



Rep. Michael D. Unes

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10000HB5245ham001

LRB100 20715 MJP 39161 a

1 AMENDMENT TO HOUSE BILL 5245

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 5245 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, 2.1, 2.2,  
6 3, 5, 5.5, 6.1, 6.2, 6.4, 6.5, 6.6, 7, 7.5, 8, 8.5, and 9 and by  
7 adding Sections 2.05, 2.06, 5.1, 5.2, 5.3, 5.4, 9.5, and 10 as  
8 follows:

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

10 Sec. 1a. Definitions. In this Act:

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

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

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

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

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

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

23       "Department" means the Department of Public Health.

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

1 hours after sexual assault.

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

6 ~~"Forensic services" means the collection of evidence  
7 pursuant to a statewide sexual assault evidence collection  
8 program administered by the Department of State Police, using  
9 the Illinois State Police Sexual Assault Evidence Collection  
10 Kit.~~

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

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

23 ~~"Hospital emergency services" means healthcare delivered  
24 to outpatients within or under the care and supervision of  
25 personnel working in a designated emergency department of a  
26 hospital, including, but not limited to, care ordered by such~~

1 ~~personnel for a sexual assault survivor in the emergency~~  
2 ~~department.~~

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

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

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

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

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

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

13 ~~"Nurse" means a nurse licensed under the Nurse Practice~~  
14 ~~Act.~~

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

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

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

25 "Qualified medical provider" means a board-certified child  
26 abuse pediatrician, board-eligible child abuse pediatrician, a

1 sexual assault forensic examiner, or a sexual assault nurse  
2 examiner who has access to photo documentation tools, and who  
3 participates in peer review.

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

6 "Sexual assault" means:

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

10 (2) any act of sexual penetration; as used in this  
11 paragraph, "sexual penetration" has the meaning provided  
12 under Section 11-0.1 of the Criminal Code of 2012 and  
13 includes, ~~or sexual penetration, as defined in Section~~  
14 ~~11-0.1 of the Criminal Code of 2012, including,~~ without  
15 limitation, acts prohibited under Sections 11-1.20 through  
16 11-1.60 of the Criminal Code of 2012.

17 "Sexual assault forensic examiner" means a physician or  
18 physician assistant who has completed a training program that  
19 meets the Sexual Assault Nurse Examiner Education Guidelines  
20 established by the International Association of Forensic  
21 Nurses.

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

1 Nurses.

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

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

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

18 "Sexual assault treatment plan" means a written plan  
19 ~~developed by a hospital~~ that describes the ~~hospital's~~  
20 procedures and protocols for providing medical ~~hospital~~  
21 ~~emergency services~~ and forensic services to sexual assault  
22 survivors who present themselves for such services, either  
23 directly or through transfer from a ~~another~~ hospital or an  
24 approved pediatric health care facility.

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

1 "Transfer services" means the appropriate medical  
2 screening examination and necessary stabilizing treatment  
3 prior to the transfer of a sexual assault survivor to a  
4 hospital or an approved pediatric health care facility that  
5 provides medical ~~hospital emergency services~~ and forensic  
6 services to sexual assault survivors pursuant to a sexual  
7 assault treatment plan or areawide sexual assault treatment  
8 plan.

9 "Treatment hospital" means a hospital with a sexual assault  
10 treatment plan approved by the Department to provide medical  
11 forensic services to all sexual assault survivors who present  
12 with a complaint of sexual assault within a minimum of the last  
13 7 days or who have disclosed past sexual assault by a specific  
14 individual and were in the care of that individual within a  
15 minimum of the last 7 days.

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

24 ~~"Voucher" means a document generated by a hospital at the~~  
25 ~~time the sexual assault survivor receives hospital emergency~~  
26 ~~and forensic services that a sexual assault survivor may~~



1 ~~present to providers for follow-up healthcare.~~

2 (Source: P.A. 99-454, eff. 1-1-16; 99-801, eff. 1-1-17;  
3 100-513, eff. 1-1-18.)

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

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

7 (a) Every hospital required to be licensed by the  
8 Department pursuant to the Hospital Licensing Act, or operated  
9 under the University of Illinois Hospital Act that ~~approved~~  
10 July 1, 1953, as now or hereafter amended, which provides  
11 general medical and surgical hospital services shall provide  
12 either (i) transfer services to all sexual assault survivors,  
13 ~~or~~ (ii) medical hospital emergency services and forensic  
14 services to all sexual assault survivors, or (iii) transfer  
15 services to pediatric sexual assault survivors and medical  
16 forensic services to sexual assault survivors 13 years old or  
17 older, in accordance with rules ~~and regulations~~ adopted by the  
18 Department, ~~to all sexual assault survivors who apply for~~  
19 ~~either (i) transfer services or (ii) hospital emergency~~  
20 ~~services and forensic services in relation to injuries or~~  
21 ~~trauma resulting from the sexual assault.~~

22 In addition, every such hospital, regardless of whether or  
23 not a request is made for reimbursement, shall submit to the  
24 Department a plan to provide either (i) transfer services to  
25 all sexual assault survivors, ~~or~~ (ii) medical hospital

1 ~~emergency services and forensic services to all sexual assault~~  
2 ~~survivors, or (iii) transfer services to pediatric sexual~~  
3 ~~assault survivors and medical forensic services to sexual~~  
4 ~~assault survivors 13 years old or older. Such plan shall be~~  
5 ~~submitted within 60 days after receipt of the Department's~~  
6 ~~request for this plan, to the Department for approval prior to~~  
7 ~~such plan becoming effective.~~ The Department shall approve such  
8 plan for either (i) transfer services to all sexual assault  
9 survivors, ~~or (ii) medical hospital emergency services and~~  
10 forensic services to all sexual assault survivors, or (iii)  
11 transfer services to pediatric sexual assault survivors and  
12 medical forensic services to sexual assault survivors 13 years  
13 old or older, if it finds that the implementation of the  
14 proposed plan would provide ~~adequate~~ (i) transfer services or  
15 (ii) medical hospital emergency services and forensic services  
16 for sexual assault survivors in accordance with the  
17 requirements of this Act and provide sufficient protections  
18 from the risk of pregnancy to sexual assault survivors.

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

25 In counties with a population of less than 1,000,000, the  
26 Department may not approve a sexual assault transfer plan for a

1 hospital located within a 20-mile radius of a 4-year public  
2 university, not including community colleges, unless there is a  
3 treatment hospital with a sexual assault treatment plan  
4 approved by the Department within a 20-mile radius of the  
5 4-year public university.

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

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

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

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,

1 registered professional nurses, and licensed practical nurses  
2 providing clinical services receive a minimum of 2 hours of  
3 sexual assault training annually, through December 31, 2020 or  
4 until the treatment hospital or treatment hospital with  
5 approved pediatric transfer certifies to the Department, in a  
6 form and manner prescribed by the Department, that it employs  
7 or contracts with a qualified medical provider in accordance  
8 with subsection (a-7) of Section 5, whichever occurs first.

9 Beginning January 1, 2021 or once a treatment hospital or a  
10 treatment hospital with approved pediatric transfer certifies  
11 compliance with subsection (a-7) of Section 5, whichever occurs  
12 first, each treatment hospital and treatment hospital with  
13 approved pediatric transfer shall ensure that emergency  
14 department attending physicians, physician assistants,  
15 advanced practice registered nurses, registered professional  
16 nurses, and licensed practical nurses providing clinical  
17 services receive a minimum of 2 hours of continuing education  
18 on responding to sexual assault survivors every 2 years.  
19 Protocols for training shall be included in the hospital's  
20 sexual assault treatment plan.

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

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

26 (2) information on the use of the Illinois Sexual

1 Assault Evidence Collection Kit;

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

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

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

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

24 The Department shall review a proposed sexual assault  
25 treatment plan submitted by a pediatric health care facility  
26 within 60 days after receipt of the plan. If the Department

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

19 If an approved pediatric health care facility is not open  
20 24 hours a day, 7 days a week, it shall post signage at each  
21 public entrance to its facility that:

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

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

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

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

4           (5) has a black background with white bold capital  
5           lettering in a clear and easy to read font that is at least  
6           72-point type, and with "call 911" in at least 125-point  
7           type;

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

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

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

20          (c) Each treatment hospital, treatment hospital with  
21          approved pediatric transfer, and approved pediatric health  
22          care facility must enter into a memorandum of understanding  
23          with a rape crisis center for medical advocacy services, if  
24          these services are available to the treatment hospital,  
25          treatment hospital with approved pediatric transfer, or  
26          approved pediatric health care facility. With the consent of

1 the sexual assault survivor, a rape crisis counselor shall  
2 remain in the exam room during the collection for forensic  
3 evidence.

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

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

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

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

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

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

26 (C) declined by (i) all sexual assault survivors



1           and (ii) pediatric sexual assault survivors.

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

4           ~~The Department shall periodically conduct on site reviews~~  
5 ~~of such approved plans with hospital personnel to insure that~~  
6 ~~the established procedures are being followed.~~

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

15           ~~(1) A list of all hospitals that have submitted a plan.~~

16           ~~(2) A list of hospitals whose plans have been found by~~  
17 ~~the Department to be in compliance with this Act.~~

18           ~~(3) A list of hospitals that have failed to submit an~~  
19 ~~acceptable Plan of Correction within the time required by~~  
20 ~~Section 2.1 of this Act.~~

21           ~~(4) A list of hospitals at which the periodic site~~  
22 ~~review required by this Act has been conducted.~~

23 ~~When a hospital listed as noncompliant under item (3) of this~~  
24 ~~Section submits and implements the required Plan of Correction,~~  
25 ~~the Department shall immediately update the report on its~~  
26 ~~Internet website to reflect that hospital's compliance.~~

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

2 (410 ILCS 70/2.05 new)

3 Sec. 2.05. Department requirements.

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

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

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

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

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

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

21 (4) Each hospital and approved pediatric care facility  
22 at which the periodic on-site review required by Section  
23 2.05 of this Act has been conducted, including the date of  
24 the on-site review and whether the hospital or approved  
25 pediatric care facility was found to be in compliance with  
26 its approved plan.

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

7           (c) The Department, in consultation with the Office of the  
8           Attorney General, shall adopt administrative rules by January  
9           1, 2020 establishing a process for physicians and physician  
10           assistants to provide documentation of training and clinical  
11           experience that meets the Sexual Assault Nurse Examiner  
12           Education Guidelines established by the International  
13           Association of Forensic Nurses in order to qualify as a sexual  
14           assault forensic examiner.

15           (410 ILCS 70/2.06 new)

16           Sec. 2.06. Consent to jurisdiction. A pediatric health care  
17           facility that submits a plan to the Department for approval  
18           under Section 2 or an out-of-state hospital that submits an  
19           areawide treatment plan in accordance with subsection (b) of  
20           Section 5.4 consents to the jurisdiction and oversight of the  
21           Department, including, but not limited to, inspections,  
22           investigations, and evaluations arising out of complaints  
23           relevant to this Act made to the Department. A pediatric health  
24           care facility that submits a plan to the Department for  
25           approval under Section 2 or an out-of-state hospital that

1 submits an areawide treatment plan in accordance with  
2 subsection (b) of Section 5.4 shall be deemed to have given  
3 consent to annual inspections, surveys, or evaluations  
4 relevant to this Act by properly identified personnel of the  
5 Department or by such other properly identified persons,  
6 including local health department staff, as the Department may  
7 designate. In addition, representatives of the Department  
8 shall have access to and may reproduce or photocopy any books,  
9 records, and other documents maintained by the pediatric health  
10 care facility or the facility's representatives or the  
11 out-of-state hospital or the out-of-state hospital's  
12 representative to the extent necessary to carry out this Act.  
13 No representative, agent, or person acting on behalf of the  
14 pediatric health care facility or out-of-state hospital in any  
15 manner shall intentionally prevent, interfere with, or attempt  
16 to impede in any way any duly authorized investigation and  
17 enforcement of this Act. The Department shall have the power to  
18 adopt rules to carry out the purpose of regulating a pediatric  
19 health care facility or out-of-state hospital. In carrying out  
20 oversight of a pediatric health care facility or an  
21 out-of-state hospital, the Department shall respect the  
22 confidentiality of all patient records, including by complying  
23 with the patient record confidentiality requirements set out in  
24 Section 6.14b of the Hospital Licensing Act.

1           Sec. 2.1. Plan of correction; penalties.

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

14           If the Department finds the Plan of Correction  
15 unacceptable, the hospital or approved pediatric health care  
16 facility shall have 10 working days to resubmit an acceptable  
17 Plan of Correction. Upon notification that its Plan of  
18 Correction is acceptable, a hospital or approved pediatric  
19 health care facility shall implement the Plan of Correction  
20 within 60 days.

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

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

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

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

18 (410 ILCS 70/2.2)

19 Sec. 2.2. Emergency contraception.

20 (a) The General Assembly finds:

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

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

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

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

11          (b) ~~Every~~ Within 120 days after the effective date of this  
12          ~~amendatory Act of the 92nd General Assembly, every~~ hospital or  
13          approved pediatric health care facility providing services to  
14          sexual assault survivors in accordance with a plan approved  
15          under Section 2 must develop a protocol that ensures that each  
16          survivor of sexual assault will receive medically and factually  
17          accurate and written and oral information about emergency  
18          contraception; the indications and contraindications  
19          ~~counter indications~~ and risks associated with the use of  
20          emergency contraception; and a description of how and when  
21          victims may be provided emergency contraception at no cost upon  
22          the written order of a physician licensed to practice medicine  
23          in all its branches, a licensed advanced practice registered  
24          nurse, or a licensed physician assistant. The Department shall  
25          approve the protocol if it finds that the implementation of the  
26          protocol would provide sufficient protection for survivors of



1 sexual assault.

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

10 (Source: P.A. 99-173, eff. 7-29-15; 100-513, eff. 1-1-18.)

11 (410 ILCS 70/3) (from Ch. 111 1/2, par. 87-3)

12 Sec. 3. Areawide sexual assault treatment plans;  
13 submission. Hospitals and approved pediatric health care  
14 facilities in the area to be served may develop and participate  
15 in areawide plans that shall describe the medical hospital  
16 ~~emergency services and~~ forensic services to sexual assault  
17 survivors that each participating hospital and approved  
18 pediatric health care facility has agreed to make available.  
19 Each hospital and approved pediatric health care facility  
20 participating in such a plan shall provide such services as it  
21 is designated to provide in the plan agreed upon by the  
22 participants. An areawide plan ~~Areawide plans~~ may include  
23 treatment hospitals, treatment hospitals with approved  
24 pediatric transfer, transfer hospitals, approved pediatric  
25 health care facilities, or out-of-state hospitals as provided

1 in Section 5.4 ~~hospital transfer plans~~. All areawide plans  
2 shall be submitted to the Department for approval, prior to  
3 becoming effective. The Department shall approve a proposed  
4 plan if it finds that the minimum requirements set forth in  
5 Section 5 and implementation of the plan would provide for  
6 appropriate medical ~~hospital emergency services~~ and forensic  
7 services for the people of the area to be served.

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

9 (410 ILCS 70/5) (from Ch. 111 1/2, par. 87-5)

10 Sec. 5. Minimum requirements for medical forensic services  
11 provided to sexual assault survivors by hospitals and approved  
12 pediatric health care facilities ~~providing hospital emergency~~  
13 ~~services and forensic services to sexual assault survivors.~~

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

22 Beginning January 1, 2021, a qualified medical provider  
23 must provide the services set forth in subsection (a-5).

24 (a-5) A treatment hospital, a treatment hospital with  
25 approved pediatric transfer, or an approved pediatric health

1 care facility shall provide the following services in  
2 accordance with subsection (a):

3 (1) Appropriate ~~appropriate~~ medical forensic services  
4 without delay, in a private, age-appropriate or  
5 developmentally-appropriate space, ~~examinations and~~  
6 ~~laboratory tests~~ required to ensure the health, safety, and  
7 welfare of a sexual assault survivor and ~~or~~ which may be  
8 used as evidence in a criminal proceeding against a person  
9 accused of the sexual assault, in a proceeding under the  
10 Juvenile Court Act of 1987, or in an investigation under  
11 the Abused and Neglected Child Reporting Act., ~~or both; and~~  
12 ~~records of the results of such examinations and tests shall~~  
13 ~~be maintained by the hospital and made available to law~~  
14 ~~enforcement officials upon the request of the sexual~~  
15 ~~assault survivor;~~

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

24 Records of medical forensic services of sexual assault  
25 survivors under the age of 18 shall be retained by the  
26 hospital indefinitely. Records of medical forensic

1 services of sexual assault survivors 18 years of age or  
2 older shall be retained by the hospital for a period of 20  
3 years.

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

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

13 (A) Appropriate oral and written information  
14 concerning evidence-based guidelines for the  
15 appropriateness of evidence collection depending on  
16 the sexual development of the sexual assault survivor,  
17 the type of sexual assault, and the timing of the  
18 sexual assault shall be provided to the sexual assault  
19 survivor. Evidence collection is encouraged for  
20 prepubescent sexual assault survivors who present to a  
21 hospital or approved pediatric health care facility  
22 with a complaint of sexual assault within a minimum of  
23 96 hours after the sexual assault.

24 Before January 1, 2021, the information required  
25 under this subparagraph shall be provided in person by  
26 the health care professional providing medical

1           forensic services directly to the sexual assault  
2           survivor.

3           On and after January 1, 2021, the information  
4           required under this subparagraph shall be provided in  
5           person by the qualified medical provider providing  
6           medical forensic services directly to the sexual  
7           assault survivor.

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

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

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

25           (3) Appropriate ~~appropriate~~ oral and written  
26 information concerning accepted medical procedures,

1        laboratory tests, medication, and possible  
2        contraindications of such medication available for the  
3        prevention or treatment of infection or disease resulting  
4        from sexual assault.~~†~~

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

14       (5) Photo documentation of the sexual assault  
15       survivor's injuries, anatomy involved in the assault, or  
16       other visible evidence on the sexual assault survivor's  
17       body to supplement the medical forensic history and written  
18       documentation of physical findings and evidence beginning  
19       July 1, 2019. Photo documentation does not replace written  
20       documentation of the injury. ~~an evaluation of the sexual~~  
21       ~~assault survivor's risk of contracting human~~  
22       ~~immunodeficiency virus (HIV) from the sexual assault;~~

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

1           (7) Referral ~~referral~~ by hospital or approved  
2 pediatric health care facility personnel for appropriate  
3 counseling. ~~;~~ and

4           (8) Medical advocacy services provided by a rape crisis  
5 counselor whose communications are protected under Section  
6 8-802.1 of the Code of Civil Procedure, if there is a  
7 memorandum of understanding between the hospital or  
8 approved pediatric health care facility and a rape crisis  
9 center. With the consent of the sexual assault survivor, a  
10 rape crisis counselor shall remain in the exam room during  
11 the medical forensic examination. when HIV prophylaxis is  
12 deemed appropriate, an initial dose or doses of HIV  
13 prophylaxis, along with written and oral instructions  
14 indicating the importance of timely follow up healthcare.

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

18           (a-7) By January 1, 2021, every hospital with a treatment  
19 plan approved by the Department shall employ or contract with a  
20 qualified medical provider to initiate medical forensic  
21 services to a sexual assault survivor within 90 minutes of the  
22 patient presenting to the treatment hospital or treatment  
23 hospital with approved pediatric transfer. The provision of  
24 medical forensic services by a qualified medical provider shall  
25 not delay the provision of life-saving medical care.

26           (b) Any person who is a sexual assault survivor who seeks

1 ~~medical emergency hospital services and~~ forensic services or  
2 follow-up healthcare under this Act shall be provided such  
3 services without the consent of any parent, guardian,  
4 custodian, surrogate, or agent. If a sexual assault survivor is  
5 unable to consent to medical forensic services, the services  
6 may be provided under the Consent by Minors to Medical  
7 Procedures Act, the Health Care Surrogate Act, or other  
8 applicable State and federal laws.

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

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

21 (Source: P.A. 99-173, eff. 7-29-15; 99-454, eff. 1-1-16;  
22 99-642, eff. 7-28-16; 100-513, eff. 1-1-18.)

23 (410 ILCS 70/5.1 new)

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



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

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

9 Photo documentation of a sexual assault survivor under the  
10 age of 18 shall be retained indefinitely and shall not be  
11 destroyed. Photo documentation of a sexual assault survivor 18  
12 years of age or older shall be retained for a period of 20  
13 years.

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

1       Sec. 5.2. Sexual assault services voucher.

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

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

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

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

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

25       (c) A sexual assault services voucher may be used to seek  
26 payment for any ambulance services, medical forensic services,

1 laboratory services, pharmacy services, and follow-up  
2 healthcare provided as a result of the sexual assault.

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

10 (1) the name and date of birth of the sexual assault  
11 survivor;

12 (2) the service provided;

13 (3) the charge of service;

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

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

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

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

25 If a sexual assault services voucher was not issued to a  
26 sexual assault survivor by the treatment hospital, treatment

1 hospital with approved pediatric transfer, or approved  
2 pediatric health care facility, then a health care  
3 professional, ambulance provider, laboratory, or pharmacy may  
4 submit a request to the Department of Healthcare and Family  
5 Services Sexual Assault Emergency Treatment Program to issue a  
6 sexual assault services voucher.

7 (410 ILCS 70/5.3 new)

8 Sec. 5.3. Pediatric sexual assault care.

9 (a) The General Assembly finds:

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

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

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

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

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

17          If the transferring hospital confirms that medical  
18          forensic services can be initiated within 90 minutes of the  
19          patient's arrival at the approved pediatric health care  
20          facility following an immediate transfer, then the hospital  
21          emergency department staff shall notify the patient and  
22          non-offending parent or legal guardian that the patient will be  
23          transferred for medical forensic services and shall provide the  
24          patient and non-offending parent or legal guardian the option  
25          of being transferred to the approved pediatric health care  
26          facility or the treatment hospital designated in the hospital's

1 plan. The pediatric sexual assault survivor may be transported  
2 by ambulance, law enforcement, or personal vehicle.

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

18 (c) If a medically stable pediatric sexual assault survivor  
19 presents at a treatment hospital that has a plan approved by  
20 the Department requesting medical forensic services, then the  
21 hospital emergency department staff shall contact an approved  
22 pediatric health care facility, if one is designated in the  
23 treatment 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 having  
3 medical forensic services performed at the treatment hospital  
4 or at the approved pediatric health care facility. If the  
5 patient or non-offending parent or legal guardian chooses to be  
6 transferred, the pediatric sexual assault survivor may be  
7 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 patient  
13 or non-offending parent or legal guardian chooses not to be  
14 transferred, the hospital shall provide medical forensic  
15 services to the patient.

16 (d) If a pediatric sexual assault survivor presents at an  
17 approved pediatric health care facility requesting medical  
18 forensic services or the facility is contacted by law  
19 enforcement or the Department of Children and Family Services  
20 requesting medical forensic services for a pediatric sexual  
21 assault survivor, the services shall be provided at the  
22 facility if the medical forensic services can be initiated  
23 within 90 minutes after the patient's arrival at the facility.  
24 If medical forensic services cannot be initiated within 90  
25 minutes after the patient's arrival at the facility, then the  
26 patient shall be transferred to a treatment hospital designated

1 in the approved pediatric health care facility's plan for  
2 medical forensic services. The pediatric sexual assault  
3 survivor may be transported by ambulance, law enforcement, or  
4 personal vehicle.

5 (410 ILCS 70/5.4 new)

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

7 (a) Except as provided in subsection (b) of this Section, a  
8 transfer hospital, treatment hospital, treatment hospital with  
9 approved pediatric transfer, or approved pediatric health care  
10 facility may not transfer a sexual assault survivor to a  
11 hospital located outside of Illinois for the purpose of  
12 receiving medical forensic services. Nothing in this Section  
13 shall prohibit the transfer of a patient in need of medical  
14 services from a hospital that has been designated as a trauma  
15 center by the Department in accordance with Section 3.90 of the  
16 Emergency Medical Services (EMS) Systems Act.

17 (b) A transfer hospital, treatment hospital, or a treatment  
18 hospital with approved pediatric transfer, or approved  
19 pediatric health care facility located in a county adjacent to  
20 the city of St. Louis, Missouri may transfer a pediatric sexual  
21 assault survivor to an out-of-state hospital located in St.  
22 Louis, Missouri, that has been designated as a trauma center by  
23 the Department under Section 3.90 of the Emergency Medical  
24 Services (EMS) Systems Act if the out-of-state hospital: (1)  
25 submits an areawide treatment plan approved by the Department;



1 and (2) has certified the following to the Department in a form  
2 and manner prescribed by the Department:

3 (i) that the out-of-state hospital will consent to the  
4 jurisdiction of the Department in accordance with Section  
5 2.06 of this Act;

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

17 (iii) that the out-of-state hospital will use an  
18 Illinois State Police Sexual Assault Evidence Collection  
19 Kit to collect forensic evidence from an Illinois pediatric  
20 sexual assault survivor; and

21 (iv) that the out-of-state hospital will ensure its  
22 staff cooperates with Illinois law enforcement agencies  
23 and are responsive to subpoenas issued by Illinois courts.

24 (410 ILCS 70/5.5)

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

1 healthcare.

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

10 (1) a physical examination;

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

13 (3) appropriate medications, including HIV  
14 prophylaxis, in accordance with the Centers for Disease  
15 Control and Prevention's guidelines.

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

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

24 (Source: P.A. 99-173, eff. 7-29-15; 100-513, eff. 1-1-18.)

25 (410 ILCS 70/6.1) (from Ch. 111 1/2, par. 87-6.1)

1           Sec. 6.1. Minimum standards. The Department shall  
2 prescribe minimum standards, rules, and regulations necessary  
3 to implement this Act and the changes made by this amendatory  
4 Act of the 100th General Assembly, which shall apply to every  
5 hospital required to be licensed by the Department that  
6 provides general medical and surgical hospital services and to  
7 every approved pediatric health care facility. Such standards  
8 shall include, but not be limited to, a uniform system for  
9 recording results of medical examinations and all diagnostic  
10 tests performed in connection therewith to determine the  
11 condition and necessary treatment of sexual assault survivors,  
12 which results shall be preserved in a confidential manner as  
13 part of the hospital's or approved pediatric health care  
14 facility's ~~hospital~~ record of the sexual assault survivor.

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

16           (410 ILCS 70/6.2) (from Ch. 111 1/2, par. 87-6.2)

17           Sec. 6.2. Assistance and grants. The Department shall  
18 assist in the development and operation of programs which  
19 provide medical ~~hospital emergency services~~ and forensic  
20 services to sexual assault survivors, and, where necessary, to  
21 provide grants to hospitals and approved pediatric health care  
22 facilities for this purpose.

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

24           (410 ILCS 70/6.4) (from Ch. 111 1/2, par. 87-6.4)

1           Sec. 6.4. Sexual assault evidence collection program.

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

1 Police Sexual Assault Evidence Kit and shall include a written  
2 consent form authorizing law enforcement to test the sexual  
3 assault evidence and to provide law enforcement with details of  
4 the sexual assault.

5 (a-5) (Blank).

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

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

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

23 (410 ILCS 70/6.5)

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

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

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

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

18           (3) If the survivor is an adult who has a guardian of  
19 the person, a health care surrogate, or an agent acting  
20 under a health care power of attorney, the consent of the  
21 guardian, surrogate, or agent is not required to release  
22 evidence and information concerning the sexual assault or  
23 sexual abuse. If the adult is unable to provide consent for  
24 the release of evidence and information and a guardian,  
25 surrogate, or agent under a health care power of attorney  
26 is unavailable or unwilling to release the information,

1 then an investigating law enforcement officer may  
2 authorize the release.

3 (4) Any health care professional ~~or, including any~~  
4 ~~physician, advanced practice registered nurse, physician~~  
5 ~~assistant, or nurse, sexual assault nurse examiner, and any~~  
6 health care institution, including any hospital or  
7 approved pediatric health care facility, who provides  
8 evidence or information to a law enforcement officer under  
9 a written consent as specified in this Section is immune  
10 from any civil or professional liability that might arise  
11 from those actions, with the exception of willful or wanton  
12 misconduct. The immunity provision applies only if all of  
13 the requirements of this Section are met.

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

17 (c) If a written consent to allow law enforcement to hold  
18 ~~test~~ the sexual assault evidence is ~~not~~ signed at the  
19 completion of medical ~~hospital emergency services and forensic~~  
20 services, the hospital or approved pediatric health care  
21 facility shall include the following information in its  
22 discharge instructions:

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

1 (2) a person authorized to consent to the testing of  
2 the sexual assault evidence may sign a written consent to  
3 allow law enforcement to test the sexual assault evidence  
4 at any time during that 5-year period for an adult victim,  
5 or until a minor victim turns 23 years of age by (A)  
6 contacting the law enforcement agency having jurisdiction,  
7 or if unknown, the law enforcement agency contacted by the  
8 hospital or approved pediatric health care facility under  
9 Section 3.2 of the Criminal Identification Act; or (B) by  
10 working with an advocate at a rape crisis center;

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

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

19 (Source: P.A. 99-801, eff. 1-1-17; 100-513, eff. 1-1-18.)

20 (410 ILCS 70/6.6)

21 Sec. 6.6. Submission of sexual assault evidence.

22 (a) As soon as practicable, but in no event more than 4  
23 hours after the completion of medical ~~hospital emergency~~  
24 ~~services~~ and forensic services, the hospital or approved  
25 pediatric health care facility shall make reasonable efforts to



1 determine the law enforcement agency having jurisdiction where  
2 the sexual assault occurred, if sexual assault evidence was  
3 collected. The hospital or approved pediatric health care  
4 facility may obtain the name of the law enforcement agency with  
5 jurisdiction from the local law enforcement agency.

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

21 (c) If the law enforcement agency having jurisdiction has  
22 not taken physical custody of sexual assault evidence within 5  
23 days of the first contact by the hospital or approved pediatric  
24 health care facility, the hospital or approved pediatric health  
25 care facility shall renotify the law enforcement agency having  
26 jurisdiction that the hospital or approved pediatric health

1 care facility is in possession of sexual assault evidence and  
2 the date the sexual assault evidence was collected. The  
3 hospital or approved pediatric health care facility shall  
4 document the renotification in the patient's medical records  
5 and shall include the agency notified, the date and time of the  
6 notification and the name of the person who received the  
7 notification.

8 (d) If the law enforcement agency having jurisdiction has  
9 not taken physical custody of the sexual assault evidence  
10 within 10 days of the first contact by the hospital or approved  
11 pediatric health care facility and the hospital or approved  
12 pediatric health care facility has provided renotification  
13 under subsection (c) of this Section, the hospital or approved  
14 pediatric health care facility shall contact the State's  
15 Attorney of the county where the law enforcement agency having  
16 jurisdiction is located. The hospital or approved pediatric  
17 health care facility shall inform the State's Attorney that the  
18 hospital or approved pediatric health care facility is in  
19 possession of sexual assault evidence, the date the sexual  
20 assault evidence was collected, the law enforcement agency  
21 having jurisdiction, the dates, times and names of persons  
22 notified under subsections (b) and (c) of this Section. The  
23 notification shall be made within 14 days of the collection of  
24 the sexual assault evidence.

25 (Source: P.A. 99-801, eff. 1-1-17; 100-201, eff. 8-18-17.)

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

2 Sec. 7. Reimbursement.

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

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

21 (2) If a sexual assault survivor is covered by one or  
22 more policies of health insurance or is a beneficiary under  
23 a public or private health coverage program, the ambulance  
24 provider, hospital, approved pediatric health care  
25 facility, health care professional, laboratory, or  
26 pharmacy shall bill the insurance company or program. With

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

14 (3) If a sexual assault survivor is neither eligible to  
15 receive benefits under the medical assistance program  
16 under Article V of the Public Aid Code nor covered by a  
17 policy of insurance or a public or private health coverage  
18 program, the ambulance provider, hospital, approved  
19 pediatric health care facility, health care professional,  
20 laboratory, or pharmacy shall submit the request for  
21 reimbursement to the Illinois Sexual Assault Emergency  
22 Treatment Program under the Department of Healthcare and  
23 Family Services in accordance with 89 Ill. Adm. Code  
24 148.510 at the Department of Healthcare and Family  
25 Services' allowable rates under the Illinois Public Aid  
26 Code.

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

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

21          (c) (Blank).

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

1 the Illinois Public Aid Code.

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

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

6 (410 ILCS 70/7.5)

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

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

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

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

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

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

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

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

12 (c) Every ~~Within 60 days after the effective date of this~~  
13 ~~amendatory Act of the 99th General Assembly, every hospital and~~  
14 approved pediatric health care facility providing treatment  
15 services to sexual assault survivors in accordance with a plan  
16 approved under Section 2 of this Act shall provide a written  
17 notice to a sexual assault survivor. The written notice must  
18 include, but is not limited to, the following:

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

26 (2) a statement that a sexual assault survivor who is

1 admitted to a hospital may be billed for inpatient services  
2 provided by a hospital, health care professional,  
3 laboratory, or pharmacy;

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

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

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

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

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



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

25 Within 60 days after the Department's approval of a  
26 treatment plan, an approved pediatric health care facility and

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

7 The billing protocol must include at a minimum:

8 (1) a description of training for persons who prepare  
9 bills for medical ~~hospital emergency services~~ and forensic  
10 services;

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

14 (3) prohibitions on submitting any bill for any portion  
15 of medical ~~hospital emergency services~~ or forensic  
16 services provided to a survivor of sexual assault to a  
17 collection agency;

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

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

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

26 The Crime Victim Services Division of the Office of the

1 Attorney General may provide a sample acceptable billing  
2 protocol upon request.

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

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

21 The health care professional or approved pediatric health  
22 care facility shall submit any proposed revision to or  
23 modification of an approved billing protocol to the Crime  
24 Victim Services Division of the Office of the Attorney General  
25 for approval. The health care professional or approved  
26 pediatric health care facility shall implement the revised or

1 modified billing protocol upon approval by the Crime Victim  
2 Services Division of the Office of the Illinois Attorney  
3 General.

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

5 (410 ILCS 70/8) (from Ch. 111 1/2, par. 87-8)

6 Sec. 8. Penalties.

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

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

21 (1) For willful violations of paragraphs (1), (2), (4),  
22 or (5) of subsection (a) of Section 7.5 or subsection (c)  
23 of Section 7.5, the civil monetary penalty shall not exceed  
24 \$500 per violation.

25 (2) For violations of paragraphs (1), (2), (4), or (5)

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

4 (3) For violations of paragraph (3) of subsection (a)  
5 of Section 7.5, the civil monetary penalty shall not exceed  
6 \$500 for each day the bill is with a collection agency.

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

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

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

16 (410 ILCS 70/9) (from Ch. 111 1/2, par. 87-9)

17 Sec. 9. Nothing in this Act shall be construed to require a  
18 hospital or an approved pediatric health care facility to  
19 provide any services which relate to an abortion.

20 (Source: P.A. 79-564.)

21 (410 ILCS 70/9.5 new)

22 Sec. 9.5. Sexual Assault Medical Forensic Services  
23 Implementation Task Force.

24 (a) The Sexual Assault Medical Forensic Services

1 Implementation Task Force is created to assist hospitals and  
2 approved pediatric health care facilities with the  
3 implementation of the changes made by this amendatory Act of  
4 the 100th General Assembly. The Task Force shall consist of the  
5 following members, who shall serve without compensation:

6 (1) one member of the Senate appointed by the President  
7 of the Senate, who may designate an alternate member;

8 (2) one member of the Senate appointed by the Minority  
9 Leader of the Senate, who may designate an alternate  
10 member;

11 (3) one member of the House of Representatives  
12 appointed by the Speaker of the House of Representatives,  
13 who may designate an alternate member;

14 (4) one member of the House of Representatives  
15 appointed by the Minority Leader of the House of  
16 Representatives, who may designate an alternate member;

17 (5) two members representing the Office of the Attorney  
18 General appointed by the Attorney General, one of whom  
19 shall be the Sexual Assault Nurse Examiner Coordinator for  
20 the State of Illinois;

21 (6) one member representing the Department of Public  
22 Health appointed by the Director of Public Health;

23 (7) one member representing the Department of State  
24 Police appointed by the Director of State Police;

25 (8) one member representing the Department of  
26 Healthcare and Family Services appointed by the Director of

1 Healthcare and Family Services;

2 (9) six members representing hospitals appointed by  
3 the head of a statewide organization representing the  
4 interests of hospitals in Illinois, at least one of whom  
5 shall represent small and rural hospitals and at least one  
6 of these members shall represent urban hospitals;

7 (10) one member representing physicians appointed by  
8 the head of a statewide organization representing the  
9 interests of physicians in Illinois;

10 (11) one member representing emergency physicians  
11 appointed by the head of a statewide organization  
12 representing the interests of emergency physicians in  
13 Illinois;

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

22 (13) one member representing nurses appointed by the  
23 head of a statewide organization representing the  
24 interests of nurses in Illinois;

25 (14) two members representing sexual assault nurse  
26 examiners appointed by the head of a statewide organization

1 representing the interests of forensic nurses in Illinois,  
2 at least one of whom shall represent pediatric/adolescent  
3 sexual assault nurse examiners and at least one of these  
4 members shall represent adult/adolescent sexual assault  
5 nurse examiners;

6 (15) one member representing State's Attorneys  
7 appointed by the head of a statewide organization  
8 representing the interests of State's Attorneys in  
9 Illinois;

10 (16) three members representing sexual assault  
11 survivors appointed by the head of a statewide organization  
12 representing the interests of sexual assault survivors and  
13 rape crisis centers, at least one of whom shall represent  
14 rural rape crisis centers and at least one of whom shall  
15 represent urban rape crisis centers; and

16 (17) one member representing children's advocacy  
17 centers appointed by the head of a statewide organization  
18 representing the interests of children's advocacy centers  
19 in Illinois.

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

25 (b) The first meeting of the Task Force shall be called by  
26 the co-chairpersons no later than 90 days after the effective



1 date of this Section.

2 (c) The goals of the Task Force shall include, but not be  
3 limited to, the following:

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

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

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

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

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

25 (6) to examine the role of telemedicine in the  
26 provision of medical forensic services under this Act and

1 to develop recommendations for statutory change and  
2 standards and procedures for the use of telemedicine to be  
3 adopted by the Department.

4 (d) This Section is repealed on January 1, 2021.

5 (410 ILCS 70/10 new)

6 Sec. 10. Sexual Assault Nurse Examiner Program.

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

14 (b) By March 1, 2019, the Sexual Assault Nurse Examiner  
15 Program shall develop and make available to hospitals 4 hours  
16 of online sexual assault training for emergency department  
17 clinical staff to meet the training requirement established in  
18 subsection (a) of Section 2. The Sexual Assault Nurse Examiner  
19 Program shall obtain continuing medical education and  
20 continuing education credits for this training, if possible.

21 The Sexual Assault Nurse Examiner Program shall provide  
22 didactic and clinical training opportunities consistent with  
23 the Sexual Assault Nurse Examiner Education Guidelines  
24 established by the International Association of Forensic  
25 Nurses to assist hospitals with employing or contracting with a

1 qualified medical provider to initiate medical forensic  
2 services to a sexual assault survivor within 90 minutes of the  
3 patient presenting to the hospital as required in subsection  
4 (a-7) of Section 5.

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

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

17 (c) The Sexual Assault Nurse Examiner Program, in  
18 consultation with qualified medical providers, shall create  
19 uniform materials that all treatment hospitals, treatment  
20 hospitals with approved pediatric transfer, and approved  
21 pediatric health care facilities are required to give patients  
22 and non-offending parents or legal guardians, if applicable,  
23 regarding the medical forensic exam procedure, laws regarding  
24 consenting to medical forensic services, and the benefits and  
25 risks of evidence collection, including recommended time  
26 frames for evidence collection pursuant to evidence-based

1 research. These materials shall be made available to all  
2 hospitals and approved pediatric health care facilities on the  
3 Office of the Attorney General's website.

4 Section 99. Effective date. This Act takes effect January  
5 1, 2019, except that this Section and the provisions adding  
6 Section 9.5 to the Sexual Assault Survivors Emergency Treatment  
7 Act take effect upon becoming law.".