



Rep. Kelly M. Cassidy

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10400SB1602ham001

LRB104 10007 JDS 26622 a

1 AMENDMENT TO SENATE BILL 1602

2 AMENDMENT NO. _____. Amend Senate Bill 1602 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Sexual Assault Survivors Emergency
5 Treatment Act is amended by changing Sections 1a, 2, 2.05,
6 2.2, 3, 5, 5.1, 5.2, 5.3, 5.4, 5.5, 6.2, 6.5, 6.6, 7, 7.5, 8,
7 and 10 and by adding Section 15 as follows:

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

9 Sec. 1a. Definitions.

10 (a) In this Act:

11 "Acute sexual assault" means a sexual assault that has
12 recently occurred. For patients under the age of 13, "acute
13 sexual assault" means a sexual assault that has occurred
14 within the past 72 hours. For patients 13 years old or older,
15 "acute sexual assault" means a sexual assault that has
16 occurred within the past 168 hours.

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

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

7 "Approved pediatric health care facility" means a health
8 care facility, other than a hospital, with a sexual assault
9 treatment plan approved by the Department to provide medical
10 forensic examinations ~~services~~ to sexual assault survivors
11 under the age of 18 who present with a complaint of acute
12 sexual assault ~~within a minimum of the last 7 days or who have~~
13 ~~disclosed past sexual assault by a specific individual and~~
14 ~~were in the care of that individual within a minimum of the~~
15 ~~last 7 days.~~

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

23 "Assent" means the expressed willingness to participate in
24 an activity or give permission.

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

1 child abuse pediatrics.

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

6 "Department" means the Department of Public Health.

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

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

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

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

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

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

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

12 "Medical forensic examination services" means health care
13 delivered to patients in ~~within or under~~ the care ~~and~~
14 ~~supervision of a qualified medical provider personnel~~ working
15 ~~at in a designated emergency department of a treatment~~
16 hospital, treatment hospital with approved pediatric transfer,
17 or an approved pediatric health care facility. "Medical
18 forensic examination services" includes, but is not limited
19 to, taking a medical history, performing photo documentation,
20 performing a physical and anogenital examination, assessing
21 the patient for evidence collection, collecting evidence in
22 accordance with a statewide sexual assault evidence collection
23 program administered by the Illinois State Police using the
24 Illinois State Police Sexual Assault Evidence Collection Kit,
25 if appropriate, assessing the patient for drug-facilitated or
26 alcohol-facilitated sexual assault, providing an evaluation of

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

4 "Pediatric health care facility" means a clinic or
5 physician's office that provides medical services to patients
6 under the age of 18.

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

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

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

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

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

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

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

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

5 "Sexual assault" means:

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

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

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

20 "Sexual assault nurse examiner" means an advanced practice
21 registered nurse or registered professional nurse who is
22 designated as Adult/Adolescent, Pediatric/Adolescent, or both,
23 according to the population of survivors the nurse is
24 qualified to treat and:

25 (1) is certified as a Sexual Assault Nurse Examiner by
26 the International Association of Forensic Nurses; or

1 (2) has completed ~~a sexual assault nurse examiner~~
2 training ~~program~~ that meets the Sexual Assault Nurse
3 Examiner Education Guidelines established by the
4 International Association of Forensic Nurses and is
5 approved by the Sexual Assault Nurse Examiner Program
6 Coordinator.

7 "Sexual Assault Nurse Examiner Program Coordinator" means
8 an advanced practice registered nurse or a registered
9 professional nurse that is a qualified medical provider, and
10 who is the employee at Attorney General's Office who oversees
11 the Sexual Assault Nurse Examiner Program.

12 "Sexual assault services voucher" means a document
13 generated by a hospital or approved pediatric health care
14 facility where ~~at the time~~ the sexual assault survivor first
15 presents and ~~receives outpatient medical forensic services~~
16 that may be used to seek payment for any ambulance services, a
17 medical forensic examination, medical care and treatment as
18 defined by 77 Ill. Adm. Code Part 545 ~~services~~, laboratory
19 services, pharmacy services, and follow-up healthcare provided
20 as a result of the sexual assault.

21 "Sexual assault survivor" means a person who presents for
22 a medical forensic examination or medical care and treatment
23 ~~services~~ in relation to injuries or trauma resulting from a
24 sexual assault.

25 "Sexual assault transfer plan" means a written plan
26 developed by a hospital and approved by the Department, which

1 describes the hospital's procedures for transferring acute
2 sexual assault survivors to another hospital, and an approved
3 pediatric health care facility, if applicable, in order to
4 receive medical forensic examinations performed by qualified
5 medical providers ~~services~~.

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

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

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

22 "Treatment hospital" means a hospital with a sexual
23 assault treatment plan approved by the Department to provide
24 medical forensic examinations ~~services~~ to acute ~~all~~ sexual
25 assault survivors ~~who present with a complaint of sexual~~
26 ~~assault within a minimum of the last 7 days or who have~~

1 ~~disclosed past sexual assault by a specific individual and~~
2 ~~were in the care of that individual within a minimum of the~~
3 ~~last 7 days.~~

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

12 (b) This Section is effective on and after January 1,
13 2024.

14 (Source: P.A. 102-22, eff. 6-25-21; 102-538, eff. 8-20-21;
15 102-674, eff. 11-30-21; 102-813, eff. 5-13-22; 102-1097, eff.
16 1-1-23; 102-1106, eff. 1-1-23; 103-154, eff. 6-30-23.)

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

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

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

1 acute sexual assault survivors, or (iii) transfer services to
2 pediatric acute sexual assault survivors and medical forensic
3 examinations ~~services~~ to acute sexual assault survivors 13
4 years old or older, in accordance with rules adopted by the
5 Department.

6 In addition, every such hospital, regardless of whether or
7 not a request is made for reimbursement, shall submit to the
8 Department a plan to provide either (i) transfer services to
9 all acute sexual assault survivors, (ii) medical forensic
10 examinations ~~services~~ to all acute sexual assault survivors,
11 or (iii) transfer services to pediatric acute sexual assault
12 survivors and medical forensic examinations ~~services~~ to acute
13 sexual assault survivors 13 years old or older within the time
14 frame established by the Department. The Department shall
15 approve such plan for either (i) transfer services to all
16 acute sexual assault survivors, (ii) medical forensic
17 examinations ~~services~~ to all acute sexual assault survivors,
18 or (iii) transfer services to pediatric acute sexual assault
19 survivors and medical forensic examinations ~~services~~ to acute
20 sexual assault survivors 13 years old or older, if it finds
21 that the implementation of the proposed plan would provide (i)
22 transfer services or (ii) medical forensic examinations
23 ~~services~~ for acute sexual assault survivors in accordance with
24 the requirements of this Act and provide sufficient
25 protections from the risk of pregnancy to acute sexual assault
26 survivors. Notwithstanding anything to the contrary in this

1 paragraph, the Department may approve a sexual assault
2 transfer plan for the provision of medical forensic
3 examinations ~~services~~ if:

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

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

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

24 In determining whether to approve a sexual assault
25 transfer plan under this subsection, the Department shall
26 evaluate whether the proposed plan would result in unduly

1 burdensome patient transfers. To avoid unduly burdensome
2 patient transfers, the Department shall consider the following
3 factors in approving or denying the proposed sexual assault
4 transfer plan:

5 (1) geographic proximity to the treatment hospital or
6 treatment hospital with approved pediatric transfer, with
7 priority given to sexual assault transfer plans which
8 transfer acute sexual assault survivors to the
9 geographically closest treatment hospital or treatment
10 hospital with approved pediatric transfer that has the
11 capacity to provide ease of transfer to and accept acute
12 sexual assault survivors from the proposed transfer
13 hospital and is willing to provide them medical forensic
14 examinations;

15 (2) the existence of an areawide treatment plan to
16 provide medical forensic examinations to acute sexual
17 assault survivors in the region;

18 (3) the average daily, monthly, and annual number of
19 sexual assault survivors who presented and received
20 medical forensic examinations;

21 (4) the number of qualified medical providers employed
22 at the hospital;

23 (5) the existence of other agreements between transfer
24 hospitals and other acute care hospitals related to
25 patient referral and transfer, communication, patient
26 medical records, and emergency and non-emergency patient

1 transportation;

2 (6) the number of transfer hospitals with which a
3 treatment hospital has a transfer agreement and its
4 capacity to enter into additional transfer agreements, for
5 which special consideration shall be given to treatment
6 hospitals currently providing medical forensic
7 examinations to acute sexual assault survivors; and

8 (7) the provisions in the plan for initial
9 transportation to the treatment hospital or treatment
10 hospital with approved pediatric transfer, as well as
11 appropriate return transportation, which should include
12 hospital-facilitated and survivor-facilitated options to
13 attempt to minimize survivor wait times while also taking
14 into consideration extenuating factors outside the
15 hospital's control, including which facility is
16 responsible for arranging transportation, transportation
17 options, and hospital-specific factors influencing
18 survivor wait time, including, but not limited to,
19 discharge planning and arranging hospital-facilitated
20 transportation in a manner that minimizes the amount of
21 time a survivor waits for transportation under the
22 proposed plan.

23 In approving or denying the proposed sexual assault
24 transfer plan, the Department may also consider other factors,
25 including, but not limited to, hospital capacity, emergency
26 department patient volume, communication, and transportation

1 capacity.

2 Hospitals located in counties with a population of less
3 than 1,000,000 and within a 20-mile radius of a 4-year public
4 university shall submit an areawide sexual assault treatment
5 plan that is approved by the Department. The approved areawide
6 plan shall include at least one treatment hospital or
7 treatment hospital with approved pediatric transfer within the
8 20-mile radius of the 4-year public university.

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

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

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

26 A transfer hospital must submit an areawide treatment plan

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

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

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

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

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

26 (1) information provided on the provision of a medical

1 forensic examination ~~services~~;

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

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

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

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

13 (a-5) A hospital must submit a plan to provide either (i)
14 transfer services to all acute sexual assault survivors, (ii)
15 medical forensic examinations ~~services~~ to all acute sexual
16 assault survivors, or (iii) transfer services to pediatric
17 acute sexual assault survivors and medical forensic
18 examinations ~~services~~ to sexual assault survivors 13 years old
19 or older as required in subsection (a) of this Section within
20 60 days of the Department's request. Failure to submit a plan
21 as described in this subsection shall subject a hospital to
22 the imposition of a fine by the Department. The Department may
23 impose a fine of up to \$500 per day until the hospital submits
24 a plan as described in this subsection.

25 (a-10) Upon receipt of a plan as described in subsection
26 (a-5), the Department shall notify the hospital whether or not

1 the plan is acceptable. If the Department determines that the
2 plan is unacceptable, the hospital must submit a modified plan
3 within 10 days of service of the notification. If the
4 Department determines that the modified plan is unacceptable,
5 or if the hospital fails to submit a modified plan within 10
6 days, the Department may impose a fine of up to \$500 per day
7 until an acceptable plan has been submitted, as determined by
8 the Department.

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

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

26 The Department shall review a proposed sexual assault

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

22 If an approved pediatric health care facility is not open
23 24 hours a day, 7 days a week, it shall post signage at each
24 public entrance to its facility that:

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

26 (2) directs those seeking services as follows: "If

1 closed, call 911 for services or go to the closest
2 hospital emergency department, (insert name) located at
3 (insert address).";

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

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

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

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

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

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

24 (c) Each treatment hospital, treatment hospital with
25 approved pediatric transfer, and approved pediatric health
26 care facility must enter into a memorandum of understanding

1 with a rape crisis center for medical advocacy services, if
2 these services are available to the treatment hospital,
3 treatment hospital with approved pediatric transfer, or
4 approved pediatric health care facility. With the consent of
5 the sexual assault survivor, a rape crisis counselor shall
6 remain in the exam room during the collection for forensic
7 evidence.

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

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

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

24 (2) The total number of Illinois State Police Sexual
25 Assault Evidence Collection Kits:

26 (A) offered to (i) all acute sexual assault

1 survivors and (ii) pediatric acute sexual assault
2 survivors pursuant to paragraph (1.5) of subsection
3 (a-5) of Section 5;

4 (B) completed for (i) all acute sexual assault
5 survivors and (ii) pediatric acute sexual assault
6 survivors; and

7 (C) declined by (i) all acute sexual assault
8 survivors and (ii) pediatric acute sexual assault
9 survivors.

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

12 (f) This Section is effective on and after January 1, 2026
13 ~~2024~~.

14 (Source: P.A. 101-73, eff. 7-12-19; 101-634, eff. 6-5-20;
15 102-22, eff. 6-25-21; 102-674, eff. 11-30-21; 102-1106, eff.
16 1-1-23.)

17 (410 ILCS 70/2.05)

18 Sec. 2.05. Department requirements.

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

1 to, forensic evidence collection provided to acute sexual
2 assault survivors of any age and Illinois sexual
3 assault-related laws and administrative rules.

4 (b) On July 1, 2026 ~~2019~~ and each July 1 thereafter, the
5 Department shall submit a report to the General Assembly
6 containing information on the hospitals and pediatric health
7 care facilities in this State that have submitted a plan to
8 provide: (i) transfer services to all acute sexual assault
9 survivors, (ii) medical forensic examinations ~~services~~ to all
10 acute sexual assault survivors, (iii) transfer services to
11 pediatric acute sexual assault survivors and medical forensic
12 examinations ~~services~~ to acute sexual assault survivors 13
13 years old or older, or (iv) medical forensic examinations
14 ~~services~~ to pediatric acute sexual assault survivors. The
15 Department shall post the report on its Internet website on or
16 before October 1, 2026 ~~2019~~ and, except as otherwise provided
17 in this Section, update the report every quarter thereafter.
18 The report shall include all of the following:

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

26 (2) Each hospital that has failed to submit a plan as

1 required in subsection (a) of Section 2.

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

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

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

23 (c) The Department, in consultation with the Office of the
24 Attorney General, shall adopt administrative rules by January
25 1, 2020 establishing a process for physicians and physician
26 assistants to provide documentation of training and clinical

1 experience that meets or is substantially similar to the
2 Sexual Assault Nurse Examiner Education Guidelines established
3 by the International Association of Forensic Nurses in order
4 to qualify as a sexual assault forensic examiner.

5 (d) This Section is effective on and after January 1, 2026
6 ~~2024~~.

7 (Source: P.A. 101-634, eff. 6-5-20; 102-22, eff. 6-25-21;
8 102-674, eff. 11-30-21.)

9 (410 ILCS 70/2.2)

10 Sec. 2.2. Emergency contraception.

11 (a) The General Assembly finds:

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

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

20 (3) As approved for use by the Federal Food and Drug
21 Administration (FDA), emergency contraception can
22 significantly reduce the risk of pregnancy if taken within
23 72 hours after the sexual assault.

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

1 significantly reduced.

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

17 The hospital or approved pediatric health care facility
18 shall implement the protocol upon approval by the Department.
19 The Department shall adopt rules and regulations establishing
20 one or more safe harbor protocols and setting minimum
21 acceptable protocol standards that hospitals may develop and
22 implement. The Department shall approve any protocol that
23 meets those standards. The Department may provide a sample
24 acceptable protocol upon request.

25 (c) This Section is effective on and after January 1,
26 2024.

1 (Source: P.A. 101-634, eff. 6-5-20; 102-22, eff. 6-25-21;
2 102-674, eff. 11-30-21.)

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

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

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

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

1 2024.

2 (Source: P.A. 101-634, eff. 6-5-20; 102-22, eff. 6-25-21;
3 102-674, eff. 11-30-21.)

4 (410 ILCS 70/5) (from Ch. 111 1/2, par. 87-5)

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

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

16 A qualified medical provider must provide the services set
17 forth in subsection (a-5) as ordered by the attending
18 physician, an advanced practice registered nurse, or a
19 physician assistant.

20 (a-5) A treatment hospital, a treatment hospital with
21 approved pediatric transfer, or an approved pediatric health
22 care facility shall provide the following services in
23 accordance with subsections ~~subsection~~ (a) and (b):

24 (1) Appropriate medical forensic examinations ~~services~~
25 without delay, in a private, age-appropriate or

1 developmentally-appropriate space, required to ensure the
2 health, safety, and welfare of a sexual assault survivor
3 and which may be used as evidence in a criminal proceeding
4 against a person accused of the sexual assault, in a
5 proceeding under the Juvenile Court Act of 1987, or in an
6 investigation under the Abused and Neglected Child
7 Reporting Act.

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

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

25 Records of medical forensic examinations ~~services~~ may
26 only be disseminated in accordance with Section 6.5 of

1 this Act and other State and federal law.

2 (1.5) An offer to complete the Illinois State Police
3 Sexual Assault Evidence Collection Kit for any acute
4 sexual assault survivor. If the offer to complete the
5 Illinois State Police Sexual Assault Evidence Collection
6 Kit is accepted by the survivor, then evidence collection
7 shall be completed based on the qualified medical
8 provider's clinical discretion, best practices for
9 evidence collection, and information provided by the
10 sexual assault survivor. A patient may decline any portion
11 of the Illinois State Police Sexual Assault Evidence Kit,
12 but if any evidence is collected, then that shall
13 constitute evidence collection being completed for the
14 purposes of this Section and subsection (e) of Section 2.
15 Nothing in this Section is intended to prohibit a
16 qualified medical provider from offering, on the
17 provider's own accord or in response to a survivor
18 request, an Illinois State Police Sexual Assault Evidence
19 Collection Kit to a sexual assault survivor who presents
20 at a treatment hospital, treatment hospital with approved
21 pediatric transfer, or approved pediatric health care
22 facility with a nonacute complaint of sexual assault
23 according to the qualified medical provider's clinical
24 discretion based on best practices for indications for
25 evidence collection ~~who presents within a minimum of the~~
26 ~~last 7 days of the assault or who has disclosed past sexual~~

1 ~~assault by a specific individual and was in the care of~~
2 ~~that individual within a minimum of the last 7 days.~~

3 (A) Appropriate oral and written information
4 concerning evidence-based guidelines for the
5 appropriateness of evidence collection depending on
6 the sexual development of the sexual assault survivor,
7 the type of sexual assault, and the timing of the
8 sexual assault shall be provided to the sexual assault
9 survivor. ~~Evidence collection is encouraged for~~
10 ~~prepubescent sexual assault survivors who present to a~~
11 ~~hospital or approved pediatric health care facility~~
12 ~~with a complaint of sexual assault within a minimum of~~
13 ~~96 hours after the sexual assault.~~

14 The information required under this subparagraph
15 shall be provided ~~in person by the qualified medical~~
16 ~~provider providing medical forensic services directly~~
17 to the sexual assault survivor by a qualified medical
18 provider either in person or via a virtual or
19 telephone consultation.

20 The written information provided shall be the
21 information created in accordance with Section 10 of
22 this Act.

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

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

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

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

16 (3.5) After a medical evidentiary or physical
17 examination, access to a shower at no cost, unless
18 showering facilities are unavailable.

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

1 approved protocol for sexual assault survivors.

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

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

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

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

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

26 (10) A treatment hospital, a treatment hospital with

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

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

9 (a-7) Every hospital with a treatment plan approved by the
10 Department and every approved pediatric health care facility
11 shall employ or contract with a qualified medical provider to
12 initiate a medical forensic examination ~~services~~ to a sexual
13 assault survivor within 90 minutes of a concern arising at the
14 hospital or facility of acute sexual assault ~~the patient~~
15 ~~presenting to the treatment hospital or treatment hospital~~
16 ~~with approved pediatric transfer~~. The provision of a medical
17 forensic examination ~~services~~ by a qualified medical provider
18 shall not delay the provision of life-saving medical care.

19 (b) Before a medical forensic examination is provided,
20 consent must be obtained in accordance with this Section.
21 Evidence collection shall not be completed without first
22 obtaining consent.

23 (1) Any person able to consent who is a sexual assault
24 survivor who seeks a medical forensic examination ~~services~~
25 or follow-up healthcare under this Act shall be provided
26 such services without the consent of any parent, guardian,

1 custodian, surrogate, or agent.

2 (2) If a minor sexual assault survivor under the age
3 of 18 is unable to consent to a medical forensic
4 examination services, the examination services may be
5 provided with the consent of the survivor's parent,
6 guardian, or health care power of attorney and with the
7 assent of the sexual assault survivor ~~under the Consent by~~
8 ~~Minors to Health Care Services Act, the Health Care~~
9 ~~Surrogate Act, or other applicable State and federal laws.~~

10 (3) If an adult sexual assault survivor is unable to
11 consent to a medical forensic examination, the examination
12 may be provided with the consent of the survivor's
13 guardian or health care power of attorney and with the
14 assent of the sexual assault survivor.

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

25 (c) Nothing in this Section creates a physician-patient
26 relationship that extends beyond discharge from the hospital

1 or approved pediatric health care facility.

2 (d) This Section is effective on and after January 1,
3 2024.

4 (Source: P.A. 101-81, eff. 7-12-19; 101-377, eff. 8-16-19;
5 101-634, eff. 6-5-20; 102-22, eff. 6-25-21; 102-538, eff.
6 8-20-21; 102-674, eff. 11-30-21; 102-813, eff. 5-13-22;
7 102-1106, eff. 1-1-23.)

8 (410 ILCS 70/5.1)

9 Sec. 5.1. Storage, retention, and dissemination of photo
10 documentation relating to medical forensic examinations
11 ~~services~~.

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

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

21 Photo documentation of a sexual assault survivor under the
22 age of 18 shall be retained for a period of 60 years after the
23 sexual assault survivor reaches the age of 18. Photo
24 documentation of a sexual assault survivor 18 years of age or
25 older shall be retained for a period of 20 years after the

1 record was created.

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

13 (b) This Section is effective on and after January 1,
14 2024.

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

17 (410 ILCS 70/5.2)

18 Sec. 5.2. Sexual assault services voucher.

19 (a) A sexual assault services voucher shall be issued by
20 ~~the a treatment hospital, treatment hospital with approved~~
21 ~~pediatric transfer,~~ or approved pediatric health care facility
22 where at the time a sexual assault survivor first presents
23 seeking a receives medical forensic examination or medical
24 care and treatment services.

25 (b) Each ~~treatment hospital, treatment hospital with~~

1 ~~approved pediatric transfer,~~ and approved pediatric health
2 care facility must include in its sexual assault treatment
3 plan or sexual assault transfer plan submitted to the
4 Department in accordance with Section 2 of this Act a protocol
5 for issuing sexual assault services vouchers. The protocol
6 shall, at a minimum, include the following:

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

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

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

18 Every transfer hospital providing medical care and
19 treatment to sexual assault survivors shall issue a voucher to
20 any sexual assault survivor who is eligible to receive one.
21 The transfer hospital shall make a copy of the voucher and
22 place it in the medical record of the sexual assault survivor.
23 The hospital shall provide a copy of the voucher to the sexual
24 assault survivor prior to transfer, or after discharge upon
25 request.

26 (c) A sexual assault services voucher may be used to seek

1 payment for any ambulance services, medical forensic
2 examination, medical care and treatment as defined by 77 Ill.
3 Adm. Code Part 545 ~~services~~, laboratory services, pharmacy
4 services, and follow-up healthcare provided as a result of the
5 sexual assault.

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

14 (1) the name and date of birth of the sexual assault
15 survivor;

16 (2) the service provided;

17 (3) the charge of service;

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

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

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

23 The Department of Healthcare and Family Services Sexual
24 Assault Emergency Treatment Program shall electronically
25 verify, using the Medical Electronic Data Interchange or a
26 successor system, that a sexual assault services voucher was

1 issued to a sexual assault survivor prior to issuing payment
2 for the services.

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

11 (e) This Section is effective on and after January 1, 2026
12 2024.

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

15 (410 ILCS 70/5.3)

16 Sec. 5.3. Pediatric sexual assault care.

17 (a) The General Assembly finds:

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

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

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

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

18 (b) If a medically stable pediatric acute sexual assault
19 survivor presents at a transfer hospital or treatment hospital
20 with approved pediatric transfer that has a plan approved by
21 the Department requesting a medical forensic examination
22 ~~services~~, then the hospital emergency department staff shall
23 contact an approved pediatric health care facility, if one is
24 designated in the hospital's plan, then the patient and
25 non-offending parent or legal guardian shall be given the
26 option to transfer to the approved pediatric health care

1 facility during posted hours of operation or a treatment
2 hospital.

3 ~~If the transferring hospital confirms that medical~~
4 ~~forensic services can be initiated within 90 minutes of the~~
5 ~~patient's arrival at the approved pediatric health care~~
6 ~~facility following an immediate transfer, then the hospital~~
7 ~~emergency department staff shall notify the patient and~~
8 ~~non-offending parent or legal guardian that the patient will~~
9 ~~be transferred for medical forensic services and shall provide~~
10 ~~the patient and non-offending parent or legal guardian the~~
11 ~~option of being transferred to the approved pediatric health~~
12 ~~care facility or the treatment hospital designated in the~~
13 ~~hospital's plan. The pediatric sexual assault survivor may be~~
14 ~~transported by ambulance, law enforcement, or personal~~
15 ~~vehicle.~~

16 ~~If medical forensic services cannot be initiated within 90~~
17 ~~minutes of the patient's arrival at the approved pediatric~~
18 ~~health care facility, there is no approved pediatric health~~
19 ~~care facility designated in the hospital's plan, or the~~
20 ~~patient or non-offending parent or legal guardian chooses to~~
21 ~~be transferred to a treatment hospital, the hospital emergency~~
22 ~~department staff shall contact a treatment hospital designated~~
23 ~~in the hospital's plan to arrange for the transfer of the~~
24 ~~patient to the treatment hospital for medical forensic~~
25 ~~services, which are to be initiated within 90 minutes of the~~
26 ~~patient's arrival at the treatment hospital. The treatment~~

1 ~~hospital shall provide medical forensic services and may not~~
2 ~~transfer the patient to another facility. The pediatric sexual~~
3 ~~assault survivor may be transported by ambulance, law~~
4 ~~enforcement, or personal vehicle.~~

5 (c) When a qualified medical provider who is qualified to
6 treat pediatric survivors of sexual assault is available, a
7 treatment hospital with approved pediatric transfer may offer
8 medical forensic examinations to pediatric acute sexual
9 assault survivors subject to prior approval from the
10 Department. Prior to granting approval, the Department shall
11 (i) confirm the treatment hospital with approved pediatric
12 transfer is working toward becoming a treatment hospital and
13 (ii) consult with the treatment hospital that receives acute
14 pediatric sexual assault survivors from the treatment hospital
15 with approved pediatric transfer pursuant to the plan approved
16 by the Department. Department approval under this Section is
17 valid for one year and may be renewed. ~~If a medically stable~~
18 ~~pediatric sexual assault survivor presents at a treatment~~
19 ~~hospital that has a plan approved by the Department requesting~~
20 ~~medical forensic services, then the hospital emergency~~
21 ~~department staff shall contact an approved pediatric health~~
22 ~~care facility, if one is designated in the treatment~~
23 ~~hospital's areawide treatment plan.~~

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

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

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

16 (d) If the patient or non-offending parent or legal
17 guardian chooses to be transferred to an approved pediatric
18 health care facility pursuant to subsection (b) or (c), then
19 the hospital emergency department staff shall contact the
20 approved pediatric health care facility to arrange the
21 transfer. The pediatric sexual assault survivor and
22 non-offending parent or legal guardian may be transported by
23 ambulance, law enforcement, or personal vehicle. A medical
24 forensic examination shall be initiated within 90 minutes of
25 the acute sexual assault survivor's arrival at the approved
26 pediatric health care facility following an immediate transfer

1 during posted hours of operation.

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

19 (f) ~~(e)~~ This Section is effective on and after January 1,
20 2024.

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

23 (410 ILCS 70/5.4)

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

25 (a) Nothing in this Section shall prohibit the transfer of

1 a patient in need of medical services from a hospital that has
2 been designated as a trauma center by the Department in
3 accordance with Section 3.90 of the Emergency Medical Services
4 (EMS) Systems Act.

5 (b) A transfer hospital, treatment hospital with approved
6 pediatric transfer, or approved pediatric health care facility
7 may transfer a sexual assault survivor to an out-of-state
8 hospital that is located in a county that borders Illinois if
9 the out-of-state hospital: (1) submits an areawide treatment
10 plan approved by the Department; and (2) has certified the
11 following to the Department in a form and manner prescribed by
12 the Department that the out-of-state hospital will:

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

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

25 (iii) use an Illinois State Police Sexual Assault
26 Evidence Collection Kit to collect forensic evidence from

1 an Illinois acute sexual assault survivor;

2 (iv) ensure its staff cooperates with Illinois law
3 enforcement agencies and are responsive to subpoenas
4 issued by Illinois courts; and

5 (v) provide appropriate transportation upon the
6 completion of a medical forensic examination ~~services~~ back
7 to the transfer hospital or treatment hospital with
8 pediatric transfer where the sexual assault survivor
9 initially presented seeking a medical forensic examination
10 ~~services~~, unless the sexual assault survivor chooses to
11 arrange his or her own transportation.

12 ~~(c) Subsection (b) of this Section is inoperative on and~~
13 ~~after January 1, 2029.~~

14 (Source: P.A. 102-1097, eff. 1-1-23; 102-1106, eff. 1-1-23;
15 103-154, eff. 6-30-23.)

16 (410 ILCS 70/5.5)

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

19 (a) Every hospital, pediatric health care facility, health
20 care professional, laboratory, or pharmacy that provides
21 follow-up healthcare to a sexual assault survivor, with the
22 consent of the sexual assault survivor and as ordered by the
23 attending physician, an advanced practice registered nurse, or
24 physician assistant shall be reimbursed for the follow-up
25 healthcare services provided. Follow-up healthcare services

1 include, but are not limited to, the following:

2 (1) a physical examination;

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

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

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

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

17 (d) This Section is effective on and after January 1,
18 2024.

19 (Source: P.A. 101-634, eff. 6-5-20; 102-22, eff. 6-25-21;
20 102-674, eff. 11-30-21; 102-1097, eff. 1-1-23.)

21 (410 ILCS 70/6.2) (from Ch. 111 1/2, par. 87-6.2)

22 Sec. 6.2. Assistance and grants.

23 (a) The Department shall assist in the development and
24 operation of programs which provide medical forensic
25 examinations ~~services~~ to sexual assault survivors, and, where

1 necessary, to provide grants to hospitals and approved
2 pediatric health care facilities for this purpose.

3 (b) This Section is effective on and after January 1,
4 2024.

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

7 (410 ILCS 70/6.5)

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

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

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

22 (2) If the survivor is a minor who is under 13 years of
23 age, the written consent to release the sexual assault
24 evidence for testing may be signed by the parent,
25 guardian, or agent acting under a health care power of

1 attorney. If a parent, guardian, or health care power of
2 attorney is not available or unwilling to release
3 evidence, then a State's Attorney or the Attorney General
4 may petition the court to authorize its release for
5 testing ~~investigating law enforcement officer, or~~
6 ~~Department of Children and Family Services.~~

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

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

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

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

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

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

24 (3) the name, address, and phone number of the law
25 enforcement agency having jurisdiction, or if unknown the
26 name, address, and phone number of the law enforcement

1 agency contacted by the hospital or approved pediatric
2 health care facility under Section 3.2 of the Criminal
3 Identification Act; and

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

6 (d) This Section is effective on and after January 1,
7 2024.

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

10 (410 ILCS 70/6.6)

11 Sec. 6.6. Submission of sexual assault evidence.

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

21 (b) Within 4 hours after the completion of a medical
22 forensic examination ~~services~~, the hospital or approved
23 pediatric health care facility shall notify the law
24 enforcement agency having jurisdiction that the hospital or
25 approved pediatric health care facility is in possession of

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

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

24 (d) If the law enforcement agency having jurisdiction has
25 not taken physical custody of the sexual assault evidence
26 within 10 days of the first contact by the hospital or approved

1 pediatric health care facility and the hospital or approved
2 pediatric health care facility has provided renotification
3 under subsection (c) of this Section, the hospital or approved
4 pediatric health care facility shall contact the State's
5 Attorney of the county where the law enforcement agency having
6 jurisdiction is located. The hospital or approved pediatric
7 health care facility shall inform the State's Attorney that
8 the hospital or approved pediatric health care facility is in
9 possession of sexual assault evidence, the date the sexual
10 assault evidence was collected, the law enforcement agency
11 having jurisdiction, the dates, times and names of persons
12 notified under subsections (b) and (c) of this Section. The
13 notification shall be made within 14 days of the collection of
14 the sexual assault evidence.

15 (e) This Section is effective on and after January 1,
16 2024.

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

19 (410 ILCS 70/7)

20 Sec. 7. Reimbursement.

21 (a) A hospital, approved pediatric health care facility,
22 or health care professional furnishing medical forensic
23 examinations, medical care and treatment as defined by 77 Ill.
24 Adm. Code Part 545 ~~services~~, an ambulance provider furnishing
25 transportation to a sexual assault survivor, a hospital,

1 health care professional, or laboratory providing follow-up
2 healthcare, or a pharmacy dispensing prescribed medications to
3 any sexual assault survivor shall furnish such services or
4 medications to that person without charge and shall seek
5 payment as follows:

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

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

1 the Department of Healthcare and Family Services'
2 allowable rates under the Illinois Public Aid Code. The
3 ambulance provider, hospital, approved pediatric health
4 care facility, health care professional, laboratory, or
5 pharmacy shall accept the amounts paid by the insurance
6 company or health coverage program and the Illinois Sexual
7 Assault Treatment Program as full payment.

8 (3) If a sexual assault survivor (i) is neither
9 eligible to receive benefits under the medical assistance
10 program under Article V of the Illinois Public Aid Code
11 nor covered by a policy of insurance or a public or private
12 health coverage program or (ii) opts out of billing a
13 private insurance provider, as permitted under subsection
14 (a-5) of Section 7.5, the ambulance provider, hospital,
15 approved pediatric health care facility, health care
16 professional, laboratory, or pharmacy shall submit the
17 request for reimbursement to the Illinois Sexual Assault
18 Emergency Treatment Program under the Department of
19 Healthcare and Family Services in accordance with 89 Ill.
20 Adm. Code 148.510 at the Department of Healthcare and
21 Family Services' allowable rates under the Illinois Public
22 Aid Code.

23 (4) If a sexual assault survivor presents a sexual
24 assault services voucher for follow-up healthcare, the
25 healthcare professional, pediatric health care facility,
26 or laboratory that provides follow-up healthcare or the

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

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

17 (b-5) Medical forensic examinations ~~services~~ furnished by
18 a qualified medical provider ~~person or entity described under~~
19 ~~subsection (a)~~ to any sexual assault survivor on or after July
20 1, 2022 that are required under this Act to be reimbursed by
21 the Department of Healthcare and Family Services, the Illinois
22 Sexual Assault Emergency Treatment Program under the
23 Department of Healthcare and Family Services, or the
24 appropriate Medicaid managed care organization shall be
25 reimbursed at a rate of ~~at least~~ \$1,000 or at allowable rates
26 under the Illinois Public Aid Code, whichever is greater.

1 (b-7) Medical care and treatment as defined by 77 Ill.
2 Adm. Code Part 545 furnished to any sexual assault survivor to
3 be reimbursed by the Department of Healthcare and Family
4 Services, the Illinois Sexual Assault Emergency Treatment
5 Program under the Department of Healthcare and Family
6 Services, or the appropriate Medicaid managed care
7 organization shall be reimbursed at allowable rates under the
8 Illinois Public Aid Code.

9 (c) (Blank).

10 (d) (Blank).

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

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

16 (Source: P.A. 102-22, eff. 6-25-21; 102-674, eff. 11-30-21;
17 102-699, Article 30, Section 30-5, eff. 4-19-22; 102-699,
18 Article 35, Section 35-5 (See Section 99-99 of P.A. 102-699
19 and Section 99 of P.A. 102-1097 regarding the effective date
20 of changes made in Article 35 of P.A. 102-699); 103-154, eff.
21 6-30-23.)

22 (410 ILCS 70/7.5)

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

1 (a) A hospital, approved pediatric health care facility,
2 health care professional, ambulance provider, laboratory, or
3 pharmacy furnishing a medical forensic examination services,
4 medical care and treatment as defined by 77 Ill. Adm. Code Part
5 545 transportation, follow-up healthcare, or medication to a
6 sexual assault survivor shall not:

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

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

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

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

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

25 (a-5) Notwithstanding any other provision of law,
26 including, but not limited to, subsection (a), a sexual

1 assault survivor who is not the subscriber or primary
2 policyholder of the sexual assault survivor's insurance policy
3 may opt out of billing the sexual assault survivor's private
4 insurance provider. If the sexual assault survivor opts out of
5 billing the sexual assault survivor's private insurance
6 provider, then the bill for the medical forensic examination
7 ~~services~~ shall be sent to the Department of Healthcare and
8 Family Services' Sexual Assault Emergency Treatment Program
9 for reimbursement for the services provided to the sexual
10 assault survivor.

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

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

22 (1) a statement that the sexual assault survivor
23 should not be directly billed by any ambulance provider
24 providing transportation services, or by any hospital,
25 approved pediatric health care facility, health care
26 professional, laboratory, or pharmacy for the services the

1 sexual assault survivor received as an outpatient at the
2 hospital or approved pediatric health care facility;

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

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

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

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

19 (6) the toll-free phone number of the Office of the
20 Illinois Attorney General's Health Care Bureau ~~General~~,
21 which the sexual assault survivor may call should the
22 sexual assault survivor receive a bill from an ambulance
23 provider, approved pediatric health care facility, a
24 health care professional, a laboratory, or a pharmacy.

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

1 ~~Act.~~

2 (d) ~~Within 60 days after the effective date of this~~
3 ~~amendatory Act of the 99th General Assembly, every health care~~
4 ~~professional, except for those employed by a hospital or~~
5 ~~hospital affiliate, as defined in the Hospital Licensing Act,~~
6 ~~or those employed by a hospital operated under the University~~
7 ~~of Illinois Hospital Act, who bills separately for medical or~~
8 ~~forensic services must develop a billing protocol that ensures~~
9 ~~that no survivor of sexual assault will be sent a bill for any~~
10 ~~medical forensic services and submit the billing protocol to~~
11 ~~the Office of the Attorney General for approval. Within 60~~
12 ~~days after the commencement of the provision of medical~~
13 ~~forensic services, every health care professional, except for~~
14 ~~those employed by a hospital or hospital affiliate, as defined~~
15 ~~in the Hospital Licensing Act, or those employed by a hospital~~
16 ~~operated under the University of Illinois Hospital Act, who~~
17 ~~bills separately for medical or forensic services must develop~~
18 ~~a billing protocol that ensures that no survivor of sexual~~
19 ~~assault is sent a bill for any medical forensic services and~~
20 ~~submit the billing protocol to the Attorney General for~~
21 ~~approval. Health care professionals who bill as a legal entity~~
22 ~~may submit a single billing protocol for the billing entity.~~

23 Within 60 days after the Department's approval of a
24 treatment plan, a hospital or an approved pediatric health
25 care facility ~~and any health care professional employed by an~~
26 ~~approved pediatric health care facility~~ must develop a billing

1 protocol that ensures that no survivor of sexual assault is
2 sent a bill for any medical forensic examination ~~services and~~
3 ~~submit the billing protocol to the Office of the Attorney~~
4 ~~General for approval.~~

5 The billing protocol must include at a minimum:

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

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

11 (3) prohibitions on submitting any bill for any
12 portion of the medical forensic examination ~~services~~
13 provided to a survivor of sexual assault to a collection
14 agency;

15 (4) (blank); ~~prohibitions on taking any action that~~
16 ~~would adversely affect the credit of the survivor of~~
17 ~~sexual assault;~~

18 (5) (blank); ~~the termination of all collection~~
19 ~~activities if the protocol is violated; and~~

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

23 (7) protocols and procedures for compliance with
24 subsections (a), (a-5), and (c) of this Section.

25 Upon request, the Department of Healthcare and Family
26 Services ~~The Office of the Attorney General~~ may provide

1 assistance to hospitals and approved pediatric health care
2 facilities developing billing protocols ~~a sample acceptable~~
3 ~~billing protocol upon request.~~

4 A hospital or approved pediatric health care facility
5 shall provide a copy of its billing protocol upon request ~~The~~
6 ~~Office of the Attorney General shall approve a proposed~~
7 ~~protocol if it finds that the implementation of the protocol~~
8 ~~would result in no survivor of sexual assault being billed or~~
9 ~~sent a bill for medical forensic services.~~

10 ~~If the Office of the Attorney General determines that~~
11 ~~implementation of the protocol could result in the billing of~~
12 ~~a survivor of sexual assault for medical forensic services,~~
13 ~~the Office of the Attorney General shall provide the health~~
14 ~~care professional or approved pediatric health care facility~~
15 ~~with a written statement of the deficiencies in the protocol.~~
16 ~~The health care professional or approved pediatric health care~~
17 ~~facility shall have 30 days to submit a revised billing~~
18 ~~protocol addressing the deficiencies to the Office of the~~
19 ~~Attorney General. The health care professional or approved~~
20 ~~pediatric health care facility shall implement the protocol~~
21 ~~upon approval by the Office of the Attorney General.~~

22 ~~The health care professional or approved pediatric health~~
23 ~~care facility shall submit any proposed revision to or~~
24 ~~modification of an approved billing protocol to the Office of~~
25 ~~the Attorney General for approval. The health care~~
26 ~~professional or approved pediatric health care facility shall~~

1 ~~implement the revised or modified billing protocol upon~~
2 ~~approval by the Office of the Illinois Attorney General.~~

3 (e) This Section is effective on and after January 1,
4 2024.

5 (Source: P.A. 101-634, eff. 6-5-20; 101-652, eff. 7-1-21;
6 102-22, eff. 6-25-21; 102-674, eff. 11-30-21; 102-1097, eff.
7 1-1-23.)

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

9 Sec. 8. Violations and penalties ~~Penalties~~.

10 (a) The Department shall implement a complaint system
11 through which the Department may receive complaints of
12 violations of this Act. The Department may use an existing
13 complaint system to fulfill the requirements of this Section.

14 (b) The Department may work with the Attorney General to
15 verify complaints that the Attorney General's Office Health
16 Care Bureau has received as set forth in Section 7.5.

17 (c) After receiving a complaint, the Department shall
18 determine whether the hospital or approved pediatric health
19 care facility is not in compliance with its approved plan or if
20 a violation of any provision of this Act or rules adopted under
21 this Act has occurred. Upon determining a violation of any
22 provision of this Act or rules adopted under this Act has
23 occurred, the Department shall issue a written notice of
24 violation that includes the specific items of noncompliance to
25 the hospital or approved pediatric health care facility.

1 (d) The hospital shall have 10 business days to submit to
2 the Department a plan of correction that contains the
3 hospital's or approved pediatric health care facility's
4 specific proposals for correcting the items of noncompliance.
5 The Department shall review the plan of correction and notify
6 the hospital in writing within 10 business days as to whether
7 the plan is acceptable or unacceptable. If the Department
8 finds the plan of correction unacceptable, the hospital or
9 approved pediatric health care facility shall have 10 business
10 days to resubmit an acceptable plan of correction. Upon
11 notification that its plan of correction is acceptable, a
12 hospital or approved pediatric health care facility shall
13 implement the plan of correction within 60 days. The
14 Department may conduct additional surveys or request
15 documentation from the hospital or approved pediatric health
16 care facility, as necessary, to ensure compliance with the
17 accepted plan of correction.

18 (e) If the hospital or approved pediatric health care
19 facility fails to submit an acceptable plan of correction or
20 implement an accepted plan of correction within the time
21 frames required in this Section, the Department may impose a
22 fine as follows:

23 (1) at least \$1,500 but less than \$3,000 for a first
24 violation; and

25 (2) at least \$3,000 but less than \$5,000 for a second
26 or subsequent violation.

1 (f) In imposing a fine, the Department shall consider the
2 following factors:

3 (1) the alleged violation or violations and the
4 adequacy of the response by the hospital or pediatric
5 facility;

6 (2) any historical pattern or practice of
7 noncompliance with this Act;

8 (3) the number of patients seeking treatment and
9 support from the hospital or pediatric facility affected
10 by the violation.

11 (g) The Department's notice of violation shall include, at
12 a minimum, the following:

13 (1) the hospital or approved pediatric health care
14 facility's right to request an administrative hearing to
15 contest the Department's notice of violation;

16 (2) an opportunity to present evidence, orally, in
17 writing, or both, on the question of the alleged violation
18 before an administrative law judge; and

19 (3) an opportunity to file an answer responding to the
20 Department's notice of violation.

21 (h) The Department shall follow all rules of practice and
22 procedure for hearings conducted under this Section pursuant
23 to 77 Ill. Adm. Code Part 100. After an administrative hearing
24 before an administrative law judge or hearing officer, the
25 Director shall issue a final written decision, or a final
26 order, based on the administrative law judge's findings of

1 fact, conclusions of law, and recommendation. The final order
2 shall also include the monetary penalty against such hospital
3 or pediatric facility.

4 (i) The Attorney General may bring an action in the
5 circuit court to enforce the collection of a monetary penalty
6 imposed under this Section.

7 (j) The fines under this Section shall be deposited into
8 the Sexual Assault Services Fund. Any hospital or approved
9 pediatric health care facility violating any provisions of
10 this Act other than Section 7.5 shall be guilty of a petty
11 offense for each violation, and any fine imposed shall be paid
12 into the general corporate funds of the city, incorporated
13 town or village in which the hospital or approved pediatric
14 health care facility is located, or of the county, in case such
15 hospital is outside the limits of any incorporated
16 municipality.

17 ~~(b) The Attorney General may seek the assessment of one or~~
18 ~~more of the following civil monetary penalties in any action~~
19 ~~filed under this Act where the hospital, approved pediatric~~
20 ~~health care facility, health care professional, ambulance~~
21 ~~provider, laboratory, or pharmacy knowingly violates Section~~
22 ~~7.5 of the Act:~~

23 ~~(1) For willful violations of paragraphs (1), (2),~~
24 ~~(4), or (5) of subsection (a) of Section 7.5 or subsection~~
25 ~~(c) of Section 7.5, the civil monetary penalty shall not~~
26 ~~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.~~

(k) ~~(e)~~ This Section is effective on and after January 1, 2024.

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

(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~~

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

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

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

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

4 For the purpose of providing continuing medical education
5 credit in accordance with the Medical Practice Act of 1987 and
6 administrative rules adopted under the Medical Practice Act of
7 1987 and continuing education credit in accordance with the
8 Nurse Practice Act and administrative rules adopted under the
9 Nurse Practice Act to health care professionals for the
10 completion of sexual assault training provided by the Sexual
11 Assault Nurse Examiner Program under this Act, the Office of
12 the Attorney General shall be considered a State agency.

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

1 (d) This Section is effective on and after January 1,
2 2024.

3 (Source: P.A. 101-634, eff. 6-5-20; 102-22, eff. 6-25-21;
4 102-674, eff. 11-30-21.)

5 (410 ILCS 70/15 new)

6 Sec. 15. Qualified medical provider list; Sexual Assault
7 Nurse Examiner and Sexual Assault Forensic Examiner
8 qualifications.

9 (a) The Office of the Attorney General shall maintain a
10 list of qualified medical providers, which includes health
11 care professionals who have been qualified by the Sexual
12 Assault Nurse Examiner Program Coordinator at the Office of
13 the Attorney General to practice as an Adult/Adolescent or
14 Pediatric/Adolescent Sexual Assault Nurse Examiner, or
15 Adult/Adolescent or Pediatric/Adolescent Sexual Assault
16 Forensic Examiner. The list may also include Board-certified
17 and Board-eligible child abuse pediatricians.

18 (b) The Sexual Assault Nurse Examiner Program Coordinator
19 shall review documentation submitted by health care
20 professionals in accordance with this Section and ascertain
21 whether standards for qualification are met:

22 (1) To be qualified as an Adult/Adolescent or
23 Pediatric/Adolescent Sexual Assault Forensic Examiner, a
24 physician or physician assistant shall submit
25 documentation of didactic and clinical training, and

1 clinical experience, that meets or is substantially
2 similar to the Sexual Assault Nurse Examiner Education
3 Guidelines, established by the International Association
4 of Forensic Nurses. Didactic and clinical training shall
5 be documented in the form and manner prescribed by the
6 Office of the Attorney General.

7 (2) To be qualified as an Adult/Adolescent or
8 Pediatric/Adolescent Sexual Assault Nurse Examiner, an
9 advanced practice registered nurse or registered
10 professional nurse shall complete didactic and clinical
11 training that is consistent with the Sexual Assault Nurse
12 Examiner Education Guidelines established by the
13 International Association of Forensic Nurses and approved
14 by the Sexual Assault Nurse Examiner Program Coordinator.
15 Didactic and clinical training shall be documented in the
16 form and manner prescribed by the Office of the Attorney
17 General.

18 A valid Sexual Assault Nurse Examiner certification by
19 the International Association of Forensic Nurses is
20 sufficient documentation for the Sexual Assault Nurse
21 Examiner Program Coordinator to qualify an advanced
22 practice registered nurse or registered professional nurse
23 as a qualified medical provider.

24 (3) If a board-certified or board-eligible child abuse
25 pediatrician is included in the current Directory of
26 Healthcare Providers for Child Abuse and Neglect

1 Investigations, published by the Pediatric Resource
2 Center, or the successor report of a different name, then
3 the Sexual Assault Nurse Examiner Program Coordinator may
4 add that person to the list of qualified medical
5 providers.

6 The Office of the Attorney General may require health care
7 professionals to meet additional standards to be on the list,
8 if it is determined necessary at the time to ensure
9 qualification is attained in accordance with applicable laws,
10 rules, regulations, protocols, standards of care, and Sexual
11 Assault Nurse Examiner Program goals.

12 (c) To remain on the Qualified Medical Provider List,
13 Sexual Assault Nurse Examiners and Sexual Assault Forensic
14 Examiners must verify their continuing education and
15 competency as a qualified medical provider every 3 years.
16 Sexual Assault Nurse Examiners and Sexual Assault Forensic
17 Examiners shall submit the following documentation to the
18 Sexual Assault Nurse Examiner Program Coordinator by April
19 30th of the verification year so the Sexual Assault Nurse
20 Examiner Program Coordinator can ascertain whether standards
21 to remain on the Qualified Medical Provider List have been
22 met.

23 A valid Sexual Assault Nurse Examiner certification by the
24 International Association of Forensic Nurses is sufficient
25 documentation to verify a sexual assault nurse examiner's
26 continued education and competency as a qualified medical

1 provider.

2 In lieu of an updated, valid International Association of
3 Forensic Nurses certification, the Sexual Assault Nurse
4 Examiner Coordinator, Emergency Department Director, or the
5 Director of the facility where the health care professional is
6 employed shall attest to the health care professional's
7 continuing education and competency as a qualified medical
8 provider. If the health care professional is contracted to
9 work as a Sexual Assault nurse examiner or sexual assault
10 forensic examiner, then the Sexual assault nurse examiner
11 Coordinator or Director of the staffing company shall attest
12 to the health care professional's continuing education and
13 competency as a qualified medical provider. The attestation
14 shall be in the form and manner prescribed by the Office of the
15 Illinois Attorney General.

16 If the health care professional has had more than a
17 one-year lapse in providing medical forensic examinations to
18 patients, then a mock medical forensic examination must be
19 completed for skill verification with a sexual assault nurse
20 examiner certified by the International Association of
21 Forensic Nursing.

22 If documentation is submitted by April 30, then the Sexual
23 Assault Nurse Examiner Program Coordinator shall provide
24 notice of whether standards to remain on the Qualified Medical
25 Provider list have been met by June 30th of the same year. If
26 the submission is insufficient, then the notice shall include

1 a statement of deficiencies and the standards for
2 qualification to be met. The health care professional shall
3 have 30 days after the notice is sent to cure a deficient
4 submission. If a health care professional does not meet the
5 standards to be on the Qualified Medical Provider List after a
6 period to cure an insufficient submission, then the health
7 care professional shall be notified and removed from the
8 Qualified Medical Provider List. If a sexual assault nurse
9 examiner or sexual assault forensic examiner on the Qualified
10 Medical Provider list does not verify continued education and
11 competency as a qualified medical provider after 3 years and
12 does not submit documentation to the Sexual Assault Nurse
13 Examiner Program Coordinator by April 30 of the verification
14 year, then the health care professional shall be notified that
15 they will be removed from the Qualified Medical Provider List
16 in 60 days. The health care professional shall submit
17 sufficient documentation to remain on the Qualified Medical
18 Provider list within the 60-day period or be removed from the
19 Qualified Medical Provider List.

20 (d) This Section is effective on and after January 1,
21 2026.

22 (410 ILCS 70/2.1 rep.)

23 (410 ILCS 70/8.5 rep.)

24 Section 10. The Sexual Assault Survivors Emergency
25 Treatment Act is amended by repealing Sections 2.1 and 8.5."