the reporting of lawful
5 health care activity, whether such activity may constitute a
6 violation of another state's law.

7 (c) As used in this Section:

8 "Law enforcement agency having jurisdiction" and "sexual
9 assault survivor" have the meanings given to those terms in
10 Section 1a of the Sexual Assault Survivors Emergency Treatment
11 Act.

12 "Lawful health care" means:

13 (1) reproductive health care that is not unlawful
14 under the laws of this State, including on any theory of
15 vicarious, joint, several, or conspiracy liability; or

16 (2) the treatment of gender dysphoria or the
17 affirmation of an individual's gender identity or gender
18 expression, including but not limited to, all supplies,
19 care, and services of a medical, behavioral health, mental
20 health, surgical, psychiatric, therapeutic, diagnostic,
21 preventative, rehabilitative, or supportive nature that is
22 not unlawful under the laws of this State, including on
23 any theory of vicarious, joint, several, or conspiracy
24 liability.

25 "Lawful health care activity" means seeking, providing,
26 receiving, assisting in seeking, providing, or receiving,

1 providing material support for, or traveling to obtain lawful
2 health care.

3 (Source: P.A. 102-1117, eff. 1-13-23.)".