



Sen. Karina Villa

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10200HB1739sam001

LRB102 11380 KMF 26589 a

1 AMENDMENT TO HOUSE BILL 1739

2 AMENDMENT NO. _____. Amend House Bill 1739 by replacing
3 everything after the enacting clause with the following:

4 "Section 3. The Sexual Assault Survivors Emergency
5 Treatment Act is amended by changing Sections 5 and 5-1 as
6 follows:

7 (410 ILCS 70/5) (from Ch. 111 1/2, par. 87-5)

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

11 (a) Every hospital and approved pediatric health care
12 facility providing medical forensic services to sexual assault
13 survivors under this Act shall, as minimum requirements for
14 such services, provide, with the consent of the sexual assault
15 survivor, and as ordered by the attending physician, an
16 advanced practice registered nurse, or a physician assistant,

1 the services set forth in subsection (a-5).

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

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

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

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

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

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

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

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

15 (A) Appropriate oral and written information
16 concerning evidence-based guidelines for the
17 appropriateness of evidence collection depending on
18 the sexual development of the sexual assault survivor,
19 the type of sexual assault, and the timing of the
20 sexual assault shall be provided to the sexual assault
21 survivor. Evidence collection is encouraged for
22 prepubescent sexual assault survivors who present to a
23 hospital or approved pediatric health care facility
24 with a complaint of sexual assault within a minimum of
25 96 hours after the sexual assault.

26 Before January 1, 2022, the information required

1 under this subparagraph shall be provided in person by
2 the health care professional providing medical
3 forensic services directly to the sexual assault
4 survivor.

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

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

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

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

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

6 (3.5) After a medical evidentiary or physical
7 examination, access to a shower at no cost, unless
8 showering facilities are unavailable.

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

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

25 (6) Written and oral instructions indicating the need
26 for follow-up examinations and laboratory tests after the

1 sexual assault to determine the presence or absence of
2 sexually transmitted infection.

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

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

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

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

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

25 (a-7) By January 1, 2022, every hospital with a treatment
26 plan approved by the Department shall employ or contract with

1 a qualified medical provider to initiate medical forensic
2 services to a sexual assault survivor within 90 minutes of the
3 patient presenting to the treatment hospital or treatment
4 hospital with approved pediatric transfer. The provision of
5 medical forensic services by a qualified medical provider
6 shall not delay the provision of life-saving medical care.

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

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

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

26 (d) This Section is effective on and after July 1, 2021.

1 (Source: P.A. 100-513, eff. 1-1-18; 100-775, eff. 1-1-19;
2 100-1087, eff. 1-1-19; 101-81, eff. 7-12-19; 101-377, eff.
3 8-16-19; 101-634, eff. 6-5-20.)

4 (410 ILCS 70/5-1)

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

6 Sec. 5-1. Minimum requirements for medical forensic
7 services provided to sexual assault survivors by hospitals,
8 approved pediatric health care facilities, and approved
9 federally qualified health centers.

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

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

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

25 (1) Appropriate medical forensic services without

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

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

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

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

1 (1.5) An offer to complete the Illinois Sexual Assault
2 Evidence Collection Kit for any sexual assault survivor
3 who presents within a minimum of the last 7 days of the
4 assault or who has disclosed past sexual assault by a
5 specific individual and was in the care of that individual
6 within a minimum of the last 7 days.

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

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

23 On and after January 1, 2022, the information
24 required under this subparagraph shall be provided in
25 person by the qualified medical provider providing
26 medical forensic services directly to the sexual

1 assault survivor.

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

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

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

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

24 (3.5) After a medical evidentiary or physical
25 examination, access to a shower at no cost, unless
26 showering facilities are unavailable.

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

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

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

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

23 (8) Medical advocacy services provided by a rape
24 crisis counselor whose communications are protected under
25 Section 8-802.1 of the Code of Civil Procedure, if there
26 is a memorandum of understanding between the hospital or

1 approved pediatric health care facility and a rape crisis
2 center. With the consent of the sexual assault survivor, a
3 rape crisis counselor shall remain in the exam room during
4 the medical forensic examination.

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

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

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

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

25 (b) Any person who is a sexual assault survivor who seeks
26 medical forensic services or follow-up healthcare under this

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

7 (b-5) Every hospital, approved pediatric health care
8 facility, or approved federally qualified health center
9 providing medical forensic services to sexual assault
10 survivors shall issue a voucher to any sexual assault survivor
11 who is eligible to receive one in accordance with Section
12 5.2-1 of this Act. The hospital, approved pediatric health
13 care facility, or approved federally qualified health center
14 shall make a copy of the voucher and place it in the medical
15 record of the sexual assault survivor. The hospital, approved
16 pediatric health care facility, or approved federally
17 qualified health center shall provide a copy of the voucher to
18 the sexual assault survivor after discharge upon request.

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

23 (d) This Section is repealed on June 30, 2021.

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

25 Section 5. The Sexual Assault Evidence Submission Act is

1 amended by changing Section 50 as follows:

2 (725 ILCS 202/50)

3 Sec. 50. Sexual assault evidence tracking system.

4 (a) On June 26, 2018, the Sexual Assault Evidence Tracking
5 and Reporting Commission issued its report as required under
6 Section 43. It is the intention of the General Assembly in
7 enacting the provisions of this amendatory Act of the 101st
8 General Assembly to implement the recommendations of the
9 Sexual Assault Evidence Tracking and Reporting Commission set
10 forth in that report in a manner that utilizes the current
11 resources of law enforcement agencies whenever possible and
12 that is adaptable to changing technologies and circumstances.

13 (a-1) Due to the complex nature of a statewide tracking
14 system for sexual assault evidence and to ensure all
15 stakeholders, including, but not limited to, victims and their
16 designees, health care facilities, law enforcement agencies,
17 forensic labs, and State's Attorneys offices are integrated,
18 the Commission recommended the purchase of an electronic
19 off-the-shelf tracking system. The system must be able to
20 communicate with all stakeholders and provide real-time
21 information to a victim or his or her designee on the status of
22 the evidence that was collected. The sexual assault evidence
23 tracking system must:

24 (1) be electronic and web-based;

25 (2) be administered by the Department of State Police;

1 (3) have help desk availability at all times;

2 (4) ensure the law enforcement agency contact
3 information is accessible to the victim or his or her
4 designee through the tracking system, so there is contact
5 information for questions;

6 (5) have the option for external connectivity to
7 evidence management systems, laboratory information
8 management systems, or other electronic data systems
9 already in existence by any of the stakeholders to
10 minimize additional burdens or tasks on stakeholders;

11 (6) allow for the victim to opt in for automatic
12 notifications when status updates are entered in the
13 system, if the system allows;

14 (7) include at each step in the process, a brief
15 explanation of the general purpose of that step and a
16 general indication of how long the step may take to
17 complete;

18 (8) contain minimum fields for tracking and reporting,
19 as follows:

20 (A) for sexual assault evidence kit vendor fields:

21 (i) each sexual evidence kit identification
22 number provided to each health care facility; and

23 (ii) the date the sexual evidence kit was sent
24 to the health care facility.

25 (B) for health care facility fields:

26 (i) the date sexual assault evidence was

1 collected; and

2 (ii) the date notification was made to the law
3 enforcement agency that the sexual assault
4 evidence was collected.

5 (C) for law enforcement agency fields:

6 (i) the date the law enforcement agency took
7 possession of the sexual assault evidence from the
8 health care facility, another law enforcement
9 agency, or victim if he or she did not go through a
10 health care facility;

11 (ii) the law enforcement agency complaint
12 number;

13 (iii) if the law enforcement agency that takes
14 possession of the sexual assault evidence from a
15 health care facility is not the law enforcement
16 agency with jurisdiction in which the offense
17 occurred, the date when the law enforcement agency
18 notified the law enforcement agency having
19 jurisdiction that the agency has sexual assault
20 evidence required under subsection (c) of Section
21 20 of the Sexual Assault Incident Procedure Act;

22 (iv) an indication if the victim consented for
23 analysis of the sexual assault evidence;

24 (v) if the victim did not consent for analysis
25 of the sexual assault evidence, the date on which
26 the law enforcement agency is no longer required

1 to store the sexual assault evidence;

2 (vi) a mechanism for the law enforcement
3 agency to document why the sexual assault evidence
4 was not submitted to the laboratory for analysis,
5 if applicable;

6 (vii) the date the law enforcement agency
7 received the sexual assault evidence results back
8 from the laboratory;

9 (viii) the date statutory notifications were
10 made to the victim or documentation of why
11 notification was not made; and

12 (ix) the date the law enforcement agency
13 turned over the case information to the State's
14 Attorney office, if applicable.

15 (D) for forensic lab fields:

16 (i) the date the sexual assault evidence is
17 received from the law enforcement agency by the
18 forensic lab for analysis;

19 (ii) the laboratory case number, visible to
20 the law enforcement agency and State's Attorney
21 office; and

22 (iii) the date the laboratory completes the
23 analysis of the sexual assault evidence.

24 (E) for State's Attorney office fields:

25 (i) the date the State's Attorney office
26 received the sexual assault evidence results from

1 the laboratory, if applicable; and

2 (ii) the disposition or status of the case.

3 (a-2) The Commission also developed guidelines for secure
4 electronic access to a tracking system for a victim, or his or
5 her designee to access information on the status of the
6 evidence collected. The Commission recommended minimum
7 guidelines in order to safeguard confidentiality of the
8 information contained within this statewide tracking system.
9 These recommendations are that the sexual assault evidence
10 tracking system must:

11 (1) allow for secure access, controlled by an
12 administering body who can restrict user access and allow
13 different permissions based on the need of that particular
14 user and health care facility users may include
15 out-of-state border hospitals, if authorized by the
16 Department of State Police to obtain this State's kits
17 from vendor;

18 (2) provide for users, other than victims, the ability
19 to provide for any individual who is granted access to the
20 program their own unique user ID and password;

21 (3) provide for a mechanism for a victim to enter the
22 system and only access his or her own information;

23 (4) enable a sexual assault evidence to be tracked and
24 identified through the unique sexual assault evidence kit
25 identification number or barcode that the vendor applies
26 to each sexual assault evidence kit per the Department of

1 State Police's contract;

2 (5) have a mechanism to inventory unused kits provided
3 to a health care facility from the vendor;

4 (6) provide users the option to either scan the bar
5 code or manually enter the sexual assault evidence kit
6 number into the tracking program;

7 (7) provide a mechanism to create a separate unique
8 identification number for cases in which a sexual evidence
9 kit was not collected, but other evidence was collected;

10 (8) provide the ability to record date, time, and user
11 ID whenever any user accesses the system;

12 (9) provide for real-time entry and update of data;

13 (10) contain report functions including:

14 (A) health care facility compliance with
15 applicable laws;

16 (B) law enforcement agency compliance with
17 applicable laws;

18 (C) law enforcement agency annual inventory of
19 cases to each State's Attorney office; and

20 (D) forensic lab compliance with applicable laws;

21 and

22 (11) provide automatic notifications to the law
23 enforcement agency when:

24 (A) a health care facility has collected sexual
25 assault evidence;

26 (B) unreleased sexual assault evidence that is

1 being stored by the law enforcement agency has met the
2 minimum storage requirement by law; and

3 (C) timelines as required by law are not met for a
4 particular case, if not otherwise documented.

5 (b) The Department may ~~shall~~ develop rules to implement a
6 sexual assault evidence tracking system that conforms with
7 subsections (a-1) and (a-2) of this Section. The Department
8 shall design the criteria for the sexual assault evidence
9 tracking system so that, to the extent reasonably possible,
10 the system can use existing technologies and products,
11 including, but not limited to, currently available tracking
12 systems. The sexual assault evidence tracking system shall be
13 operational and shall begin tracking and reporting sexual
14 assault evidence no later than one year after the effective
15 date of this amendatory Act of the 101st General Assembly. The
16 Department may adopt additional rules as it deems necessary to
17 ensure that the sexual assault evidence tracking system
18 continues to be a useful tool for law enforcement.

19 (c) A treatment hospital, a treatment hospital with
20 approved pediatric transfer, an out-of-state hospital approved
21 by the Department of Public Health to receive transfers of
22 Illinois sexual assault survivors, or an approved pediatric
23 health care facility defined in Section 1a of the Sexual
24 Assault Survivors Emergency Treatment Act shall participate in
25 the sexual assault evidence tracking system created under this
26 Section and in accordance with rules adopted under subsection

1 (b), including, but not limited to, the collection of sexual
2 assault evidence and providing information regarding that
3 evidence, including, but not limited to, providing notice to
4 law enforcement that the evidence has been collected.

5 (d) The operations of the sexual assault evidence tracking
6 system shall be funded by moneys appropriated for that purpose
7 from the State Crime Laboratory Fund and funds provided to the
8 Department through asset forfeiture, together with such other
9 funds as the General Assembly may appropriate.

10 (e) To ensure that the sexual assault evidence tracking
11 system is operational, the Department may adopt emergency
12 rules to implement the provisions of this Section under
13 subsection (ff) of Section 5-45 of the Illinois Administrative
14 Procedure Act.

15 (f) Information, including, but not limited to, evidence
16 and records in the sexual assault evidence tracking system is
17 exempt from disclosure under the Freedom of Information Act.

18 (Source: P.A. 101-377, eff. 8-16-19.)

19 Section 10. The Sexual Assault Incident Procedure Act is
20 amended by changing Sections 25 and 35 and by adding Section 11
21 as follows:

22 (725 ILCS 203/11 new)

23 Sec. 11. Victim notification. When evidence is collected
24 from a sexual assault survivor, the health care provider or

1 law enforcement officer who collects the evidence must notify
2 a victim about the tracking system.

3 (725 ILCS 203/25)

4 Sec. 25. Report; victim notice.

5 (a) At the time of first contact with the victim, law
6 enforcement shall:

7 (1) Advise the victim about the following by providing
8 a form, the contents of which shall be prepared by the
9 Office of the Attorney General and posted on its website,
10 written in a language appropriate for the victim or in
11 Braille, or communicating in appropriate sign language
12 that includes, but is not limited to:

13 (A) information about seeking medical attention
14 and preserving evidence, including specifically,
15 collection of evidence during a medical forensic
16 examination at a hospital and photographs of injury
17 and clothing;

18 (B) notice that the victim will not be charged for
19 hospital emergency and medical forensic services;

20 (C) information advising the victim that evidence
21 can be collected at the hospital up to 7 days after the
22 sexual assault or sexual abuse but that the longer the
23 victim waits the likelihood of obtaining evidence
24 decreases;

25 (C-5) notice that the sexual assault forensic

1 evidence collected will not be used to prosecute the
2 victim for any offense related to the use of alcohol,
3 cannabis, or a controlled substance;

4 (D) the location of nearby hospitals that provide
5 emergency medical and forensic services and, if known,
6 whether the hospitals employ any sexual assault nurse
7 examiners;

8 (E) a summary of the procedures and relief
9 available to victims of sexual assault or sexual abuse
10 under the Civil No Contact Order Act or the Illinois
11 Domestic Violence Act of 1986;

12 (F) the law enforcement officer's name and badge
13 number;

14 (G) at least one referral to an accessible service
15 agency and information advising the victim that rape
16 crisis centers can assist with obtaining civil no
17 contact orders and orders of protection; and

18 (H) if the sexual assault or sexual abuse occurred
19 in another jurisdiction, provide in writing the
20 address and phone number of a specific contact at the
21 law enforcement agency having jurisdiction.

22 (2) Offer to provide or arrange accessible
23 transportation for the victim to a hospital for emergency
24 and forensic services, including contacting emergency
25 medical services.

26 (2.5) Notify victims about the Illinois State Police

1 sexual assault evidence tracking system.

2 (3) Offer to provide or arrange accessible
3 transportation for the victim to the nearest available
4 circuit judge or associate judge so the victim may file a
5 petition for an emergency civil no contact order under the
6 Civil No Contact Order Act or an order of protection under
7 the Illinois Domestic Violence Act of 1986 after the close
8 of court business hours, if a judge is available.

9 (b) At the time of the initial contact with a person making
10 a third-party report under Section 22 of this Act, a law
11 enforcement officer shall provide the written information
12 prescribed under paragraph (1) of subsection (a) of this
13 Section to the person making the report and request the person
14 provide the written information to the victim of the sexual
15 assault or sexual abuse.

16 (c) If the first contact with the victim occurs at a
17 hospital, a law enforcement officer may request the hospital
18 provide interpretive services.

19 (Source: P.A. 99-801, eff. 1-1-17; 100-1087, eff. 1-1-19.)

20 (725 ILCS 203/35)

21 Sec. 35. Release of information.

22 (a) Upon the request of the victim who has consented to the
23 release of sexual assault evidence for testing, the law
24 enforcement agency having jurisdiction shall notify the victim
25 about the Illinois State Police sexual assault evidence

1 tracking system and provide the following information in
2 writing:

3 (1) the date the sexual assault evidence was sent to a
4 Department of State Police forensic laboratory or
5 designated laboratory;

6 (2) test results provided to the law enforcement
7 agency by a Department of State Police forensic laboratory
8 or designated laboratory, including, but not limited to:

9 (A) whether a DNA profile was obtained from the
10 testing of the sexual assault evidence from the
11 victim's case;

12 (B) whether the DNA profile developed from the
13 sexual assault evidence has been searched against the
14 DNA Index System or any state or federal DNA database;

15 (C) whether an association was made to an
16 individual whose DNA profile is consistent with the
17 sexual assault evidence DNA profile, provided that
18 disclosure would not impede or compromise an ongoing
19 investigation; and

20 (D) whether any drugs were detected in a urine or
21 blood sample analyzed for drug facilitated sexual
22 assault and information about any drugs detected.

23 (b) The information listed in paragraph (1) of subsection
24 (a) of this Section shall be provided to the victim within 7
25 days of the transfer of the evidence to the laboratory. The
26 information listed in paragraph (2) of subsection (a) of this

1 Section shall be provided to the victim within 7 days of the
2 receipt of the information by the law enforcement agency
3 having jurisdiction.

4 (c) At the time the sexual assault evidence is released
5 for testing, the victim shall be provided written information
6 by the law enforcement agency having jurisdiction or the
7 hospital providing emergency services and forensic services to
8 the victim informing him or her of the right to request
9 information under subsection (a) of this Section. A victim may
10 designate another person or agency to receive this
11 information.

12 (d) The victim or the victim's designee shall keep the law
13 enforcement agency having jurisdiction informed of the name,
14 address, telephone number, and email address of the person to
15 whom the information should be provided, and any changes of
16 the name, address, telephone number, and email address, if an
17 email address is available.

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

19 Section 99. Effective date. This Act takes effect upon
20 becoming law.".