



Sen. Robert Peters

Filed: 5/20/2021

10200HB3443sam001

LRB102 12812 KMF 26515 a

1 AMENDMENT TO HOUSE BILL 3443

2 AMENDMENT NO. _____. Amend House Bill 3443 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, 1a-1, 2,
6 2-1, 2.05, 2.05-1, 2.06, 2.06-1, 2.1, 2.1-1, 2.2, 2.2-1, 3,
7 3-1, 5, 5-1, 5.1, 5.1-1, 5.2, 5.2-1, 5.3, 5.3-1, 5.5, 5.5-1,
8 6.1, 6.1-1, 6.2, 6.2-1, 6.4, 6.4-1, 6.5, 6.5-1, 6.6, 6.6-1, 7,
9 7-1, 7.5, 7.5-1, 8, 8-1, 10, and 10-1 as follows:

10 (410 ILCS 70/1a) (from Ch. 111 1/2, par. 87-1a)

11 Sec. 1a. Definitions.

12 (a) In this Act:

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

15 "Ambulance provider" means an individual or entity that
16 owns and operates a business or service using ambulances or

1 emergency medical services vehicles to transport emergency
2 patients.

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

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

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

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

25 "Department" means the Department of Public Health.

26 "Emergency contraception" means medication as approved by

1 the federal Food and Drug Administration (FDA) that can
2 significantly reduce the risk of pregnancy if taken within 72
3 hours after sexual assault.

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

8 "Health care professional" means a physician, a physician
9 assistant, a sexual assault forensic examiner, an advanced
10 practice registered nurse, a registered professional nurse, a
11 licensed practical nurse, or a sexual assault nurse examiner.

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

19 "Illinois State Police Sexual Assault Evidence Collection
20 Kit" means a prepackaged set of materials and forms to be used
21 for the collection of evidence relating to sexual assault. The
22 standardized evidence collection kit for the State of Illinois
23 shall be the Illinois State Police Sexual Assault Evidence
24 Collection Kit.

25 "Law enforcement agency having jurisdiction" means the law
26 enforcement agency in the jurisdiction where an alleged sexual

1 assault or sexual abuse occurred.

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

4 "Medical forensic services" means health care delivered to
5 patients within or under the care and supervision of personnel
6 working in a designated emergency department of a hospital or
7 an approved pediatric health care facility. "Medical forensic
8 services" includes, but is not limited to, taking a medical
9 history, performing photo documentation, performing a physical
10 and anogenital examination, assessing the patient for evidence
11 collection, collecting evidence in accordance with a statewide
12 sexual assault evidence collection program administered by the
13 Department of State Police using the Illinois State Police
14 Sexual Assault Evidence Collection Kit, if appropriate,
15 assessing the patient for drug-facilitated or
16 alcohol-facilitated sexual assault, providing an evaluation of
17 and care for sexually transmitted infection and human
18 immunodeficiency virus (HIV), pregnancy risk evaluation and
19 care, and discharge and follow-up healthcare planning.

20 "Pediatric health care facility" means a clinic or
21 physician's office that provides medical services to pediatric
22 patients.

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

1 "Photo documentation" means digital photographs or
2 colposcope videos stored and backed up securely in the
3 original file format.

4 "Physician" means a person licensed to practice medicine
5 in all its branches.

6 "Physician assistant" has the meaning provided in Section
7 4 of the Physician Assistant Practice Act of 1987.

8 "Prepubescent sexual assault survivor" means a female who
9 is under the age of 18 years and has not had a first menstrual
10 cycle or a male who is under the age of 18 years and has not
11 started to develop secondary sex characteristics who presents
12 for medical forensic services in relation to injuries or
13 trauma resulting from a sexual assault.

14 "Qualified medical provider" means a board-certified child
15 abuse pediatrician, board-eligible child abuse pediatrician, a
16 sexual assault forensic examiner, or a sexual assault nurse
17 examiner who has access to photo documentation tools, and who
18 participates in peer review.

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

21 "Sexual assault" means:

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

25 (2) any act of sexual penetration; as used in this
26 paragraph, "sexual penetration" has the meaning provided

1 under Section 11-0.1 of the Criminal Code of 2012 and
2 includes, without limitation, acts prohibited under
3 Sections 11-1.20 through 11-1.60 of the Criminal Code of
4 2012.

5 "Sexual assault forensic examiner" means a physician or
6 physician assistant who has completed training that meets or
7 is substantially similar to the Sexual Assault Nurse Examiner
8 Education Guidelines established by the International
9 Association of Forensic Nurses.

10 "Sexual assault nurse examiner" means an advanced practice
11 registered nurse or registered professional nurse who has
12 completed a sexual assault nurse examiner training program
13 that meets the Sexual Assault Nurse Examiner Education
14 Guidelines established by the International Association of
15 Forensic Nurses.

16 "Sexual assault services voucher" means a document
17 generated by a hospital or approved pediatric health care
18 facility at the time the sexual assault survivor receives
19 outpatient medical forensic services that may be used to seek
20 payment for any ambulance services, medical forensic services,
21 laboratory services, pharmacy services, and follow-up
22 healthcare provided as a result of the sexual assault.

23 "Sexual assault survivor" means a person who presents for
24 medical forensic services in relation to injuries or trauma
25 resulting from a sexual assault.

26 "Sexual assault transfer plan" means a written plan

1 developed by a hospital and approved by the Department, which
2 describes the hospital's procedures for transferring sexual
3 assault survivors to another hospital, and an approved
4 pediatric health care facility, if applicable, in order to
5 receive medical forensic services.

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

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

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

21 "Treatment hospital" means a hospital with a sexual
22 assault treatment plan approved by the Department to provide
23 medical forensic services to all sexual assault survivors who
24 present with a complaint of sexual assault within a minimum of
25 the last 7 days or who have disclosed past sexual assault by a
26 specific individual and were in the care of that individual

1 within a minimum of the last 7 days.

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

10 (b) This Section is effective on and after January 1, 2022
11 ~~July 1, 2021~~.

12 (Source: P.A. 100-513, eff. 1-1-18; 100-775, eff. 1-1-19;
13 101-81, eff. 7-12-19; 101-634, eff. 6-5-20.)

14 (410 ILCS 70/1a-1)

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

16 Sec. 1a-1. Definitions.

17 (a) In this Act:

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

20 "Ambulance provider" means an individual or entity that
21 owns and operates a business or service using ambulances or
22 emergency medical services vehicles to transport emergency
23 patients.

24 "Approved pediatric health care facility" means a health
25 care facility, other than a hospital, with a sexual assault

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

7 "Approved federally qualified health center" means a
8 facility as defined in Section 1905(1)(2)(B) of the federal
9 Social Security Act with a sexual assault treatment plan
10 approved by the Department to provide medical forensic
11 services to sexual assault survivors 13 years old or older who
12 present with a complaint of sexual assault within a minimum of
13 the last 7 days or who have disclosed past sexual assault by a
14 specific individual and were in the care of that individual
15 within a minimum of the last 7 days.

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

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

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

5 "Department" means the Department of Public Health.

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

10 "Federally qualified health center" means a facility as
11 defined in Section 1905(1)(2)(B) of the federal Social
12 Security Act that provides primary care or sexual health
13 services.

14 "Follow-up healthcare" means healthcare services related
15 to a sexual assault, including laboratory services and
16 pharmacy services, rendered within 90 days of the initial
17 visit for medical forensic services.

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

22 "Hospital" means a hospital licensed under the Hospital
23 Licensing Act or operated under the University of Illinois
24 Hospital Act, any outpatient center included in the hospital's
25 sexual assault treatment plan where hospital employees provide
26 medical forensic services, and an out-of-state hospital that

1 has consented to the jurisdiction of the Department under
2 Section 2.06-1.

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,
17 approved pediatric health care facility, or an approved
18 federally qualified health centers.

19 "Medical forensic services" includes, but is not limited
20 to, taking a medical history, performing photo documentation,
21 performing a physical and anogenital examination, assessing
22 the patient for evidence collection, collecting evidence in
23 accordance with a statewide sexual assault evidence collection
24 program administered by the Department of State Police using
25 the Illinois State Police Sexual Assault Evidence Collection
26 Kit, if appropriate, assessing the patient for

1 drug-facilitated or alcohol-facilitated sexual assault,
2 providing an evaluation of and care for sexually transmitted
3 infection and human immunodeficiency virus (HIV), pregnancy
4 risk evaluation and care, and discharge and follow-up
5 healthcare planning.

6 "Pediatric health care facility" means a clinic or
7 physician's office that provides medical services to pediatric
8 patients.

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

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

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

18 "Physician assistant" has the meaning provided in Section
19 4 of the Physician Assistant Practice Act of 1987.

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

26 "Qualified medical provider" means a board-certified child

1 abuse pediatrician, board-eligible child abuse pediatrician, a
2 sexual assault forensic examiner, or a sexual assault nurse
3 examiner who has access to photo documentation tools, and who
4 participates in peer review.

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

7 "Sexual assault" means:

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

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

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

1 Forensic 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 services in relation to injuries or trauma
11 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.

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

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

26 "Transfer services" means the appropriate medical

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

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

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

22 (b) This Section is repealed on December 31 ~~June 30~~, 2021.

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

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

25 Sec. 2. Hospital and approved pediatric health care

1 facility requirements for sexual assault plans.

2 (a) Every hospital required to be licensed by the
3 Department pursuant to the Hospital Licensing Act, or operated
4 under the University of Illinois Hospital Act that provides
5 general medical and surgical hospital services shall provide
6 either (i) transfer services to all sexual assault survivors,
7 (ii) medical forensic services to all sexual assault
8 survivors, or (iii) transfer services to pediatric sexual
9 assault survivors and medical forensic services to sexual
10 assault survivors 13 years old or older, in accordance with
11 rules adopted by the Department.

12 In addition, every such hospital, regardless of whether or
13 not a request is made for reimbursement, shall submit to the
14 Department a plan to provide either (i) transfer services to
15 all sexual assault survivors, (ii) medical forensic services
16 to all sexual assault survivors, or (iii) transfer services to
17 pediatric sexual assault survivors and medical forensic
18 services to sexual assault survivors 13 years old or older.
19 The Department shall approve such plan for either (i) transfer
20 services to all sexual assault survivors, (ii) medical
21 forensic services to all sexual assault survivors, or (iii)
22 transfer services to pediatric sexual assault survivors and
23 medical forensic services to sexual assault survivors 13 years
24 old or older, if it finds that the implementation of the
25 proposed plan would provide (i) transfer services or (ii)
26 medical forensic services for sexual assault survivors in

1 accordance with the requirements of this Act and provide
2 sufficient protections from the risk of pregnancy to sexual
3 assault survivors. Notwithstanding anything to the contrary in
4 this paragraph, the Department may approve a sexual assault
5 transfer plan for the provision of medical forensic services
6 until January 1, 2022 if:

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

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

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

1 In counties with a population of less than 1,000,000, the
2 Department may not approve a sexual assault transfer plan for
3 a hospital located within a 20-mile radius of a 4-year public
4 university, not including community colleges, unless there is
5 a treatment hospital with a sexual assault treatment plan
6 approved by the Department within a 20-mile radius of the
7 4-year public university.

8 A transfer must be in accordance with federal and State
9 laws and local ordinances.

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

18 A transfer hospital must submit an areawide treatment plan
19 under Section 3 of this Act that includes a written agreement
20 with a treatment hospital stating that the treatment hospital
21 will provide medical forensic services to all sexual assault
22 survivors transferred from the transfer hospital. The areawide
23 treatment plan may also include an approved pediatric health
24 care facility. Notwithstanding anything to the contrary in
25 this paragraph, until January 1, 2022, the areawide treatment
26 plan may include a written agreement with a treatment hospital

1 with approved pediatric transfer that is geographically closer
2 than other hospitals providing medical forensic services to
3 sexual assault survivors 13 years of age or older stating that
4 the treatment hospital with approved pediatric transfer will
5 provide medical services to sexual assault survivors 13 years
6 of age or older who are transferred from the transfer
7 hospital. If the areawide treatment plan includes a written
8 agreement with a treatment hospital with approved pediatric
9 transfer, it must also include a written agreement with a
10 treatment hospital stating that the treatment hospital will
11 provide medical forensic services to sexual assault survivors
12 under 13 years of age who are transferred from the transfer
13 hospital.

14 Beginning January 1, 2019, each treatment hospital and
15 treatment hospital with approved pediatric transfer shall
16 ensure that emergency department attending physicians,
17 physician assistants, advanced practice registered nurses, and
18 registered professional nurses providing clinical services,
19 who do not meet the definition of a qualified medical provider
20 in Section 1a of this Act, receive a minimum of 2 hours of
21 sexual assault training by July 1, 2020 or until the treatment
22 hospital or treatment hospital with approved pediatric
23 transfer certifies to the Department, in a form and manner
24 prescribed by the Department, that it employs or contracts
25 with a qualified medical provider in accordance with
26 subsection (a-7) of Section 5, whichever occurs first.

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

14 Sexual assault training provided under this subsection may
15 be provided in person or online and shall include, but not be
16 limited to:

17 (1) information provided on the provision of medical
18 forensic services;

19 (2) information on the use of the Illinois Sexual
20 Assault Evidence Collection Kit;

21 (3) information on sexual assault epidemiology,
22 neurobiology of trauma, drug-facilitated sexual assault,
23 child sexual abuse, and Illinois sexual assault-related
24 laws; and

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

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

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

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

20 The Department shall review a proposed sexual assault
21 treatment plan submitted by a pediatric health care facility
22 within 60 days after receipt of the plan. If the Department
23 finds that the proposed plan meets the minimum requirements
24 set forth in Section 5 of this Act and that implementation of
25 the proposed plan would provide medical forensic services for
26 pediatric sexual assault survivors, then the Department shall

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

15 If an approved pediatric health care facility is not open
16 24 hours a day, 7 days a week, it shall post signage at each
17 public entrance to its facility that:

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

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

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

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

26 (5) has a black background with white bold capital

1 lettering in a clear and easy to read font that is at least
2 72-point type, and with "call 911" in at least 125-point
3 type;

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

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

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

17 (c) Each treatment hospital, treatment hospital with
18 approved pediatric transfer, and approved pediatric health
19 care facility must enter into a memorandum of understanding
20 with a rape crisis center for medical advocacy services, if
21 these services are available to the treatment hospital,
22 treatment hospital with approved pediatric transfer, or
23 approved pediatric health care facility. With the consent of
24 the sexual assault survivor, a rape crisis counselor shall
25 remain in the exam room during the collection for forensic
26 evidence.

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

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

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

16 (2) The total number of Illinois Sexual Assault
17 Evidence Collection Kits:

18 (A) offered to (i) all sexual assault survivors
19 and (ii) pediatric sexual assault survivors pursuant
20 to paragraph (1.5) of subsection (a-5) of Section 5;

21 (B) completed for (i) all sexual assault survivors
22 and (ii) pediatric sexual assault survivors; and

23 (C) declined by (i) all sexual assault survivors
24 and (ii) pediatric sexual assault survivors.

25 This information shall be made available on the
26 Department's website.

1 (f) This Section is effective on and after January 1, 2022
2 ~~July 1, 2021~~.

3 (Source: P.A. 100-775, eff. 1-1-19; 101-73, eff. 7-12-19;
4 101-634, eff. 6-5-20.)

5 (410 ILCS 70/2-1)

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

7 Sec. 2-1. Hospital, approved pediatric health care
8 facility, and approved federally qualified health center
9 requirements for sexual assault plans.

10 (a) Every hospital required to be licensed by the
11 Department pursuant to the Hospital Licensing Act, or operated
12 under the University of Illinois Hospital Act that provides
13 general medical and surgical hospital services shall provide
14 either (i) transfer services to all sexual assault survivors,
15 (ii) medical forensic services to all sexual assault
16 survivors, or (iii) transfer services to pediatric sexual
17 assault survivors and medical forensic services to sexual
18 assault survivors 13 years old or older, in accordance with
19 rules adopted by the Department.

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

1 services to sexual assault survivors 13 years old or older.
2 The Department shall approve such plan for either (i) transfer
3 services to all sexual assault survivors, (ii) medical
4 forensic services to all sexual assault survivors, or (iii)
5 transfer services to pediatric sexual assault survivors and
6 medical forensic services to sexual assault survivors 13 years
7 old or older, if it finds that the implementation of the
8 proposed plan would provide (i) transfer services or (ii)
9 medical forensic services for sexual assault survivors in
10 accordance with the requirements of this Act and provide
11 sufficient protections from the risk of pregnancy to sexual
12 assault survivors. Notwithstanding anything to the contrary in
13 this paragraph, the Department may approve a sexual assault
14 transfer plan for the provision of medical forensic services
15 until January 1, 2022 if:

16 (1) a treatment hospital with approved pediatric
17 transfer has agreed, as part of an areawide treatment
18 plan, to accept sexual assault survivors 13 years of age
19 or older from the proposed transfer hospital, if the
20 treatment hospital with approved pediatric transfer is
21 geographically closer to the transfer hospital than a
22 treatment hospital or another treatment hospital with
23 approved pediatric transfer and such transfer is not
24 unduly burdensome on the sexual assault survivor; and

25 (2) a treatment hospital has agreed, as a part of an
26 areawide treatment plan, to accept sexual assault

1 survivors under 13 years of age from the proposed transfer
2 hospital and transfer to the treatment hospital would not
3 unduly burden the sexual assault survivor.

4 The Department may not approve a sexual assault transfer
5 plan unless a treatment hospital has agreed, as a part of an
6 areawide treatment plan, to accept sexual assault survivors
7 from the proposed transfer hospital and a transfer to the
8 treatment hospital would not unduly burden the sexual assault
9 survivor.

10 In counties with a population of less than 1,000,000, the
11 Department may not approve a sexual assault transfer plan for
12 a hospital located within a 20-mile radius of a 4-year public
13 university, not including community colleges, unless there is
14 a treatment hospital with a sexual assault treatment plan
15 approved by the Department within a 20-mile radius of the
16 4-year public university.

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

19 A treatment hospital with approved pediatric transfer must
20 submit an areawide treatment plan under Section 3-1 of this
21 Act that includes a written agreement with a treatment
22 hospital stating that the treatment hospital will provide
23 medical forensic services to pediatric sexual assault
24 survivors transferred from the treatment hospital with
25 approved pediatric transfer. The areawide treatment plan may
26 also include an approved pediatric health care facility.

1 A transfer hospital must submit an areawide treatment plan
2 under Section 3-1 of this Act that includes a written
3 agreement with a treatment hospital stating that the treatment
4 hospital will provide medical forensic services to all sexual
5 assault survivors transferred from the transfer hospital. The
6 areawide treatment plan may also include an approved pediatric
7 health care facility. Notwithstanding anything to the contrary
8 in this paragraph, until January 1, 2022, the areawide
9 treatment plan may include a written agreement with a
10 treatment hospital with approved pediatric transfer that is
11 geographically closer than other hospitals providing medical
12 forensic services to sexual assault survivors 13 years of age
13 or older stating that the treatment hospital with approved
14 pediatric transfer will provide medical services to sexual
15 assault survivors 13 years of age or older who are transferred
16 from the transfer hospital. If the areawide treatment plan
17 includes a written agreement with a treatment hospital with
18 approved pediatric transfer, it must also include a written
19 agreement with a treatment hospital stating that the treatment
20 hospital will provide medical forensic services to sexual
21 assault survivors under 13 years of age who are transferred
22 from the transfer hospital.

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

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

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

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

26 (1) information provided on the provision of medical

1 forensic services;

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

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

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

10 The online training made available by the Office of the
11 Attorney General under subsection (b) of Section 10-1 may be
12 used to comply with this subsection.

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

19 A pediatric health care facility must participate in or
20 submit an areawide treatment plan under Section 3-1 of this
21 Act that includes a treatment hospital. If a pediatric health
22 care facility does not provide certain medical or surgical
23 services that are provided by hospitals, the areawide sexual
24 assault treatment plan must include a procedure for ensuring a
25 sexual assault survivor in need of such medical or surgical
26 services receives the services at the treatment hospital. The

1 areawide treatment plan may also include a treatment hospital
2 with approved pediatric transfer.

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

24 If an approved pediatric health care facility is not open
25 24 hours a day, 7 days a week, it shall post signage at each
26 public entrance to its facility that:

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

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

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

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

9 (5) has a black background with white bold capital
10 lettering in a clear and easy to read font that is at least
11 72-point type, and with "call 911" in at least 125-point
12 type;

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

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

23 (b-5) An approved federally qualified health center may
24 provide medical forensic services, in accordance with rules
25 adopted by the Department, to all sexual assault survivors 13
26 years old or older who present for medical forensic services

1 in relation to injuries or trauma resulting from a sexual
2 assault during the duration, and 90 days thereafter, of a
3 proclamation issued by the Governor declaring a disaster, or a
4 successive proclamation regarding the same disaster, in all
5 102 counties due to a public health emergency. These services
6 shall be provided by (i) a qualified medical provider,
7 physician, physician assistant, or advanced practice
8 registered nurse who has received a minimum of 10 hours of
9 sexual assault training provided by a qualified medical
10 provider on current Illinois legislation, how to properly
11 perform a medical forensic examination, evidence collection,
12 drug and alcohol facilitated sexual assault, and forensic
13 photography and has all documentation and photos peer reviewed
14 by a qualified medical provider or (ii) until the federally
15 qualified health care center certifies to the Department, in a
16 form and manner prescribed by the Department, that it employs
17 or contracts with a qualified medical provider in accordance
18 with subsection (a-7) of Section 5-1, whichever occurs first.

19 A federally qualified health center must participate in or
20 submit an areawide treatment plan under Section 3-1 of this
21 Act that includes a treatment hospital. If a federally
22 qualified health center does not provide certain medical or
23 surgical services that are provided by hospitals, the areawide
24 sexual assault treatment plan must include a procedure for
25 ensuring a sexual assault survivor in need of such medical or
26 surgical services receives the services at the treatment

1 hospital. The areawide treatment plan may also include a
2 treatment hospital with approved pediatric transfer or an
3 approved pediatric health care facility.

4 The Department shall review a proposed sexual assault
5 treatment plan submitted by a federally qualified health
6 center within 14 days after receipt of the plan. If the
7 Department finds that the proposed plan meets the minimum
8 requirements set forth in Section 5-1 and that implementation
9 of the proposed plan would provide medical forensic services
10 for sexual assault survivors 13 years old or older, then the
11 Department shall approve the plan. If the Department does not
12 approve a plan, then the Department shall notify the federally
13 qualified health center that the proposed plan has not been
14 approved. The federally qualified health center shall have 14
15 days to submit a revised plan. The Department shall review the
16 revised plan within 14 days after receipt of the plan and
17 notify the federally qualified health center whether the
18 revised plan is approved or rejected. A federally qualified
19 health center may not (i) provide medical forensic services to
20 sexual assault survivors 13 years old or older who present
21 with a complaint of sexual assault within a minimum of the
22 previous 7 days or (ii) who have disclosed past sexual assault
23 by a specific individual and were in the care of that
24 individual within a minimum of the previous 7 days until the
25 Department has approved a treatment plan.

26 If an approved federally qualified health center is not

1 open 24 hours a day, 7 days a week, it shall post signage at
2 each public entrance to its facility that:

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

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

8 (3) lists the approved federally qualified health
9 center's hours of operation;

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

11 (5) has a black background with white bold capital
12 lettering in a clear and easy to read font that is at least
13 72-point type, and with "call 911" in at least 125-point
14 type;

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

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

25 A copy of the proposed sign must be submitted to the
26 Department and approved as part of the approved federally

1 qualified health center's sexual assault treatment plan.

2 (c) Each treatment hospital, treatment hospital with
3 approved pediatric transfer, approved pediatric health care
4 facility, and approved federally qualified health center must
5 enter into a memorandum of understanding with a rape crisis
6 center for medical advocacy services, if these services are
7 available to the treatment hospital, treatment hospital with
8 approved pediatric transfer, approved pediatric health care
9 facility, or approved federally qualified health center. With
10 the consent of the sexual assault survivor, a rape crisis
11 counselor shall remain in the exam room during the collection
12 for forensic evidence.

13 (d) Every treatment hospital, treatment hospital with
14 approved pediatric transfer, approved pediatric health care
15 facility, and approved federally qualified health center's
16 sexual assault treatment plan shall include procedures for
17 complying with mandatory reporting requirements pursuant to
18 (1) the Abused and Neglected Child Reporting Act; (2) the
19 Abused and Neglected Long Term Care Facility Residents
20 Reporting Act; (3) the Adult Protective Services Act; and (iv)
21 the Criminal Identification Act.

22 (e) Each treatment hospital, treatment hospital with
23 approved pediatric transfer, approved pediatric health care
24 facility, and approved federally qualified health center shall
25 submit to the Department every 6 months, in a manner
26 prescribed by the Department, the following information:

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

3 (2) The total number of Illinois Sexual Assault
4 Evidence Collection Kits:

5 (A) offered to (i) all sexual assault survivors
6 and (ii) pediatric sexual assault survivors pursuant
7 to paragraph (1.5) of subsection (a-5) of Section 5-1;

8 (B) completed for (i) all sexual assault survivors
9 and (ii) pediatric sexual assault survivors; and

10 (C) declined by (i) all sexual assault survivors
11 and (ii) pediatric sexual assault survivors.

12 This information shall be made available on the
13 Department's website.

14 (f) This Section is repealed on December 31 ~~June 30~~, 2021.

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

16 (410 ILCS 70/2.05)

17 Sec. 2.05. Department requirements.

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

1 survivors of any age and Illinois sexual assault-related laws
2 and administrative rules.

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

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

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

26 (3) Each hospital and approved pediatric care facility

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

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

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

21 (c) The Department, in consultation with the Office of the
22 Attorney General, shall adopt administrative rules by January
23 1, 2020 establishing a process for physicians and physician
24 assistants to provide documentation of training and clinical
25 experience that meets or is substantially similar to the
26 Sexual Assault Nurse Examiner Education Guidelines established

1 by the International Association of Forensic Nurses in order
2 to qualify as a sexual assault forensic examiner.

3 (d) This Section is effective on and after January 1, 2022
4 ~~July 1, 2021~~.

5 (Source: P.A. 100-775, eff. 1-1-19; 101-634, eff. 6-5-20.)

6 (410 ILCS 70/2.05-1)

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

8 Sec. 2.05-1. Department requirements.

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

20 (b) On July 1, 2019 and each July 1 thereafter, the
21 Department shall submit a report to the General Assembly
22 containing information on the hospitals, pediatric health care
23 facilities, and federally qualified health centers in this
24 State that have submitted a plan to provide: (i) transfer
25 services to all sexual assault survivors, (ii) medical

1 forensic services to all sexual assault survivors, (iii)
2 transfer services to pediatric sexual assault survivors and
3 medical forensic services to sexual assault survivors 13 years
4 old or older, or (iv) medical forensic services to pediatric
5 sexual assault survivors. The Department shall post the report
6 on its Internet website on or before October 1, 2019 and,
7 except as otherwise provided in this Section, update the
8 report every quarter thereafter. The report shall include all
9 of the following:

10 (1) Each hospital, pediatric care facility, and
11 federally qualified health center that has submitted a
12 plan, including the submission date of the plan, type of
13 plan submitted, and the date the plan was approved or
14 denied. If a pediatric health care facility withdraws its
15 plan, the Department shall immediately update the report
16 on its Internet website to remove the pediatric health
17 care facility's name and information.

18 (2) Each hospital that has failed to submit a plan as
19 required in subsection (a) of Section 2-1.

20 (3) Each hospital, approved pediatric care facility,
21 and federally qualified health center that has to submit
22 an acceptable Plan of Correction within the time required
23 by Section 2.1-1, including the date the Plan of
24 Correction was required to be submitted. Once a hospital,
25 approved pediatric health care facility, or approved
26 federally qualified health center submits and implements

1 the required Plan of Correction, the Department shall
2 immediately update the report on its Internet website to
3 reflect that hospital, approved pediatric health care
4 facility, or federally qualified health center's
5 compliance.

6 (4) Each hospital, approved pediatric care facility,
7 and federally qualified health center at which the
8 periodic on-site review required by Section 2.05-1 of this
9 Act has been conducted, including the date of the on-site
10 review and whether the hospital, approved pediatric care
11 facility, and federally qualified health center was found
12 to be in compliance with its approved plan.

13 (5) Each areawide treatment plan submitted to the
14 Department pursuant to Section 3-1 of this Act, including
15 which treatment hospitals, treatment hospitals with
16 approved pediatric transfer, transfer hospitals, approved
17 pediatric health care facilities, and approved federally
18 qualified health centers are identified in each areawide
19 treatment plan.

20 (6) During the duration, and 90 days thereafter, of a
21 proclamation issued by the Governor declaring a disaster,
22 or a successive proclamation regarding the same disaster,
23 in all 102 counties due to a public health emergency, the
24 Department shall immediately update the report on its
25 website to reflect each federally qualified health center
26 that has submitted a plan, including the submission date

1 of the plan, type of plan submitted, and the date the plan
2 was approved.

3 (c) The Department, in consultation with the Office of the
4 Attorney General, shall adopt administrative rules by January
5 1, 2020 establishing a process for physicians and physician
6 assistants to provide documentation of training and clinical
7 experience that meets or is substantially similar to the
8 Sexual Assault Nurse Examiner Education Guidelines established
9 by the International Association of Forensic Nurses in order
10 to qualify as a sexual assault forensic examiner.

11 (d) This Section is repealed on December 31 ~~June 30~~, 2021.
12 (Source: P.A. 101-634, eff. 6-5-20.)

13 (410 ILCS 70/2.06)

14 Sec. 2.06. Consent to jurisdiction.

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

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

24 (b) This Section is effective on and after January 1, 2022
25 ~~July 1, 2021~~.

26 (Source: P.A. 100-775, eff. 1-1-19; 101-634, eff. 6-5-20.)

1 (410 ILCS 70/2.06-1)

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

3 Sec. 2.06-1. Consent to jurisdiction.

4 (a) A pediatric health care facility or federally
5 qualified health center that submits a plan to the Department
6 for approval under Section 2-1 or an out-of-state hospital
7 that submits an areawide treatment plan in accordance with
8 subsection (b) of Section 5.4 consents to the jurisdiction and
9 oversight of the Department, including, but not limited to,
10 inspections, investigations, and evaluations arising out of
11 complaints relevant to this Act made to the Department. A
12 pediatric health care facility or federally qualified health
13 center that submits a plan to the Department for approval
14 under Section 2-1 or an out-of-state hospital that submits an
15 areawide treatment plan in accordance with subsection (b) of
16 Section 5.4 shall be deemed to have given consent to annual
17 inspections, surveys, or evaluations relevant to this Act by
18 properly identified personnel of the Department or by such
19 other properly identified persons, including local health
20 department staff, as the Department may designate. In
21 addition, representatives of the Department shall have access
22 to and may reproduce or photocopy any books, records, and
23 other documents maintained by the pediatric health care
24 facility or the facility's representatives or the out-of-state
25 hospital or the out-of-state hospital's representative to the

1 extent necessary to carry out this Act. No representative,
2 agent, or person acting on behalf of the pediatric health care
3 facility, federally qualified health center, or out-of-state
4 hospital in any manner shall intentionally prevent, interfere
5 with, or attempt to impede in any way any duly authorized
6 investigation and enforcement of this Act. The Department
7 shall have the power to adopt rules to carry out the purpose of
8 regulating a pediatric health care facility or out-of-state
9 hospital. In carrying out oversight of a pediatric health care
10 facility, federally qualified health center, or an
11 out-of-state hospital, the Department shall respect the
12 confidentiality of all patient records, including by complying
13 with the patient record confidentiality requirements set out
14 in Section 6.14b of the Hospital Licensing Act.

15 (b) This Section is repealed on December 31 ~~June 30~~, 2021.

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

17 (410 ILCS 70/2.1) (from Ch. 111 1/2, par. 87-2.1)

18 Sec. 2.1. Plan of correction; penalties.

19 (a) If the Department surveyor determines that the
20 hospital or approved pediatric health care facility is not in
21 compliance with its approved plan, the surveyor shall provide
22 the hospital or approved pediatric health care facility with a
23 written list of the specific items of noncompliance within 10
24 working days after the conclusion of the on-site review. The
25 hospital shall have 10 working days to submit to the

1 Department a plan of correction which contains the hospital's
2 or approved pediatric health care facility's specific
3 proposals for correcting the items of noncompliance. The
4 Department shall review the plan of correction and notify the
5 hospital in writing within 10 working days as to whether the
6 plan is acceptable or unacceptable.

7 If the Department finds the Plan of Correction
8 unacceptable, the hospital or approved pediatric health care
9 facility shall have 10 working days to resubmit an acceptable
10 Plan of Correction. Upon notification that its Plan of
11 Correction is acceptable, a hospital or approved pediatric
12 health care facility shall implement the Plan of Correction
13 within 60 days.

14 (b) The failure of a hospital to submit an acceptable Plan
15 of Correction or to implement the Plan of Correction, within
16 the time frames required in this Section, will subject a
17 hospital to the imposition of a fine by the Department. The
18 Department may impose a fine of up to \$500 per day until a
19 hospital complies with the requirements of this Section.

20 If an approved pediatric health care facility fails to
21 submit an acceptable Plan of Correction or to implement the
22 Plan of Correction within the time frames required in this
23 Section, then the Department shall notify the approved
24 pediatric health care facility that the approved pediatric
25 health care facility may not provide medical forensic services
26 under this Act. The Department may impose a fine of up to \$500

1 per patient provided services in violation of this Act.

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

10 (d) This Section is effective on and after January 1, 2022
11 ~~July 1, 2031~~.

12 (Source: P.A. 100-775, eff. 1-1-19; 101-81, eff. 7-12-19;
13 101-634, eff. 6-5-20.)

14 (410 ILCS 70/2.1-1)

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

16 Sec. 2.1-1. Plan of correction; penalties.

17 (a) If the Department surveyor determines that the
18 hospital, approved pediatric health care facility, or approved
19 federally qualified health center is not in compliance with
20 its approved plan, the surveyor shall provide the hospital,
21 approved pediatric health care facility, or approved federally
22 qualified health center with a written list of the specific
23 items of noncompliance within 10 working days after the
24 conclusion of the on-site review. The hospital, approved
25 pediatric health care facility, or approved federally

1 qualified health center shall have 10 working days to submit
2 to the Department a plan of correction which contains the
3 hospital's, approved pediatric health care facility's, or
4 approved federally qualified health center's specific
5 proposals for correcting the items of noncompliance. The
6 Department shall review the plan of correction and notify the
7 hospital, approved pediatric health care facility, or approved
8 federally qualified health center in writing within 10 working
9 days as to whether the plan is acceptable or unacceptable.

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

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

24 If an approved pediatric health care facility or approved
25 federally qualified health center fails to submit an
26 acceptable Plan of Correction or to implement the Plan of

1 Correction within the time frames required in this Section,
2 then the Department shall notify the approved pediatric health
3 care facility or approved federally qualified health center
4 that the approved pediatric health care facility or approved
5 federally qualified health center may not provide medical
6 forensic services under this Act. The Department may impose a
7 fine of up to \$500 per patient provided services in violation
8 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, or approved federally qualified health
12 center via certified mail with written notice and an
13 opportunity for an administrative hearing. Such hearing must
14 be requested within 10 working days after receipt of the
15 Department's Notice. All hearings shall be conducted in
16 accordance with the Department's rules in administrative
17 hearings.

18 (d) This Section is repealed on December 31 ~~June 30~~, 2021.
19 (Source: P.A. 101-634, eff. 6-5-20.)

20 (410 ILCS 70/2.2)

21 Sec. 2.2. Emergency contraception.

22 (a) The General Assembly finds:

23 (1) Crimes of sexual assault and sexual abuse cause
24 significant physical, emotional, and psychological trauma
25 to the victims. This trauma is compounded by a victim's

1 fear of becoming pregnant and bearing a child as a result
2 of the sexual assault.

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

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

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

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

1 protection for survivors of 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
8 meets those standards. The Department may provide a sample
9 acceptable protocol upon request.

10 (c) This Section is effective on and after January 1, 2022
11 ~~July 1, 2021~~.

12 (Source: P.A. 100-513, eff. 1-1-18; 100-775, eff. 1-1-19;
13 101-634, eff. 6-5-20.)

14 (410 ILCS 70/2.2-1)

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

16 Sec. 2.2-1. Emergency contraception.

17 (a) The General Assembly finds:

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

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

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

5 (4) By providing emergency contraception to rape
6 victims in a timely manner, the trauma of rape can be
7 significantly reduced.

8 (b) Every hospital, approved pediatric health care
9 facility, or approved federally qualified health center
10 providing services to sexual assault survivors in accordance
11 with a plan approved under Section 2-1 must develop a protocol
12 that ensures that each survivor of sexual assault will receive
13 medically and factually accurate and written and oral
14 information about emergency contraception; the indications and
15 contraindications and risks associated with the use of
16 emergency contraception; and a description of how and when
17 victims may be provided emergency contraception at no cost
18 upon the written order of a physician licensed to practice
19 medicine in all its branches, a licensed advanced practice
20 registered nurse, or a licensed physician assistant. The
21 Department shall approve the protocol if it finds that the
22 implementation of the protocol would provide sufficient
23 protection for survivors of sexual assault.

24 The hospital, approved pediatric health care facility, or
25 approved federally qualified health center shall implement the
26 protocol upon approval by the Department. The Department shall

1 adopt rules and regulations establishing one or more safe
2 harbor protocols and setting minimum acceptable protocol
3 standards that hospitals may develop and implement. The
4 Department shall approve any protocol that meets those
5 standards. The Department may provide a sample acceptable
6 protocol upon request.

7 (c) This Section is repealed on December 31 ~~June 30~~, 2021.

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

9 (410 ILCS 70/3) (from Ch. 111 1/2, par. 87-3)

10 Sec. 3. Areawide sexual assault treatment plans;
11 submission.

12 (a) Hospitals and approved pediatric health care
13 facilities in the area to be served may develop and
14 participate in areawide plans that shall describe the medical
15 forensic services to sexual assault survivors that each
16 participating hospital and approved pediatric health care
17 facility has agreed to make available. Each hospital and
18 approved pediatric health care facility participating in such
19 a plan shall provide such services as it is designated to
20 provide in the plan agreed upon by the participants. An
21 areawide plan may include treatment hospitals, treatment
22 hospitals with approved pediatric transfer, transfer
23 hospitals, approved pediatric health care facilities, or
24 out-of-state hospitals as provided in Section 5.4. All
25 areawide plans shall be submitted to the Department for

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

6 (b) This Section is effective on and after January 1, 2022
7 ~~July 1, 2021~~.

8 (Source: P.A. 100-775, eff. 1-1-19; 101-634, eff. 6-5-20.)

9 (410 ILCS 70/3-1)

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

11 Sec. 3-1. Areawide sexual assault treatment plans;
12 submission.

13 (a) Hospitals, approved pediatric health care facilities,
14 and approved federally qualified health centers in the area to
15 be served may develop and participate in areawide plans that
16 shall describe the medical forensic services to sexual assault
17 survivors that each participating hospital, approved pediatric
18 health care facility, and approved federally qualified health
19 centers has agreed to make available. Each hospital, approved
20 pediatric health care facility, and approved federally
21 qualified health center participating in such a plan shall
22 provide such services as it is designated to provide in the
23 plan agreed upon by the participants. An areawide plan may
24 include treatment hospitals, treatment hospitals with approved
25 pediatric transfer, transfer hospitals, approved pediatric

1 health care facilities, approved federally qualified health
2 centers, or out-of-state hospitals as provided in Section 5.4.
3 All areawide plans shall be submitted to the Department for
4 approval, prior to becoming effective. The Department shall
5 approve a proposed plan if it finds that the minimum
6 requirements set forth in Section 5-1 and implementation of
7 the plan would provide for appropriate medical forensic
8 services for the people of the area to be served.

9 (b) This Section is repealed on December 31 ~~June 30~~, 2021.

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

11 (410 ILCS 70/5) (from Ch. 111 1/2, par. 87-5)

12 Sec. 5. Minimum requirements for medical forensic services
13 provided to sexual assault survivors by hospitals and approved
14 pediatric health care facilities.

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

22 Beginning January 1, 2022, 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 medical forensic services without
4 delay, in a private, age-appropriate or
5 developmentally-appropriate space, required to ensure the
6 health, safety, and welfare of a sexual assault survivor
7 and which may be used as evidence in a criminal proceeding
8 against a person accused of the sexual assault, in a
9 proceeding under the Juvenile Court Act of 1987, or in an
10 investigation under the Abused and Neglected Child
11 Reporting Act.

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

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

1 Records of medical forensic services may only be
2 disseminated in accordance with Section 6.5 of this Act
3 and other State and federal law.

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

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

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

26 On and after January 1, 2022, the information

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

5 The written information provided shall be the
6 information created in accordance with Section 10 of
7 this Act.

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

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

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

1 (3.5) After a medical evidentiary or physical
2 examination, access to a shower at no cost, unless
3 showering facilities are unavailable.

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

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

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

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

26 (8) Medical advocacy services provided by a rape

1 crisis counselor whose communications are protected under
2 Section 8-802.1 of the Code of Civil Procedure, if there
3 is a memorandum of understanding between the hospital or
4 approved pediatric health care facility and a rape crisis
5 center. With the consent of the sexual assault survivor, a
6 rape crisis counselor shall remain in the exam room during
7 the medical forensic examination.

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

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

18 (a-7) By January 1, 2022, every hospital with a treatment
19 plan approved by the Department shall employ or contract with
20 a 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
25 shall not delay the provision of life-saving medical care.

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

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

8 (b-5) Every hospital or approved pediatric health care
9 facility 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 5.2
12 of this Act. The hospital shall make a copy of the voucher and
13 place it in the medical record of the sexual assault survivor.
14 The hospital shall provide a copy of the voucher to the sexual
15 assault survivor after discharge upon request.

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

19 (d) This Section is effective on and after January 1, 2022
20 ~~July 1, 2021~~.

21 (Source: P.A. 100-513, eff. 1-1-18; 100-775, eff. 1-1-19;
22 100-1087, eff. 1-1-19; 101-81, eff. 7-12-19; 101-377, eff.
23 8-16-19; 101-634, eff. 6-5-20.)

24 (410 ILCS 70/5-1)

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

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

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

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

15 (a-5) A treatment hospital, a treatment hospital with
16 approved pediatric transfer, or an approved pediatric health
17 care facility, or an approved federally qualified health
18 center shall provide the following services in accordance with
19 subsection (a):

20 (1) Appropriate medical forensic services without
21 delay, in a private, age-appropriate or
22 developmentally-appropriate space, required to ensure the
23 health, safety, and welfare of a sexual assault survivor
24 and which may be used as evidence in a criminal proceeding
25 against a person accused of the sexual assault, in a
26 proceeding under the Juvenile Court Act of 1987, or in an

1 investigation under the Abused and Neglected Child
2 Reporting Act.

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

11 Records of medical forensic services of sexual assault
12 survivors under the age of 18 shall be retained by the
13 hospital for a period of 60 years after the sexual assault
14 survivor reaches the age of 18. Records of medical
15 forensic services of sexual assault survivors 18 years of
16 age or older shall be retained by the hospital for a period
17 of 20 years after the date the record was created.

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

21 (1.5) An offer to complete the Illinois Sexual Assault
22 Evidence Collection Kit for any sexual assault survivor
23 who presents within a minimum of the last 7 days of the
24 assault or who has disclosed past sexual assault by a
25 specific individual and was in the care of that individual
26 within a minimum of the last 7 days.

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

12 Before January 1, 2022, the information required
13 under this subparagraph shall be provided in person by
14 the health care professional providing medical
15 forensic services directly to the sexual assault
16 survivor.

17 On and after January 1, 2022, the information
18 required under this subparagraph shall be provided in
19 person by the qualified medical provider providing
20 medical forensic services directly to the sexual
21 assault survivor.

22 The written information provided shall be the
23 information created in accordance with Section 10-1 of
24 this Act.

25 (B) Following the discussion regarding the
26 evidence-based guidelines for evidence collection in

1 accordance with subparagraph (A), evidence collection
2 must be completed at the sexual assault survivor's
3 request. A sexual assault nurse examiner conducting an
4 examination using the Illinois State Police Sexual
5 Assault Evidence Collection Kit may do so without the
6 presence or participation of a physician.

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

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

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

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

1 Prevention guidelines and consistent with the hospital's
2 or approved pediatric health care facility's current
3 approved protocol for sexual assault survivors.

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

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

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

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

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

1 applicable.

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

9 (a-7) By January 1, 2022, every hospital with a treatment
10 plan approved by the Department shall employ or contract with
11 a qualified medical provider to initiate medical forensic
12 services to a sexual assault survivor within 90 minutes of the
13 patient presenting to the treatment hospital or treatment
14 hospital with approved pediatric transfer. The provision of
15 medical forensic services by a qualified medical provider
16 shall not delay the provision of life-saving medical care.

17 (b) Any person who is a sexual assault survivor who seeks
18 medical forensic services or follow-up healthcare under this
19 Act shall be provided such services without the consent of any
20 parent, guardian, custodian, surrogate, or agent. If a sexual
21 assault survivor is unable to consent to medical forensic
22 services, the services may be provided under the Consent by
23 Minors to Medical Procedures Act, the Health Care Surrogate
24 Act, or other applicable State and federal laws.

25 (b-5) Every hospital, approved pediatric health care
26 facility, or approved federally qualified health center

1 providing medical forensic services to sexual assault
2 survivors shall issue a voucher to any sexual assault survivor
3 who is eligible to receive one in accordance with Section
4 5.2-1 of this Act. The hospital, approved pediatric health
5 care facility, or approved federally qualified health center
6 shall make a copy of the voucher and place it in the medical
7 record of the sexual assault survivor. The hospital, approved
8 pediatric health care facility, or approved federally
9 qualified health center shall provide a copy of the voucher to
10 the sexual assault survivor after discharge upon request.

11 (c) Nothing in this Section creates a physician-patient
12 relationship that extends beyond discharge from the hospital,
13 or approved pediatric health care facility, or approved
14 federally qualified health center.

15 (d) This Section is repealed on December 31 ~~June 30~~, 2021.
16 (Source: P.A. 101-634, eff. 6-5-20.)

17 (410 ILCS 70/5.1)

18 Sec. 5.1. Storage, retention, and dissemination of photo
19 documentation relating to medical forensic services.

20 (a) Photo documentation taken during a medical forensic
21 examination shall be maintained by the hospital or approved
22 pediatric health care facility as part of the patient's
23 medical record.

24 Photo documentation shall be stored and backed up securely
25 in its original file format in accordance with facility

1 protocol. The facility protocol shall require limited access
2 to the images and be included in the sexual assault treatment
3 plan submitted to the Department.

4 Photo documentation of a sexual assault survivor under the
5 age of 18 shall be retained for a period of 60 years after the
6 sexual assault survivor reaches the age of 18. Photo
7 documentation of a sexual assault survivor 18 years of age or
8 older shall be retained for a period of 20 years after the
9 record was created.

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

21 (b) This Section is effective on and after January 1, 2022
22 ~~July 1, 2021~~.

23 (Source: P.A. 100-775, eff. 1-1-19; 101-634, eff. 6-5-20.)

24 (410 ILCS 70/5.1-1)

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

1 Sec. 5.1-1. Storage, retention, and dissemination of photo
2 documentation relating to medical forensic services.

3 (a) Photo documentation taken during a medical forensic
4 examination shall be maintained by the hospital, approved
5 pediatric health care facility, or approved federally
6 qualified health center as part of the patient's medical
7 record.

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

13 Photo documentation of a sexual assault survivor under the
14 age of 18 shall be retained for a period of 60 years after the
15 sexual assault survivor reaches the age of 18. Photo
16 documentation of a sexual assault survivor 18 years of age or
17 older shall be retained for a period of 20 years after the
18 record was created.

19 Photo documentation of the sexual assault survivor's
20 injuries, anatomy involved in the assault, or other visible
21 evidence on the sexual assault survivor's body may be used for
22 peer review, expert second opinion, or in a criminal
23 proceeding against a person accused of sexual assault, a
24 proceeding under the Juvenile Court Act of 1987, or in an
25 investigation under the Abused and Neglected Child Reporting
26 Act. Any dissemination of photo documentation, including for

1 peer review, an expert second opinion, or in any court or
2 administrative proceeding or investigation, must be in
3 accordance with State and federal law.

4 (b) This Section is repealed on December 31 ~~June 30~~, 2021.
5 (Source: P.A. 101-634, eff. 6-5-20.)

6 (410 ILCS 70/5.2)

7 Sec. 5.2. Sexual assault services voucher.

8 (a) A sexual assault services voucher shall be issued by a
9 treatment hospital, treatment hospital with approved pediatric
10 transfer, or approved pediatric health care facility at the
11 time a sexual assault survivor receives medical forensic
12 services.

13 (b) Each treatment hospital, treatment hospital with
14 approved pediatric transfer, and approved pediatric health
15 care facility must include in its sexual assault treatment
16 plan submitted to the Department in accordance with Section 2
17 of this Act a protocol for issuing sexual assault services
18 vouchers. The protocol shall, at a minimum, include the
19 following:

20 (1) Identification of employee positions responsible
21 for issuing sexual assault services vouchers.

22 (2) Identification of employee positions with access
23 to the Medical Electronic Data Interchange or successor
24 system.

25 (3) A statement to be signed by each employee of an

1 approved pediatric health care facility with access to the
2 Medical Electronic Data Interchange or successor system
3 affirming that the Medical Electronic Data Interchange or
4 successor system will only be used for the purpose of
5 issuing sexual assault services vouchers.

6 (c) A sexual assault services voucher may be used to seek
7 payment for any ambulance services, medical forensic services,
8 laboratory services, pharmacy services, and follow-up
9 healthcare provided as a result of the sexual assault.

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

- 18 (1) the name and date of birth of the sexual assault
19 survivor;
- 20 (2) the service provided;
- 21 (3) the charge of service;
- 22 (4) the date the service was provided; and
- 23 (5) the recipient identification number, if known.

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

1 The Department of Healthcare and Family Services Sexual
2 Assault Emergency Treatment Program shall electronically
3 verify, using the Medical Electronic Data Interchange or a
4 successor system, that a sexual assault services voucher was
5 issued to a sexual assault survivor prior to issuing payment
6 for the services.

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

15 (e) This Section is effective on and after January 1, 2022
16 ~~July 1, 2021~~.

17 (Source: P.A. 100-775, eff. 1-1-19; 101-634, eff. 6-5-20.)

18 (410 ILCS 70/5.2-1)

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

20 Sec. 5.2-1. Sexual assault services voucher.

21 (a) A sexual assault services voucher shall be issued by a
22 treatment hospital, treatment hospital with approved pediatric
23 transfer, approved pediatric health care facility, or approved
24 federally qualified health center at the time a sexual assault
25 survivor receives medical forensic services.

1 (b) Each treatment hospital, treatment hospital with
2 approved pediatric transfer, approved pediatric health care
3 facility, and approved federally qualified health center must
4 include in its sexual assault treatment plan submitted to the
5 Department in accordance with Section 2-1 of this Act a
6 protocol for issuing sexual assault services vouchers. The
7 protocol shall, at a minimum, include the following:

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

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

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

20 (c) A sexual assault services voucher may be used to seek
21 payment for any ambulance services, medical forensic services,
22 laboratory services, pharmacy services, and follow-up
23 healthcare provided as a result of the sexual assault.

24 (d) Any treatment hospital, treatment hospital with
25 approved pediatric transfer, approved pediatric health care
26 facility, approved federally qualified health center, health

1 care professional, ambulance provider, laboratory, or pharmacy
2 may submit a bill for services provided to a sexual assault
3 survivor as a result of a sexual assault to the Department of
4 Healthcare and Family Services Sexual Assault Emergency
5 Treatment Program. The bill shall include:

6 (1) the name and date of birth of the sexual assault
7 survivor;

8 (2) the service provided;

9 (3) the charge of service;

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

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

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

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

21 If a sexual assault services voucher was not issued to a
22 sexual assault survivor by the treatment hospital, treatment
23 hospital with approved pediatric transfer, approved pediatric
24 health care facility, or approved federally qualified health
25 center, then a health care professional, ambulance provider,
26 laboratory, or pharmacy may submit a request to the Department

1 of Healthcare and Family Services Sexual Assault Emergency
2 Treatment Program to issue a sexual assault services voucher.

3 (e) This Section is repealed on December 31 ~~June 30~~, 2021.
4 (Source: P.A. 101-634, eff. 6-5-20.)

5 (410 ILCS 70/5.3)

6 Sec. 5.3. Pediatric sexual assault care.

7 (a) The General Assembly finds:

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

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

24 (3) Pediatric sexual assault survivors throughout the
25 State should have access to qualified medical providers

1 who have received specialized training regarding the care
2 of pediatric sexual assault survivors within a reasonable
3 distance from their home.

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

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

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

1 vehicle.

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

17 (c) If a medically stable pediatric sexual assault
18 survivor presents at a treatment hospital that has a plan
19 approved by the Department requesting medical forensic
20 services, then the hospital emergency department staff shall
21 contact an approved pediatric health care facility, if one is
22 designated in the treatment hospital's areawide treatment
23 plan.

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

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

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

16 (d) If 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

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

5 (e) This Section is effective on and after January 1, 2022
6 ~~July 1, 2021~~.

7 (Source: P.A. 100-775, eff. 1-1-19; 101-634, eff. 6-5-20.)

8 (410 ILCS 70/5.3-1)

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

10 Sec. 5.3-1. Pediatric sexual assault care.

11 (a) The General Assembly finds:

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

20 (2) Sexual abuse against the pediatric population is
21 distinct, particularly due to their dependence on their
22 caregivers and the ability of perpetrators to manipulate
23 and silence them (especially when the perpetrators are
24 family members or other adults trusted by, or with power
25 over, children). Sexual abuse is often hidden by

1 perpetrators, unwitnessed by others, and may leave no
2 obvious physical signs on child victims.

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

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

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

22 If the transferring hospital or approved federally
23 qualified health center confirms that medical forensic
24 services can be initiated within 90 minutes of the patient's
25 arrival at the approved pediatric health care facility
26 following an immediate transfer, then the hospital emergency

1 department or approved federally qualified health center staff
2 shall notify the patient and non-offending parent or legal
3 guardian that the patient will be transferred for medical
4 forensic services and shall provide the patient and
5 non-offending parent or legal guardian the option of being
6 transferred to the approved pediatric health care facility or
7 the treatment hospital designated in the hospital's or
8 approved federally qualified health center's plan. The
9 pediatric sexual assault survivor may be transported by
10 ambulance, law enforcement, or personal vehicle.

11 If medical forensic services cannot be initiated within 90
12 minutes of the patient's arrival at the approved pediatric
13 health care facility, there is no approved pediatric health
14 care facility designated in the hospital's or approved
15 federally qualified health center's plan, or the patient or
16 non-offending parent or legal guardian chooses to be
17 transferred to a treatment hospital, the hospital emergency
18 department or approved federally qualified health center staff
19 shall contact a treatment hospital designated in the
20 hospital's or approved federally qualified health center's
21 plan to arrange for the transfer of the patient to the
22 treatment hospital for medical forensic services, which are to
23 be initiated within 90 minutes of the patient's arrival at the
24 treatment hospital. The treatment hospital shall provide
25 medical forensic services and may not transfer the patient to
26 another facility. The pediatric sexual assault survivor may be

1 transported by ambulance, law enforcement, or personal
2 vehicle.

3 (c) If a medically stable pediatric sexual assault
4 survivor presents at a treatment hospital that has a plan
5 approved by the Department requesting medical forensic
6 services, then the hospital emergency department staff shall
7 contact an approved pediatric health care facility, if one is
8 designated in the treatment hospital's areawide treatment
9 plan.

10 If medical forensic services can be initiated within 90
11 minutes after the patient's arrival at the approved pediatric
12 health care facility following an immediate transfer, the
13 hospital emergency department staff shall provide the patient
14 and non-offending parent or legal guardian the option of
15 having medical forensic services performed at the treatment
16 hospital or at the approved pediatric health care facility. If
17 the patient or non-offending parent or legal guardian chooses
18 to be transferred, the pediatric sexual assault survivor may
19 be transported by ambulance, law enforcement, or personal
20 vehicle.

21 If medical forensic services cannot be initiated within 90
22 minutes after the patient's arrival to the approved pediatric
23 health care facility, there is no approved pediatric health
24 care facility designated in the hospital's plan, or the
25 patient or non-offending parent or legal guardian chooses not
26 to be transferred, the hospital shall provide medical forensic

1 services to the patient.

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

17 (e) This Section is repealed on December 31 ~~June 30~~, 2021.

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

19 (410 ILCS 70/5.5)

20 Sec. 5.5. Minimum reimbursement requirements for follow-up
21 healthcare.

22 (a) Every hospital, pediatric health care facility, health
23 care professional, laboratory, or pharmacy that provides
24 follow-up healthcare to a sexual assault survivor, with the
25 consent of the sexual assault survivor and as ordered by the

1 attending physician, an advanced practice registered nurse, or
2 physician assistant shall be reimbursed for the follow-up
3 healthcare services provided. Follow-up healthcare services
4 include, but are not limited to, the following:

5 (1) a physical examination;

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

8 (3) appropriate medications, including HIV
9 prophylaxis, in accordance with the Centers for Disease
10 Control and Prevention's guidelines.

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

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

19 (d) This Section is effective on and after January 1, 2022
20 ~~July 1, 2021~~.

21 (Source: P.A. 100-513, eff. 1-1-18; 100-775, eff. 1-1-19;
22 101-634, eff. 6-5-20.)

23 (410 ILCS 70/5.5-1)

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

25 Sec. 5.5-1. Minimum reimbursement requirements for

1 follow-up healthcare.

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

11 (1) a physical examination;

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

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

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

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

25 (d) This Section is repealed on December 31 ~~June 30~~, 2021.

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

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

2 Sec. 6.1. Minimum standards.

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

17 (b) This Section is effective on and after January 1, 2022
18 ~~July 1, 2021~~.

19 (Source: P.A. 100-775, eff. 1-1-19; 101-634, eff. 6-5-20.)

20 (410 ILCS 70/6.1-1)

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

22 Sec. 6.1-1. Minimum standards.

23 (a) The Department shall prescribe minimum standards,
24 rules, and regulations necessary to implement this Act and the

1 changes made by this amendatory Act of the 101st General
2 Assembly, which shall apply to every hospital required to be
3 licensed by the Department that provides general medical and
4 surgical hospital services and to every approved pediatric
5 health care facility and approved federally qualified health
6 center. Such standards shall include, but not be limited to, a
7 uniform system for recording results of medical examinations
8 and all diagnostic tests performed in connection therewith to
9 determine the condition and necessary treatment of sexual
10 assault survivors, which results shall be preserved in a
11 confidential manner as part of the hospital's, approved
12 pediatric health care facility's, or approved federally
13 qualified health center's record of the sexual assault
14 survivor.

15 (b) This Section is repealed on December 31 ~~June 30~~, 2021.

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

17 (410 ILCS 70/6.2) (from Ch. 111 1/2, par. 87-6.2)

18 Sec. 6.2. Assistance and grants.

19 (a) The Department shall assist in the development and
20 operation of programs which provide medical forensic services
21 to sexual assault survivors, and, where necessary, to provide
22 grants to hospitals and approved pediatric health care
23 facilities for this purpose.

24 (b) This Section is effective on and after January 1, 2022
25 ~~July 1, 2021~~.

1 (Source: P.A. 100-775, eff. 1-1-19; 101-634, eff. 6-5-20.)

2 (410 ILCS 70/6.2-1)

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

4 Sec. 6.2-1. Assistance and grants.

5 (a) The Department shall assist in the development and
6 operation of programs which provide medical forensic services
7 to sexual assault survivors, and, where necessary, to provide
8 grants to hospitals, approved pediatric health care
9 facilities, and approved federally qualified health centers
10 for this purpose.

11 (b) This Section is repealed on December 31 ~~June 30~~, 2021.
12 (Source: P.A. 101-634, eff. 6-5-20.)

13 (410 ILCS 70/6.4) (from Ch. 111 1/2, par. 87-6.4)

14 Sec. 6.4. Sexual assault evidence collection program.

15 (a) There is created a statewide sexual assault evidence
16 collection program to facilitate the prosecution of persons
17 accused of sexual assault. This program shall be administered
18 by the Illinois State Police. The program shall consist of the
19 following: (1) distribution of sexual assault evidence
20 collection kits which have been approved by the Illinois State
21 Police to hospitals and approved pediatric health care
22 facilities that request them, or arranging for such
23 distribution by the manufacturer of the kits, (2) collection
24 of the kits from hospitals and approved pediatric health care

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

20 (a-5) (Blank).

21 (b) The Illinois State Police shall administer a program
22 to train hospital and approved pediatric health care facility
23 personnel participating in the sexual assault evidence
24 collection program, in the correct use and application of the
25 sexual assault evidence collection kits. The Department shall
26 cooperate with the Illinois State Police in this program as it

1 pertains to medical aspects of the evidence collection.

2 (c) (Blank).

3 (d) This Section is effective on and after January 1, 2022
4 ~~July 1, 2021~~.

5 (Source: P.A. 100-775, eff. 1-1-19; 101-634, eff. 6-5-20.)

6 (410 ILCS 70/6.4-1)

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

8 Sec. 6.4-1. Sexual assault evidence collection program.

9 (a) There is created a statewide sexual assault evidence
10 collection program to facilitate the prosecution of persons
11 accused of sexual assault. This program shall be administered
12 by the Illinois State Police. The program shall consist of the
13 following: (1) distribution of sexual assault evidence
14 collection kits which have been approved by the Illinois State
15 Police to hospitals, approved pediatric health care
16 facilities, and approved federally qualified health centers
17 that request them, or arranging for such distribution by the
18 manufacturer of the kits, (2) collection of the kits from
19 hospitals and approved pediatric health care facilities after
20 the kits have been used to collect evidence, (3) analysis of
21 the collected evidence and conducting of laboratory tests, (4)
22 maintaining the chain of custody and safekeeping of the
23 evidence for use in a legal proceeding, and (5) the comparison
24 of the collected evidence with the genetic marker grouping
25 analysis information maintained by the Department of State

1 Police under Section 5-4-3 of the Unified Code of Corrections
2 and with the information contained in the Federal Bureau of
3 Investigation's National DNA database; provided the amount and
4 quality of genetic marker grouping results obtained from the
5 evidence in the sexual assault case meets the requirements of
6 both the Department of State Police and the Federal Bureau of
7 Investigation's Combined DNA Index System (CODIS) policies.
8 The standardized evidence collection kit for the State of
9 Illinois shall be the Illinois State Police Sexual Assault
10 Evidence Kit and shall include a written consent form
11 authorizing law enforcement to test the sexual assault
12 evidence and to provide law enforcement with details of the
13 sexual assault.

14 (a-5) (Blank).

15 (b) The Illinois State Police shall administer a program
16 to train hospital, and approved pediatric health care
17 facility, and approved federally qualified health center
18 personnel participating in the sexual assault evidence
19 collection program, in the correct use and application of the
20 sexual assault evidence collection kits. The Department shall
21 cooperate with the Illinois State Police in this program as it
22 pertains to medical aspects of the evidence collection.

23 (c) (Blank).

24 (d) This Section is repealed on December 31 ~~June 30~~, 2021.

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

1 (410 ILCS 70/6.5)

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

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

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

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

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

1 for the release of evidence and information and a
2 guardian, surrogate, or agent under a health care power of
3 attorney is unavailable or unwilling to release the
4 information, then an investigating law enforcement officer
5 may authorize the release.

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

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

18 (c) If a written consent to allow law enforcement to hold
19 the sexual assault evidence is signed at the completion of
20 medical forensic services, the hospital or approved pediatric
21 health care facility shall include the following information
22 in its discharge instructions:

23 (1) the sexual assault evidence will be stored for 10
24 years from the completion of an Illinois State Police
25 Sexual Assault Evidence Collection Kit, or 10 years from
26 the 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 10-year period for an adult
5 victim, or until a minor victim turns 28 years of age by
6 (A) contacting the law enforcement agency having
7 jurisdiction, or if unknown, the law enforcement agency
8 contacted by the hospital or approved pediatric health
9 care facility under Section 3.2 of the Criminal
10 Identification Act; or (B) by working with an advocate at
11 a rape crisis center;

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

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

20 (d) This Section is effective on and after January 1, 2022
21 ~~July 1, 2021~~.

22 (Source: P.A. 100-513, eff. 1-1-18; 100-775, eff. 1-1-19;
23 100-1087, eff. 1-1-19; 101-81, eff. 7-12-19; 101-634, eff.
24 6-5-20.)

25 (410 ILCS 70/6.5-1)

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

2 Sec. 6.5-1. Written consent to the release of sexual
3 assault evidence for testing.

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

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

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

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

1 for the release of evidence and information and a
2 guardian, surrogate, or agent under a health care power of
3 attorney is unavailable or unwilling to release the
4 information, then an investigating law enforcement officer
5 may authorize the release.

6 (4) Any health care professional or health care
7 institution, including any hospital, approved pediatric
8 health care facility, or approved federally qualified
9 health center, who provides evidence or information to a
10 law enforcement officer under a written consent as
11 specified in this Section is immune from any civil or
12 professional liability that might arise from those
13 actions, with the exception of willful or wanton
14 misconduct. The immunity provision applies only if all of
15 the requirements of this Section are met.

16 (b) The hospital, approved pediatric health care facility,
17 or approved federally qualified health center shall keep a
18 copy of a signed or unsigned written consent form in the
19 patient's medical record.

20 (c) If a written consent to allow law enforcement to hold
21 the sexual assault evidence is signed at the completion of
22 medical forensic services, the hospital, approved pediatric
23 health care facility, or approved federally qualified health
24 center shall include the following information in its
25 discharge instructions:

26 (1) the sexual assault evidence will be stored for 10

1 years from the completion of an Illinois State Police
2 Sexual Assault Evidence Collection Kit, or 10 years from
3 the age of 18 years, whichever is longer;

4 (2) A person authorized to consent to the testing of
5 the sexual assault evidence may sign a written consent to
6 allow law enforcement to test the sexual assault evidence
7 at any time during that 10-year period for an adult
8 victim, or until a minor victim turns 28 years of age by

9 (A) contacting the law enforcement agency having
10 jurisdiction, or if unknown, the law enforcement agency
11 contacted by the hospital, approved pediatric health care
12 facility, or approved federally qualified health center
13 under Section 3.2 of the Criminal Identification Act; or

14 (B) by working with an advocate at a rape crisis center;

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

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

23 (d) This Section is repealed on December 31 ~~June 30~~, 2021.

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

25 (410 ILCS 70/6.6)

1 Sec. 6.6. Submission of sexual assault evidence.

2 (a) As soon as practicable, but in no event more than 4
3 hours after the completion of medical forensic services, the
4 hospital or approved pediatric health care facility shall make
5 reasonable efforts to determine the law enforcement agency
6 having jurisdiction where the sexual assault occurred, if
7 sexual assault evidence was collected. The hospital or
8 approved pediatric health care facility may obtain the name of
9 the law enforcement agency with jurisdiction from the local
10 law enforcement agency.

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

26 (c) If the law enforcement agency having jurisdiction has

1 not taken physical custody of sexual assault evidence within 5
2 days of the first contact by the hospital or approved
3 pediatric health care facility, the hospital or approved
4 pediatric health care facility shall renotify the law
5 enforcement agency having jurisdiction that the hospital or
6 approved pediatric health care facility is in possession of
7 sexual assault evidence and the date the sexual assault
8 evidence was collected. The hospital or approved pediatric
9 health care facility shall document the renotification in the
10 patient's medical records and shall include the agency
11 notified, the date and time of the notification and the name of
12 the person who received the notification.

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

1 notified under subsections (b) and (c) of this Section. The
2 notification shall be made within 14 days of the collection of
3 the sexual assault evidence.

4 (e) This Section is effective on and after January 1, 2022
5 ~~July 1, 2021~~.

6 (Source: P.A. 100-201, eff. 8-18-17; 100-775, eff. 1-1-19;
7 101-634, eff. 6-5-20.)

8 (410 ILCS 70/6.6-1)

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

10 Sec. 6.6-1. Submission of sexual assault evidence.

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

22 (b) Within 4 hours after the completion of medical
23 forensic services, the hospital, approved pediatric health
24 care facility, or approved federally qualified health center
25 shall notify the law enforcement agency having jurisdiction

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

15 (c) If the law enforcement agency having jurisdiction has
16 not taken physical custody of sexual assault evidence within 5
17 days of the first contact by the hospital, approved pediatric
18 health care facility, or approved federally qualified health
19 center, the hospital, approved pediatric health care facility,
20 or approved federally qualified health center shall renotify
21 the law enforcement agency having jurisdiction that the
22 hospital, approved pediatric health care facility, or approved
23 federally qualified health center is in possession of sexual
24 assault evidence and the date the sexual assault evidence was
25 collected. The hospital, approved pediatric health care
26 facility, or approved federally qualified health center shall

1 document the renotification in the patient's medical records
2 and shall include the agency notified, the date and time of the
3 notification and the name of the person who received the
4 notification.

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

25 (e) This Section is repealed on December 31 ~~June 30~~, 2021.

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

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

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

20 (2) If a sexual assault survivor is covered by one or
21 more policies of health insurance or is a beneficiary
22 under a public or private health coverage program, the
23 ambulance provider, hospital, approved pediatric health
24 care facility, health care professional, laboratory, or
25 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
15 to receive benefits under the medical assistance program
16 under Article V of the Illinois Public Aid Code nor
17 covered by a policy of insurance or a public or private
18 health coverage program, the ambulance provider, hospital,
19 approved pediatric health care facility, health care
20 professional, laboratory, or pharmacy shall submit the
21 request for reimbursement to the Illinois Sexual Assault
22 Emergency Treatment Program under the Department of
23 Healthcare and Family Services in accordance with 89 Ill.
24 Adm. Code 148.510 at the Department of Healthcare and
25 Family Services' allowable rates under the Illinois Public
26 Aid 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
12 Department of Healthcare and Family Services' allowable
13 rates under the Illinois Public Aid Code. Nothing in this
14 subsection (a) precludes hospitals or approved pediatric
15 health care facilities from providing follow-up healthcare
16 and 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 (f) This Section is effective on and after January 1, 2022
6 ~~July 1, 2021~~.

7 (Source: P.A. 100-775, eff. 1-1-19; 101-634, eff. 6-5-20.)

8 (410 ILCS 70/7-1)

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

10 Sec. 7-1. Reimbursement

11 (a) A hospital, approved pediatric health care facility,
12 approved federally qualified health center, or health care
13 professional furnishing medical forensic services, an
14 ambulance provider furnishing transportation to a sexual
15 assault survivor, a hospital, health care professional, or
16 laboratory providing follow-up healthcare, or a pharmacy
17 dispensing prescribed medications to any sexual assault
18 survivor shall furnish such services or medications to that
19 person without charge and shall seek payment as follows:

20 (1) If a sexual assault survivor is eligible to
21 receive benefits under the medical assistance program
22 under Article V of the Illinois Public Aid Code, the
23 ambulance provider, hospital, approved pediatric health
24 care facility, approved federally qualified health center,
25 health care professional, laboratory, or pharmacy must

1 submit the bill to the Department of Healthcare and Family
2 Services or the appropriate Medicaid managed care
3 organization and accept the amount paid as full payment.

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

25 (3) If a sexual assault survivor is neither eligible
26 to receive benefits under the medical assistance program

1 under Article V of the Illinois Public Aid Code nor
2 covered by a policy of insurance or a public or private
3 health coverage program, the ambulance provider, hospital,
4 approved pediatric health care facility, approved
5 federally qualified health center, health care
6 professional, laboratory, or pharmacy shall submit the
7 request for reimbursement to the Illinois Sexual Assault
8 Emergency Treatment Program under the Department of
9 Healthcare and Family Services in accordance with 89 Ill.
10 Adm. Code 148.510 at the Department of Healthcare and
11 Family Services' allowable rates under the Illinois Public
12 Aid Code.

13 (4) If a sexual assault survivor presents a sexual
14 assault services voucher for follow-up healthcare, the
15 healthcare professional, pediatric health care facility,
16 federally qualified health center, or laboratory that
17 provides follow-up healthcare or the pharmacy that
18 dispenses prescribed medications to a sexual assault
19 survivor shall submit the request for reimbursement for
20 follow-up healthcare, pediatric health care facility,
21 laboratory, or pharmacy services to the Illinois Sexual
22 Assault Emergency Treatment Program under the Department
23 of Healthcare and Family Services in accordance with 89
24 Ill. Adm. Code 148.510 at the Department of Healthcare and
25 Family Services' allowable rates under the Illinois Public
26 Aid Code. Nothing in this subsection (a) precludes

1 hospitals, or approved pediatric health care facilities or
2 approved federally qualified health centers from providing
3 follow-up healthcare and receiving reimbursement under
4 this Section.

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

9 (c) (Blank).

10 (d) On and after July 1, 2012, the Department shall reduce
11 any rate of reimbursement for services or other payments or
12 alter any methodologies authorized by this Act or the Illinois
13 Public Aid Code to reduce any rate of reimbursement for
14 services or other payments in accordance with Section 5-5e of
15 the Illinois Public Aid Code.

16 (e) The Department of Healthcare and Family Services shall
17 establish standards, rules, and regulations to implement this
18 Section.

19 (f) This Section is repealed on December 31 ~~June 30~~, 2021.

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

21 (410 ILCS 70/7.5)

22 (Text of Section before amendment by P.A. 101-652)

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

1 (a) A hospital, approved pediatric health care facility,
2 health care professional, ambulance provider, laboratory, or
3 pharmacy furnishing medical forensic services, transportation,
4 follow-up healthcare, or medication to a sexual assault
5 survivor shall not:

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

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

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

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

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

24 (b) Nothing in this Section precludes a hospital, health
25 care provider, ambulance provider, laboratory, or pharmacy
26 from billing the sexual assault survivor or any applicable

1 health insurance or coverage for inpatient services.

2 (c) Every hospital and approved pediatric health care
3 facility providing treatment services to sexual assault
4 survivors in accordance with a plan approved under Section 2
5 of this Act shall provide a written notice to a sexual assault
6 survivor. The written notice must include, but is not limited
7 to, the following:

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

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

19 (3) a statement that prior to leaving the hospital or
20 approved pediatric health care facility, the hospital or
21 approved pediatric health care facility will give the
22 sexual assault survivor a sexual assault services voucher
23 for follow-up healthcare if the sexual assault survivor is
24 eligible to receive a sexual assault services voucher;

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

1 (5) a phone number the sexual assault survivor may
2 call should the sexual assault survivor receive a bill
3 from the hospital or approved pediatric health care
4 facility for medical forensic services;

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

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

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

1 hospital or hospital affiliate, as defined in the Hospital
2 Licensing Act, or those employed by a hospital operated under
3 the University of Illinois Hospital Act, who bills separately
4 for medical or forensic services must develop a billing
5 protocol that ensures that no survivor of sexual assault is
6 sent a bill for any medical forensic services and submit the
7 billing protocol to the Crime Victim Services Division of the
8 Office of the Attorney General for approval. Health care
9 professionals who bill as a legal entity may submit a single
10 billing protocol for the billing entity.

11 Within 60 days after the Department's approval of a
12 treatment plan, an approved pediatric health care facility and
13 any health care professional employed by an approved pediatric
14 health care facility must develop a billing protocol that
15 ensures that no survivor of sexual assault is sent a bill for
16 any medical forensic services and submit the billing protocol
17 to the Crime Victim Services Division of the Office of the
18 Attorney General for approval.

19 The billing protocol must include at a minimum:

20 (1) a description of training for persons who prepare
21 bills for medical and forensic services;

22 (2) a written acknowledgement signed by a person who
23 has completed the training that the person will not bill
24 survivors of sexual assault;

25 (3) prohibitions on submitting any bill for any
26 portion of medical forensic services provided to a

1 survivor of sexual assault to a collection agency;

2 (4) prohibitions on taking any action that would
3 adversely affect the credit of the survivor of sexual
4 assault;

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

7 (6) the actions to be taken if a bill is sent to a
8 collection agency or the failure to pay is reported to any
9 credit reporting agency.

10 The Crime Victim Services Division of the Office of the
11 Attorney General may provide a sample acceptable billing
12 protocol upon request.

13 The Office of the Attorney General shall approve a
14 proposed protocol if it finds that the implementation of the
15 protocol would result in no survivor of sexual assault being
16 billed or sent a bill for medical forensic services.

17 If the Office of the Attorney General determines that
18 implementation of the protocol could result in the billing of
19 a survivor of sexual assault for medical forensic services,
20 the Office of the Attorney General shall provide the health
21 care professional or approved pediatric health care facility
22 with a written statement of the deficiencies in the protocol.
23 The health care professional or approved pediatric health care
24 facility shall have 30 days to submit a revised billing
25 protocol addressing the deficiencies to the Office of the
26 Attorney General. The health care professional or approved

1 pediatric health care facility shall implement the protocol
2 upon approval by the Crime Victim Services Division of the
3 Office of the Attorney General.

4 The health care professional or approved pediatric health
5 care facility shall submit any proposed revision to or
6 modification of an approved billing protocol to the Crime
7 Victim Services Division of the Office of the Attorney General
8 for approval. The health care professional or approved
9 pediatric health care facility shall implement the revised or
10 modified billing protocol upon approval by the Crime Victim
11 Services Division of the Office of the Illinois Attorney
12 General.

13 (e) This Section is effective on and after January 1, 2022
14 ~~July 1, 2021~~.

15 (Source: P.A. 100-775, eff. 1-1-19; 101-634, eff. 6-5-20.)

16 (Text of Section after amendment by P.A. 101-652)

17 Sec. 7.5. Prohibition on billing sexual assault survivors
18 directly for certain services; written notice; billing
19 protocols.

20 (a) A hospital, approved pediatric health care facility,
21 health care professional, ambulance provider, laboratory, or
22 pharmacy furnishing medical forensic services, transportation,
23 follow-up healthcare, or medication to a sexual assault
24 survivor shall not:

25 (1) charge or submit a bill for any portion of the

1 costs of the services, transportation, or medications to
2 the sexual assault survivor, including any insurance
3 deductible, co-pay, co-insurance, denial of claim by an
4 insurer, spenddown, or any other out-of-pocket expense;

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

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

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

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

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

22 (c) Every hospital and approved pediatric health care
23 facility providing treatment services to sexual assault
24 survivors in accordance with a plan approved under Section 2
25 of this Act shall provide a written notice to a sexual assault
26 survivor. The written notice must include, but is not limited

1 to, the following:

2 (1) a statement that the sexual assault survivor
3 should not be directly billed by any ambulance provider
4 providing transportation services, or by any hospital,
5 approved pediatric health care facility, health care
6 professional, laboratory, or pharmacy for the services the
7 sexual assault survivor received as an outpatient at the
8 hospital or approved pediatric health care facility;

9 (2) a statement that a sexual assault survivor who is
10 admitted to a hospital may be billed for inpatient
11 services provided by a hospital, health care professional,
12 laboratory, or pharmacy;

13 (3) a statement that prior to leaving the hospital or
14 approved pediatric health care facility, the hospital or
15 approved pediatric health care facility will give the
16 sexual assault survivor a sexual assault services voucher
17 for follow-up healthcare if the sexual assault survivor is
18 eligible to receive a sexual assault services voucher;

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

21 (5) a phone number the sexual assault survivor may
22 call should the sexual assault survivor receive a bill
23 from the hospital or approved pediatric health care
24 facility for medical forensic services;

25 (6) the toll-free phone number of the Office of the
26 Illinois Attorney General, which the sexual assault

1 survivor may call should the sexual assault survivor
2 receive a bill from an ambulance provider, approved
3 pediatric health care facility, a health care
4 professional, a laboratory, or a pharmacy.

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

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

1 approval. Health care professionals who bill as a legal entity
2 may submit a single billing protocol for the billing entity.

3 Within 60 days after the Department's approval of a
4 treatment plan, an approved pediatric health care facility and
5 any health care professional employed by an approved pediatric
6 health care facility must develop a billing protocol that
7 ensures that no survivor of sexual assault is sent a bill for
8 any medical forensic services and submit the billing protocol
9 to the Office of the Attorney General for approval.

10 The billing protocol must include at a minimum:

11 (1) a description of training for persons who prepare
12 bills for medical and forensic services;

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

16 (3) prohibitions on submitting any bill for any
17 portion of medical forensic services provided to a
18 survivor of sexual assault to a collection agency;

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

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

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

1 The Office of the Attorney General may provide a sample
2 acceptable billing protocol upon request.

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

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

19 The health care professional or approved pediatric health
20 care facility shall submit any proposed revision to or
21 modification of an approved billing protocol to the Office of
22 the Attorney General for approval. The health care
23 professional or approved pediatric health care facility shall
24 implement the revised or modified billing protocol upon
25 approval by the Office of the Illinois Attorney General.

26 (e) This Section is effective on and after January 1, 2022

1 ~~July 1, 2021.~~

2 (Source: P.A. 100-775, eff. 1-1-19; 101-634, eff. 6-5-20;
3 101-652, eff. 7-1-21.)

4 (410 ILCS 70/7.5-1)

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

6 Sec. 7.5-1. Prohibition on billing sexual assault
7 survivors directly for certain services; written notice;
8 billing protocols.

9 (a) A hospital, approved pediatric health care facility,
10 approved federally qualified health center, health care
11 professional, ambulance provider, laboratory, or pharmacy
12 furnishing medical forensic services, transportation,
13 follow-up healthcare, or medication to a sexual assault
14 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
23 sexual assault survivor and threatening to refer the
24 matter to a debt collection agency or to an attorney for
25 collection, enforcement, or filing of other process;

1 (3) refer a bill to a collection agency or attorney
2 for 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
6 assault survivor or his or her family on account of
7 providing 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 hospital, approved pediatric health care
13 facility, and approved federally qualified health center
14 providing treatment services to sexual assault survivors in
15 accordance with a plan approved under Section 2-1 of this Act
16 shall provide a written notice to a sexual assault survivor.
17 The written notice must include, but is not limited to, the
18 following:

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

1 approved federally qualified health center;

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

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

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

16 (5) a phone number the sexual assault survivor may
17 call should the sexual assault survivor receive a bill
18 from the hospital, approved pediatric health care
19 facility, or approved federally qualified health center
20 for medical forensic services;

21 (6) the toll-free phone number of the Office of the
22 Illinois Attorney General, Crime Victim Services Division,
23 which the sexual assault survivor may call should the
24 sexual assault survivor receive a bill from an ambulance
25 provider, approved pediatric health care facility,
26 approved federally qualified health center, a health care

1 professional, a laboratory, or a pharmacy.

2 This subsection (c) shall not apply to hospitals that
3 provide transfer services as defined under Section 1a-1 of
4 this Act.

5 (d) Within 60 days after the effective date of this
6 amendatory Act of the 101st General Assembly, every health
7 care professional, except for those employed by a hospital or
8 hospital affiliate, as defined in the Hospital Licensing Act,
9 or those employed by a hospital operated under the University
10 of Illinois Hospital Act, who bills separately for medical or
11 forensic services must develop a billing protocol that ensures
12 that no survivor of sexual assault will be sent a bill for any
13 medical forensic services and submit the billing protocol to
14 the Crime Victim Services Division of the Office of the
15 Attorney General for approval. Within 60 days after the
16 commencement of the provision of medical forensic services,
17 every health care professional, except for those employed by a
18 hospital or hospital affiliate, as defined in the Hospital
19 Licensing Act, or those employed by a hospital operated under
20 the University of Illinois Hospital Act, who bills separately
21 for medical or forensic services must develop a billing
22 protocol that ensures that no survivor of sexual assault is
23 sent a bill for any medical forensic services and submit the
24 billing protocol to the Crime Victim Services Division of the
25 Office of the Attorney General for approval. Health care
26 professionals who bill as a legal entity may submit a single

1 billing protocol for the billing entity.

2 Within 60 days after the Department's approval of a
3 treatment plan, an approved pediatric health care facility and
4 any health care professional employed by an approved pediatric
5 health care facility must develop a billing protocol that
6 ensures that no survivor of sexual assault is sent a bill for
7 any medical forensic services and submit the billing protocol
8 to the Crime Victim Services Division of the Office of the
9 Attorney General for approval.

10 Within 14 days after the Department's approval of a
11 treatment plan, an approved federally qualified health center
12 and any health care professional employed by an approved
13 federally qualified health center must develop a billing
14 protocol that ensures that no survivor of sexual assault is
15 sent a bill for any medical forensic services and submit the
16 billing protocol to the Crime Victim Services Division of the
17 Office of the Attorney General for approval.

18 The billing protocol must include at a minimum:

19 (1) a description of training for persons who prepare
20 bills for medical and forensic services;

21 (2) a written acknowledgement signed by a person who
22 has completed the training that the person will not bill
23 survivors of sexual assault;

24 (3) prohibitions on submitting any bill for any
25 portion of medical forensic services provided to a
26 survivor of sexual assault to a collection agency;

1 (4) prohibitions on taking any action that would
2 adversely affect the credit of the survivor of sexual
3 assault;

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

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

9 The Crime Victim Services Division of the Office of the
10 Attorney General may provide a sample acceptable billing
11 protocol upon request.

12 The Office of the Attorney General shall approve a
13 proposed protocol if it finds that the implementation of the
14 protocol would result in no survivor of sexual assault being
15 billed or sent a bill for medical forensic services.

16 If the Office of the Attorney General determines that
17 implementation of the protocol could result in the billing of
18 a survivor of sexual assault for medical forensic services,
19 the Office of the Attorney General shall provide the health
20 care professional or approved pediatric health care facility
21 with a written statement of the deficiencies in the protocol.
22 The health care professional or approved pediatric health care
23 facility shall have 30 days to submit a revised billing
24 protocol addressing the deficiencies to the Office of the
25 Attorney General. The health care professional or approved
26 pediatric health care facility shall implement the protocol

1 upon approval by the Crime Victim Services Division of the
2 Office of the Attorney General.

3 The health care professional, approved pediatric health
4 care facility, or approved federally qualified health center
5 shall submit any proposed revision to or modification of an
6 approved billing protocol to the Crime Victim Services
7 Division of the Office of the Attorney General for approval.
8 The health care professional, approved pediatric health care
9 facility, or approved federally qualified health center shall
10 implement the revised or modified billing protocol upon
11 approval by the Crime Victim Services Division of the Office
12 of the Illinois Attorney General.

13 (e) This Section is repealed on December 31 ~~June 30~~, 2021.

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

15 (410 ILCS 70/8) (from Ch. 111 1/2, par. 87-8)

16 Sec. 8. Penalties.

17 (a) Any hospital or approved pediatric health care
18 facility violating any provisions of this Act other than
19 Section 7.5 shall be guilty of a petty offense for each
20 violation, and any fine imposed shall be paid into the general
21 corporate funds of the city, incorporated town or village in
22 which the hospital or approved pediatric health care facility
23 is located, or of the county, in case such hospital is outside
24 the limits of any incorporated municipality.

25 (b) The Attorney General may seek the assessment of one or

1 more of the following civil monetary penalties in any action
2 filed under this Act where the hospital, approved pediatric
3 health care facility, health care professional, ambulance
4 provider, laboratory, or pharmacy knowingly violates Section
5 7.5 of the Act:

6 (1) For willful violations of paragraphs (1), (2),
7 (4), or (5) of subsection (a) of Section 7.5 or subsection
8 (c) of Section 7.5, the civil monetary penalty shall not
9 exceed \$500 per violation.

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

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

18 (4) For violations involving the failure to submit
19 billing protocols within the time period required under
20 subsection (d) of Section 7.5, the civil monetary penalty
21 shall not exceed \$100 per day until the health care
22 professional or approved pediatric health care facility
23 complies with subsection (d) of Section 7.5.

24 All civil monetary penalties shall be deposited into the
25 Violent Crime Victims Assistance Fund.

26 (c) This Section is effective on and after January 1, 2022

1 ~~July 1, 2021.~~

2 (Source: P.A. 100-775, eff. 1-1-19; 101-634, eff. 6-5-20.)

3 (410 ILCS 70/8-1)

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

5 Sec. 8-1. Penalties.

6 (a) Any hospital, approved pediatric health care facility,
7 or approved federally qualified health center violating any
8 provisions of this Act other than Section 7.5-1 shall be
9 guilty of a petty offense for each violation, and any fine
10 imposed shall be paid into the general corporate funds of the
11 city, incorporated town or village in which the hospital,
12 approved pediatric health care facility, or approved federally
13 qualified health center is located, or of the county, in case
14 such hospital is outside the limits of any incorporated
15 municipality.

16 (b) The Attorney General may seek the assessment of one or
17 more of the following civil monetary penalties in any action
18 filed under this Act where the hospital, approved pediatric
19 health care facility, approved federally qualified health
20 center, health care professional, ambulance provider,
21 laboratory, or pharmacy knowingly violates Section 7.5-1 of
22 the Act:

23 (1) For willful violations of paragraphs (1), (2),
24 (4), or (5) of subsection (a) of Section 7.5-1 or
25 subsection (c) of Section 7.5-1, the civil monetary

1 penalty shall not exceed \$500 per violation.

2 (2) For violations of paragraphs (1), (2), (4), or (5)
3 of subsection (a) of Section 7.5-1 or subsection (c) of
4 Section 7.5-1 involving a pattern or practice, the civil
5 monetary penalty shall not exceed \$500 per violation.

6 (3) For violations of paragraph (3) of subsection (a)
7 of Section 7.5-1, the civil monetary penalty shall not
8 exceed \$500 for each day the bill is with a collection
9 agency.

10 (4) For violations involving the failure to submit
11 billing protocols within the time period required under
12 subsection (d) of Section 7.5-1, the civil monetary
13 penalty shall not exceed \$100 per day until the health
14 care professional or approved pediatric health care
15 facility complies with subsection (d) of Section 7.5-1.

16 All civil monetary penalties shall be deposited into the
17 Violent Crime Victims Assistance Fund.

18 (c) This Section is repealed on December 31 ~~June 30~~, 2021.

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

20 (410 ILCS 70/10)

21 Sec. 10. Sexual Assault Nurse Examiner Program.

22 (a) The Sexual Assault Nurse Examiner Program is
23 established within the Office of the Attorney General. The
24 Sexual Assault Nurse Examiner Program shall maintain a list of
25 sexual assault nurse examiners who have completed didactic and

1 clinical training requirements consistent with the Sexual
2 Assault Nurse Examiner Education Guidelines established by the
3 International Association of Forensic Nurses.

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

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

26 The Sexual Assault Nurse Examiner Program shall assist

1 hospitals in establishing trainings to achieve the
2 requirements of this Act.

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

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

25 (d) This Section is effective on and after January 1, 2022
26 ~~July 1, 2021~~.

1 (Source: P.A. 100-775, eff. 1-1-19; 101-634, eff. 6-5-20.)

2 (410 ILCS 70/10-1)

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

4 Sec. 10-1. Sexual Assault Nurse Examiner Program.

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

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

22 The Sexual Assault Nurse Examiner Program shall provide
23 didactic and clinical training opportunities consistent with
24 the Sexual Assault Nurse Examiner Education Guidelines
25 established by the International Association of Forensic

1 Nurses, in sufficient numbers and geographical locations
2 across the State, to assist hospitals with training the
3 necessary number of sexual assault nurse examiners to comply
4 with the requirement of this Act to employ or contract with a
5 qualified medical provider to initiate medical forensic
6 services to a sexual assault survivor within 90 minutes of the
7 patient presenting to the hospital as required in subsection
8 (a-7) of Section 5-1.

9 The Sexual Assault Nurse Examiner Program shall assist
10 hospitals in establishing trainings to achieve the
11 requirements of this Act.

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

21 (c) The Sexual Assault Nurse Examiner Program, in
22 consultation with qualified medical providers, shall create
23 uniform materials that all treatment hospitals, treatment
24 hospitals with approved pediatric transfer, approved pediatric
25 health care facilities, and approved federally qualified
26 health centers are required to give patients and non-offending

1 parents or legal guardians, if applicable, regarding the
2 medical forensic exam procedure, laws regarding consenting to
3 medical forensic services, and the benefits and risks of
4 evidence collection, including recommended time frames for
5 evidence collection pursuant to evidence-based research. These
6 materials shall be made available to all hospitals, approved
7 pediatric health care facilities, and approved federally
8 qualified health centers on the Office of the Attorney
9 General's website.

10 (d) This Section is repealed on December 31 ~~June 30~~, 2021.

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

12 Section 10. The Criminal Code of 2012 is amended by
13 changing Sections 11-0.1 and 11-1.20 as follows:

14 (720 ILCS 5/11-0.1)

15 Sec. 11-0.1. Definitions. In this Article, unless the
16 context clearly requires otherwise, the following terms are
17 defined as indicated:

18 "Accused" means a person accused of an offense prohibited
19 by Section 11-1.20, 11-1.30, 11-1.40, 11-1.50, or 11-1.60 of
20 this Code or a person for whose conduct the accused is legally
21 responsible under Article 5 of this Code.

22 "Adult obscenity or child pornography Internet site". See
23 Section 11-23.

24 "Advance prostitution" means:

1 (1) Soliciting for a prostitute by performing any of
2 the following acts when acting other than as a prostitute
3 or a patron of a prostitute:

4 (A) Soliciting another for the purpose of
5 prostitution.

6 (B) Arranging or offering to arrange a meeting of
7 persons for the purpose of prostitution.

8 (C) Directing another to a place knowing the
9 direction is for the purpose of prostitution.

10 (2) Keeping a place of prostitution by controlling or
11 exercising control over the use of any place that could
12 offer seclusion or shelter for the practice of
13 prostitution and performing any of the following acts when
14 acting other than as a prostitute or a patron of a
15 prostitute:

16 (A) Knowingly granting or permitting the use of
17 the place for the purpose of prostitution.

18 (B) Granting or permitting the use of the place
19 under circumstances from which he or she could
20 reasonably know that the place is used or is to be used
21 for purposes of prostitution.

22 (C) Permitting the continued use of the place
23 after becoming aware of facts or circumstances from
24 which he or she should reasonably know that the place
25 is being used for purposes of prostitution.

26 "Agency". See Section 11-9.5.

1 "Arranges". See Section 11-6.5.

2 "Bodily harm" means physical harm, and includes, but is
3 not limited to, sexually transmitted disease, pregnancy, and
4 impotence.

5 "Care and custody". See Section 11-9.5.

6 "Child care institution". See Section 11-9.3.

7 "Child pornography". See Section 11-20.1.

8 "Child sex offender". See Section 11-9.3.

9 "Coercive control" means a direct or implied threat of
10 danger, or retribution sufficient to coerce a reasonable
11 person of ordinary susceptibilities to perform an act which
12 otherwise would not have been performed, or acquiesce in an
13 act to which one otherwise would not have submitted.

14 "Community agency". See Section 11-9.5.

15 "Conditional release". See Section 11-9.2.

16 "Consent". See Section 11-1.70.

17 "Custody". See Section 11-9.2.

18 "Day care center". See Section 11-9.3.

19 "Depict by computer". See Section 11-20.1.

20 "Depiction by computer". See Section 11-20.1.

21 "Disseminate". See Section 11-20.1.

22 "Distribute". See Section 11-21.

23 "Family member" means a parent, grandparent, child, aunt,
24 uncle, great-aunt, or great-uncle, whether by whole blood,
25 half-blood, or adoption, and includes a step-grandparent,
26 step-parent, or step-child. "Family member" also means, if the

1 victim is a child under 18 years of age, an accused who has
2 resided in the household with the child continuously for at
3 least 6 months.

4 "Force or threat of force" means the use of force or
5 violence or the threat of force or violence, including, but
6 not limited to, the following situations:

7 (1) when the accused threatens to use force or
8 violence on the victim or on any other person, and the
9 victim under the circumstances reasonably believes that
10 the accused has the ability to execute that threat; or

11 (2) when the accused overcomes the victim by use of
12 superior strength or size, physical restraint, or physical
13 confinement.

14 "Harmful to minors". See Section 11-21.

15 "Loiter". See Section 9.3.

16 "Material". See Section 11-21.

17 "Minor". See Section 11-21.

18 "Nudity". See Section 11-21.

19 "Obscene". See Section 11-20.

20 "Part day child care facility". See Section 11-9.3.

21 "Penal system". See Section 11-9.2.

22 "Person responsible for the child's welfare". See Section
23 11-9.1A.

24 "Person with a disability". See Section 11-9.5.

25 "Playground". See Section 11-9.3.

26 "Probation officer". See Section 11-9.2.

1 "Produce". See Section 11-20.1.

2 "Profit from prostitution" means, when acting other than
3 as a prostitute, to receive anything of value for personally
4 rendered prostitution services or to receive anything of value
5 from a prostitute, if the thing received is not for lawful
6 consideration and the person knows it was earned in whole or in
7 part from the practice of prostitution.

8 "Public park". See Section 11-9.3.

9 "Public place". See Section 11-30.

10 "Reproduce". See Section 11-20.1.

11 "Sado-masochistic abuse". See Section 11-21.

12 "School". See Section 11-9.3.

13 "School official". See Section 11-9.3.

14 "Sexual abuse". See Section 11-9.1A.

15 "Sexual act". See Section 11-9.1.

16 "Sexual conduct" means any knowing touching or fondling by
17 the victim or the accused, either directly or through
18 clothing, of the sex organs, anus, or breast of the victim or
19 the accused, or any part of the body of a child under 13 years
20 of age, or any transfer or transmission of semen by the accused
21 upon any part of the clothed or unclothed body of the victim,
22 for the purpose of sexual gratification or arousal of the
23 victim or the accused.

24 "Sexual excitement". See Section 11-21.

25 "Sexual penetration" means any contact, however slight,
26 between the sex organ or anus of one person and an object or

1 the sex organ, mouth, or anus of another person, or any
2 intrusion, however slight, of any part of the body of one
3 person or of any animal or object into the sex organ or anus of
4 another person, including, but not limited to, cunnilingus,
5 fellatio, or anal penetration. Evidence of emission of semen
6 is not required to prove sexual penetration.

7 "Solicit". See Section 11-6.

8 "State-operated facility". See Section 11-9.5.

9 "Supervising officer". See Section 11-9.2.

10 "Surveillance agent". See Section 11-9.2.

11 "Treatment and detention facility". See Section 11-9.2.

12 "Victim" means a person alleging to have been subjected to
13 an offense prohibited by Section 11-1.20, 11-1.30, 11-1.40,
14 11-1.50, or 11-1.60 of this Code.

15 (Source: P.A. 96-1551, eff. 7-1-11.)

16 (720 ILCS 5/11-1.20) (was 720 ILCS 5/12-13)

17 Sec. 11-1.20. Criminal sexual assault.

18 (a) A person commits criminal sexual assault if that
19 person commits an act of sexual penetration and:

20 (1) uses force or threat of force;

21 (2) knows that the victim is unable to understand the
22 nature of the act or is unable to give knowing consent;

23 (3) is a family member of the victim, and the victim is
24 under 18 years of age; ~~or~~

25 (4) is 17 years of age or over and holds a position of

1 trust, authority, or supervision in relation to the
2 victim, and the victim is at least 13 years of age but
3 under 18 years of age; ~~or~~

4 (5) uses coercive control.

5 (b) Sentence.

6 (1) Criminal sexual assault is a Class 1 felony,
7 except that:

8 (A) A person who is convicted of the offense of
9 criminal sexual assault as defined in paragraph (a) (1)
10 or (a) (2) after having previously been convicted of
11 the offense of criminal sexual assault or the offense
12 of exploitation of a child, or who is convicted of the
13 offense of criminal sexual assault as defined in
14 paragraph (a) (1) or (a) (2) after having previously
15 been convicted under the laws of this State or any
16 other state of an offense that is substantially
17 equivalent to the offense of criminal sexual assault
18 or to the offense of exploitation of a child, commits a
19 Class X felony for which the person shall be sentenced
20 to a term of imprisonment of not less than 30 years and
21 not more than 60 years, except that if the person is
22 under the age of 18 years at the time of the offense,
23 he or she shall be sentenced under Section 5-4.5-105
24 of the Unified Code of Corrections. The commission of
25 the second or subsequent offense is required to have
26 been after the initial conviction for this paragraph

1 (A) to apply.

2 (B) A person who has attained the age of 18 years
3 at the time of the commission of the offense and who is
4 convicted of the offense of criminal sexual assault as
5 defined in paragraph (a)(1) or (a)(2) after having
6 previously been convicted of the offense of aggravated
7 criminal sexual assault or the offense of predatory
8 criminal sexual assault of a child, or who is
9 convicted of the offense of criminal sexual assault as
10 defined in paragraph (a)(1) or (a)(2) after having
11 previously been convicted under the laws of this State
12 or any other state of an offense that is substantially
13 equivalent to the offense of aggravated criminal
14 sexual assault or the offense of predatory criminal
15 sexual assault of a child shall be sentenced to a term
16 of natural life imprisonment. The commission of the
17 second or subsequent offense is required to have been
18 after the initial conviction for this paragraph (B) to
19 apply. An offender under the age of 18 years at the
20 time of the commission of the offense covered by this
21 subparagraph (B) shall be sentenced under Section
22 5-4.5-105 of the Unified Code of Corrections.

23 (C) A second or subsequent conviction for a
24 violation of paragraph (a)(3) or (a)(4) or under any
25 similar statute of this State or any other state for
26 any offense involving criminal sexual assault that is

1 substantially equivalent to or more serious than the
2 sexual assault prohibited under paragraph (a) (3) or
3 (a) (4) is a Class X felony.

4 (Source: P.A. 99-69, eff. 1-1-16.)

5 Section 15. The Code of Criminal Procedure of 1963 is
6 amended by changing Section 106B-10 as follows:

7 (725 ILCS 5/106B-10)

8 Sec. 106B-10. Conditions for testimony by a victim who is
9 a child or a moderately, severely, or profoundly
10 intellectually disabled person or a person affected by a
11 developmental disability. In a prosecution of criminal sexual
12 assault, predatory criminal sexual assault of a child,
13 aggravated criminal sexual assault, criminal sexual abuse, ~~or~~
14 aggravated criminal sexual abuse, or any violent crime as
15 defined in subsection (c) of Section 3 of the Rights of Crime
16 Victims and Witnesses Act, the court may set any conditions it
17 finds just and appropriate on the taking of testimony of a
18 victim who is a child under the age of 18 years or a
19 moderately, severely, or profoundly intellectually disabled
20 person or a person affected by a developmental disability,
21 involving the use of a facility dog in any proceeding
22 involving that offense. When deciding whether to permit the
23 child or person to testify with the assistance of a facility
24 dog, the court shall take into consideration the age of the

1 child or person, the rights of the parties to the litigation,
2 and any other relevant factor that would facilitate the
3 testimony by the child or the person. As used in this Section,
4 "facility dog" means a dog that is a graduate of an assistance
5 dog organization that is a member of Assistance Dogs
6 International.

7 (Source: P.A. 99-94, eff. 1-1-16.)

8 Section 20. The Rights of Crime Victims and Witnesses Act
9 is amended by changing Sections 4.5, 7, and 9 as follows:

10 (725 ILCS 120/4.5)

11 (Text of Section before amendment by P.A. 101-652)

12 Sec. 4.5. Procedures to implement the rights of crime
13 victims. To afford crime victims their rights, law
14 enforcement, prosecutors, judges, and corrections will provide
15 information, as appropriate, of the following procedures:

16 (a) At the request of the crime victim, law enforcement
17 authorities investigating the case shall provide notice of the
18 status of the investigation, except where the State's Attorney
19 determines that disclosure of such information would
20 unreasonably interfere with the investigation, until such time
21 as the alleged assailant is apprehended or the investigation
22 is closed.

23 (a-5) When law enforcement authorities reopen a closed
24 case to resume investigating, they shall provide notice of the

1 reopening of the case, except where the State's Attorney
2 determines that disclosure of such information would
3 unreasonably interfere with the investigation.

4 (b) The office of the State's Attorney:

5 (1) shall provide notice of the filing of an
6 information, the return of an indictment, or the filing of
7 a petition to adjudicate a minor as a delinquent for a
8 violent crime;

9 (2) shall provide timely notice of the date, time, and
10 place of court proceedings; of any change in the date,
11 time, and place of court proceedings; and of any
12 cancellation of court proceedings. Notice shall be
13 provided in sufficient time, wherever possible, for the
14 victim to make arrangements to attend or to prevent an
15 unnecessary appearance at court proceedings;

16 (3) or victim advocate personnel shall provide
17 information of social services and financial assistance
18 available for victims of crime, including information of
19 how to apply for these services and assistance;

20 (3.5) or victim advocate personnel shall provide
21 information about available victim services, including
22 referrals to programs, counselors, and agencies that
23 assist a victim to deal with trauma, loss, and grief;

24 (4) shall assist in having any stolen or other
25 personal property held by law enforcement authorities for
26 evidentiary or other purposes returned as expeditiously as

1 possible, pursuant to the procedures set out in Section
2 115-9 of the Code of Criminal Procedure of 1963;

3 (5) or victim advocate personnel shall provide
4 appropriate employer intercession services to ensure that
5 employers of victims will cooperate with the criminal
6 justice system in order to minimize an employee's loss of
7 pay and other benefits resulting from court appearances;

8 (6) shall provide, whenever possible, a secure waiting
9 area during court proceedings that does not require
10 victims to be in close proximity to defendants or
11 juveniles accused of a violent crime, and their families
12 and friends;

13 (7) shall provide notice to the crime victim of the
14 right to have a translator present at all court
15 proceedings and, in compliance with the federal Americans
16 with Disabilities Act of 1990, the right to communications
17 access through a sign language interpreter or by other
18 means;

19 (8) (blank);

20 (8.5) shall inform the victim of the right to be
21 present at all court proceedings, unless the victim is to
22 testify and the court determines that the victim's
23 testimony would be materially affected if the victim hears
24 other testimony at trial;

25 (9) shall inform the victim of the right to have
26 present at all court proceedings, subject to the rules of

1 evidence and confidentiality, an advocate and other
2 support person of the victim's choice;

3 (9.3) shall inform the victim of the right to retain
4 an attorney, at the victim's own expense, who, upon
5 written notice filed with the clerk of the court and
6 State's Attorney, is to receive copies of all notices,
7 motions, and court orders filed thereafter in the case, in
8 the same manner as if the victim were a named party in the
9 case;

10 (9.5) shall inform the victim of (A) the victim's
11 right under Section 6 of this Act to make a statement at
12 the sentencing hearing; (B) the right of the victim's
13 spouse, guardian, parent, grandparent, and other immediate
14 family and household members under Section 6 of this Act
15 to present a statement at sentencing; and (C) if a
16 presentence report is to be prepared, the right of the
17 victim's spouse, guardian, parent, grandparent, and other
18 immediate family and household members to submit
19 information to the preparer of the presentence report
20 about the effect the offense has had on the victim and the
21 person;

22 (10) at the sentencing shall make a good faith attempt
23 to explain the minimum amount of time during which the
24 defendant may actually be physically imprisoned. The
25 Office of the State's Attorney shall further notify the
26 crime victim of the right to request from the Prisoner

1 Review Board or Department of Juvenile Justice information
2 concerning the release of the defendant;

3 (11) shall request restitution at sentencing and as
4 part of a plea agreement if the victim requests
5 restitution;

6 (12) shall, upon the court entering a verdict of not
7 guilty by reason of insanity, inform the victim of the
8 notification services available from the Department of
9 Human Services, including the statewide telephone number,
10 under subparagraph (d) (2) of this Section;

11 (13) shall provide notice within a reasonable time
12 after receipt of notice from the custodian, of the release
13 of the defendant on bail or personal recognizance or the
14 release from detention of a minor who has been detained;

15 (14) shall explain in nontechnical language the
16 details of any plea or verdict of a defendant, or any
17 adjudication of a juvenile as a delinquent;

18 (15) shall make all reasonable efforts to consult with
19 the crime victim before the Office of the State's Attorney
20 makes an offer of a plea bargain to the defendant or enters
21 into negotiations with the defendant concerning a possible
22 plea agreement, and shall consider the written statement,
23 if prepared prior to entering into a plea agreement. The
24 right to consult with the prosecutor does not include the
25 right to veto a plea agreement or to insist the case go to
26 trial. If the State's Attorney has not consulted with the

1 victim prior to making an offer or entering into plea
2 negotiations with the defendant, the Office of the State's
3 Attorney shall notify the victim of the offer or the
4 negotiations within 2 business days and confer with the
5 victim;

6 (16) shall provide notice of the ultimate disposition
7 of the cases arising from an indictment or an information,
8 or a petition to have a juvenile adjudicated as a
9 delinquent for a violent crime;

10 (17) shall provide notice of any appeal taken by the
11 defendant and information on how to contact the
12 appropriate agency handling the appeal, and how to request
13 notice of any hearing, oral argument, or decision of an
14 appellate court;

15 (18) shall provide timely notice of any request for
16 post-conviction review filed by the defendant under
17 Article 122 of the Code of Criminal Procedure of 1963, and
18 of the date, time and place of any hearing concerning the
19 petition. Whenever possible, notice of the hearing shall
20 be given within 48 hours of the court's scheduling of the
21 hearing; and

22 (19) shall forward a copy of any statement presented
23 under Section 6 to the Prisoner Review Board or Department
24 of Juvenile Justice to be considered in making a
25 determination under Section 3-2.5-85 or subsection (b) of
26 Section 3-3-8 of the Unified Code of Corrections.

1 (c) The court shall ensure that the rights of the victim
2 are afforded.

3 (c-5) The following procedures shall be followed to afford
4 victims the rights guaranteed by Article I, Section 8.1 of the
5 Illinois Constitution:

6 (1) Written notice. A victim may complete a written
7 notice of intent to assert rights on a form prepared by the
8 Office of the Attorney General and provided to the victim
9 by the State's Attorney. The victim may at any time
10 provide a revised written notice to the State's Attorney.
11 The State's Attorney shall file the written notice with
12 the court. At the beginning of any court proceeding in
13 which the right of a victim may be at issue, the court and
14 prosecutor shall review the written notice to determine
15 whether the victim has asserted the right that may be at
16 issue.

17 (2) Victim's retained attorney. A victim's attorney
18 shall file an entry of appearance limited to assertion of
19 the victim's rights. Upon the filing of the entry of
20 appearance and service on the State's Attorney and the
21 defendant, the attorney is to receive copies of all
22 notices, motions and court orders filed thereafter in the
23 case.

24 (3) Standing. The victim has standing to assert the
25 rights enumerated in subsection (a) of Article I, Section
26 8.1 of the Illinois Constitution and the statutory rights

1 under Section 4 of this Act in any court exercising
2 jurisdiction over the criminal case. The prosecuting
3 attorney, a victim, or the victim's retained attorney may
4 assert the victim's rights. The defendant in the criminal
5 case has no standing to assert a right of the victim in any
6 court proceeding, including on appeal.

7 (4) Assertion of and enforcement of rights.

8 (A) The prosecuting attorney shall assert a
9 victim's right or request enforcement of a right by
10 filing a motion or by orally asserting the right or
11 requesting enforcement in open court in the criminal
12 case outside the presence of the jury. The prosecuting
13 attorney shall consult with the victim and the
14 victim's attorney regarding the assertion or
15 enforcement of a right. If the prosecuting attorney
16 decides not to assert or enforce a victim's right, the
17 prosecuting attorney shall notify the victim or the
18 victim's attorney in sufficient time to allow the
19 victim or the victim's attorney to assert the right or
20 to seek enforcement of a right.

21 (B) If the prosecuting attorney elects not to
22 assert a victim's right or to seek enforcement of a
23 right, the victim or the victim's attorney may assert
24 the victim's right or request enforcement of a right
25 by filing a motion or by orally asserting the right or
26 requesting enforcement in open court in the criminal

1 case outside the presence of the jury.

2 (C) If the prosecuting attorney asserts a victim's
3 right or seeks enforcement of a right, and the court
4 denies the assertion of the right or denies the
5 request for enforcement of a right, the victim or
6 victim's attorney may file a motion to assert the
7 victim's right or to request enforcement of the right
8 within 10 days of the court's ruling. The motion need
9 not demonstrate the grounds for a motion for
10 reconsideration. The court shall rule on the merits of
11 the motion.

12 (D) The court shall take up and decide any motion
13 or request asserting or seeking enforcement of a
14 victim's right without delay, unless a specific time
15 period is specified by law or court rule. The reasons
16 for any decision denying the motion or request shall
17 be clearly stated on the record.

18 (5) Violation of rights and remedies.

19 (A) If the court determines that a victim's right
20 has been violated, the court shall determine the
21 appropriate remedy for the violation of the victim's
22 right by hearing from the victim and the parties,
23 considering all factors relevant to the issue, and
24 then awarding appropriate relief to the victim.

25 (A-5) Consideration of an issue of a substantive
26 nature or an issue that implicates the constitutional

1 or statutory right of a victim at a court proceeding
2 labeled as a status hearing shall constitute a per se
3 violation of a victim's right.

4 (B) The appropriate remedy shall include only
5 actions necessary to provide the victim the right to
6 which the victim was entitled and may include
7 reopening previously held proceedings; however, in no
8 event shall the court vacate a conviction. Any remedy
9 shall be tailored to provide the victim an appropriate
10 remedy without violating any constitutional right of
11 the defendant. In no event shall the appropriate
12 remedy be a new trial, damages, or costs.

13 (6) Right to be heard. Whenever a victim has the right
14 to be heard, the court shall allow the victim to exercise
15 the right in any reasonable manner the victim chooses.

16 (7) Right to attend trial. A party must file a written
17 motion to exclude a victim from trial at least 60 days
18 prior to the date set for trial. The motion must state with
19 specificity the reason exclusion is necessary to protect a
20 constitutional right of the party, and must contain an
21 offer of proof. The court shall rule on the motion within
22 30 days. If the motion is granted, the court shall set
23 forth on the record the facts that support its finding
24 that the victim's testimony will be materially affected if
25 the victim hears other testimony at trial.

26 (8) Right to have advocate and support person present

1 at court proceedings.

2 (A) A party who intends to call an advocate as a
3 witness at trial must seek permission of the court
4 before the subpoena is issued. The party must file a
5 written motion at least 90 days before trial that sets
6 forth specifically the issues on which the advocate's
7 testimony is sought and an offer of proof regarding
8 (i) the content of the anticipated testimony of the
9 advocate; and (ii) the relevance, admissibility, and
10 materiality of the anticipated testimony. The court
11 shall consider the motion and make findings within 30
12 days of the filing of the motion. If the court finds by
13 a preponderance of the evidence that: (i) the
14 anticipated testimony is not protected by an absolute
15 privilege; and (ii) the anticipated testimony contains
16 relevant, admissible, and material evidence that is
17 not available through other witnesses or evidence, the
18 court shall issue a subpoena requiring the advocate to
19 appear to testify at an in camera hearing. The
20 prosecuting attorney and the victim shall have 15 days
21 to seek appellate review before the advocate is
22 required to testify at an ex parte in camera
23 proceeding.

24 The prosecuting attorney, the victim, and the
25 advocate's attorney shall be allowed to be present at
26 the ex parte in camera proceeding. If, after

1 conducting the ex parte in camera hearing, the court
2 determines that due process requires any testimony
3 regarding confidential or privileged information or
4 communications, the court shall provide to the
5 prosecuting attorney, the victim, and the advocate's
6 attorney a written memorandum on the substance of the
7 advocate's testimony. The prosecuting attorney, the
8 victim, and the advocate's attorney shall have 15 days
9 to seek appellate review before a subpoena may be
10 issued for the advocate to testify at trial. The
11 presence of the prosecuting attorney at the ex parte
12 in camera proceeding does not make the substance of
13 the advocate's testimony that the court has ruled
14 inadmissible subject to discovery.

15 (B) If a victim has asserted the right to have a
16 support person present at the court proceedings, the
17 victim shall provide the name of the person the victim
18 has chosen to be the victim's support person to the
19 prosecuting attorney, within 60 days of trial. The
20 prosecuting attorney shall provide the name to the
21 defendant. If the defendant intends to call the
22 support person as a witness at trial, the defendant
23 must seek permission of the court before a subpoena is
24 issued. The defendant must file a written motion at
25 least 45 days prior to trial that sets forth
26 specifically the issues on which the support person

1 will testify and an offer of proof regarding: (i) the
2 content of the anticipated testimony of the support
3 person; and (ii) the relevance, admissibility, and
4 materiality of the anticipated testimony.

5 If the prosecuting attorney intends to call the
6 support person as a witness during the State's
7 case-in-chief, the prosecuting attorney shall inform
8 the court of this intent in the response to the
9 defendant's written motion. The victim may choose a
10 different person to be the victim's support person.
11 The court may allow the defendant to inquire about
12 matters outside the scope of the direct examination
13 during cross-examination. If the court allows the
14 defendant to do so, the support person shall be
15 allowed to remain in the courtroom after the support
16 person has testified. A defendant who fails to
17 question the support person about matters outside the
18 scope of direct examination during the State's
19 case-in-chief waives the right to challenge the
20 presence of the support person on appeal. The court
21 shall allow the support person to testify if called as
22 a witness in the defendant's case-in-chief or the
23 State's rebuttal.

24 If the court does not allow the defendant to
25 inquire about matters outside the scope of the direct
26 examination, the support person shall be allowed to

1 remain in the courtroom after the support person has
2 been called by the defendant or the defendant has
3 rested. The court shall allow the support person to
4 testify in the State's rebuttal.

5 If the prosecuting attorney does not intend to
6 call the support person in the State's case-in-chief,
7 the court shall verify with the support person whether
8 the support person, if called as a witness, would
9 testify as set forth in the offer of proof. If the
10 court finds that the support person would testify as
11 set forth in the offer of proof, the court shall rule
12 on the relevance, materiality, and admissibility of
13 the anticipated testimony. If the court rules the
14 anticipated testimony is admissible, the court shall
15 issue the subpoena. The support person may remain in
16 the courtroom after the support person testifies and
17 shall be allowed to testify in rebuttal.

18 If the court excludes the victim's support person
19 during the State's case-in-chief, the victim shall be
20 allowed to choose another support person to be present
21 in court.

22 If the victim fails to designate a support person
23 within 60 days of trial and the defendant has
24 subpoenaed the support person to testify at trial, the
25 court may exclude the support person from the trial
26 until the support person testifies. If the court

1 excludes the support person the victim may choose
2 another person as a support person.

3 (9) Right to notice and hearing before disclosure of
4 confidential or privileged information or records. A
5 defendant who seeks to subpoena records of or concerning
6 the victim that are confidential or privileged by law must
7 seek permission of the court before the subpoena is
8 issued. The defendant must file a written motion and an
9 offer of proof regarding the relevance, admissibility and
10 materiality of the records. If the court finds by a
11 preponderance of the evidence that: (A) the records are
12 not protected by an absolute privilege and (B) the records
13 contain relevant, admissible, and material evidence that
14 is not available through other witnesses or evidence, the
15 court shall issue a subpoena requiring a sealed copy of
16 the records be delivered to the court to be reviewed in
17 camera. If, after conducting an in camera review of the
18 records, the court determines that due process requires
19 disclosure of any portion of the records, the court shall
20 provide copies of what it intends to disclose to the
21 prosecuting attorney and the victim. The prosecuting
22 attorney and the victim shall have 30 days to seek
23 appellate review before the records are disclosed to the
24 defendant. The disclosure of copies of any portion of the
25 records to the prosecuting attorney does not make the
26 records subject to discovery.

1 (10) Right to notice of court proceedings. If the
2 victim is not present at a court proceeding in which a
3 right of the victim is at issue, the court shall ask the
4 prosecuting attorney whether the victim was notified of
5 the time, place, and purpose of the court proceeding and
6 that the victim had a right to be heard at the court
7 proceeding. If the court determines that timely notice was
8 not given or that the victim was not adequately informed
9 of the nature of the court proceeding, the court shall not
10 rule on any substantive issues, accept a plea, or impose a
11 sentence and shall continue the hearing for the time
12 necessary to notify the victim of the time, place and
13 nature of the court proceeding. The time between court
14 proceedings shall not be attributable to the State under
15 Section 103-5 of the Code of Criminal Procedure of 1963.

16 (11) Right to timely disposition of the case. A victim
17 has the right to timely disposition of the case so as to
18 minimize the stress, cost, and inconvenience resulting
19 from the victim's involvement in the case. Before ruling
20 on a motion to continue trial or other court proceeding,
21 the court shall inquire into the circumstances for the
22 request for the delay and, if the victim has provided
23 written notice of the assertion of the right to a timely
24 disposition, and whether the victim objects to the delay.
25 If the victim objects, the prosecutor shall inform the
26 court of the victim's objections. If the prosecutor has

1 not conferred with the victim about the continuance, the
2 prosecutor shall inform the court of the attempts to
3 confer. If the court finds the attempts of the prosecutor
4 to confer with the victim were inadequate to protect the
5 victim's right to be heard, the court shall give the
6 prosecutor at least 3 but not more than 5 business days to
7 confer with the victim. In ruling on a motion to continue,
8 the court shall consider the reasons for the requested
9 continuance, the number and length of continuances that
10 have been granted, the victim's objections and procedures
11 to avoid further delays. If a continuance is granted over
12 the victim's objection, the court shall specify on the
13 record the reasons for the continuance and the procedures
14 that have been or will be taken to avoid further delays.

15 (12) Right to Restitution.

16 (A) If the victim has asserted the right to
17 restitution and the amount of restitution is known at
18 the time of sentencing, the court shall enter the
19 judgment of restitution at the time of sentencing.

20 (B) If the victim has asserted the right to
21 restitution and the amount of restitution is not known
22 at the time of sentencing, the prosecutor shall,
23 within 5 days after sentencing, notify the victim what
24 information and documentation related to restitution
25 is needed and that the information and documentation
26 must be provided to the prosecutor within 45 days

1 after sentencing. Failure to timely provide
2 information and documentation related to restitution
3 shall be deemed a waiver of the right to restitution.
4 The prosecutor shall file and serve within 60 days
5 after sentencing a proposed judgment for restitution
6 and a notice that includes information concerning the
7 identity of any victims or other persons seeking
8 restitution, whether any victim or other person
9 expressly declines restitution, the nature and amount
10 of any damages together with any supporting
11 documentation, a restitution amount recommendation,
12 and the names of any co-defendants and their case
13 numbers. Within 30 days after receipt of the proposed
14 judgment for restitution, the defendant shall file any
15 objection to the proposed judgment, a statement of
16 grounds for the objection, and a financial statement.
17 If the defendant does not file an objection, the court
18 may enter the judgment for restitution without further
19 proceedings. If the defendant files an objection and
20 either party requests a hearing, the court shall
21 schedule a hearing.

22 (13) Access to presentence reports.

23 (A) The victim may request a copy of the
24 presentence report prepared under the Unified Code of
25 Corrections from the State's Attorney. The State's
26 Attorney shall redact the following information before

1 providing a copy of the report:

2 (i) the defendant's mental history and
3 condition;

4 (ii) any evaluation prepared under subsection
5 (b) or (b-5) of Section 5-3-2; and

6 (iii) the name, address, phone number, and
7 other personal information about any other victim.

8 (B) The State's Attorney or the defendant may
9 request the court redact other information in the
10 report that may endanger the safety of any person.

11 (C) The State's Attorney may orally disclose to
12 the victim any of the information that has been
13 redacted if there is a reasonable likelihood that the
14 information will be stated in court at the sentencing.

15 (D) The State's Attorney must advise the victim
16 that the victim must maintain the confidentiality of
17 the report and other information. Any dissemination of
18 the report or information that was not stated at a
19 court proceeding constitutes indirect criminal
20 contempt of court.

21 (14) Appellate relief. If the trial court denies the
22 relief requested, the victim, the victim's attorney, or
23 the prosecuting attorney may file an appeal within 30 days
24 of the trial court's ruling. The trial or appellate court
25 may stay the court proceedings if the court finds that a
26 stay would not violate a constitutional right of the

1 defendant. If the appellate court denies the relief
2 sought, the reasons for the denial shall be clearly stated
3 in a written opinion. In any appeal in a criminal case, the
4 State may assert as error the court's denial of any crime
5 victim's right in the proceeding to which the appeal
6 relates.

7 (15) Limitation on appellate relief. In no case shall
8 an appellate court provide a new trial to remedy the
9 violation of a victim's right.

10 (16) The right to be reasonably protected from the
11 accused throughout the criminal justice process and the
12 right to have the safety of the victim and the victim's
13 family considered in denying or fixing the amount of bail,
14 determining whether to release the defendant, and setting
15 conditions of release after arrest and conviction. A
16 victim of domestic violence, a sexual offense, or stalking
17 may request the entry of a protective order under Article
18 112A of the Code of Criminal Procedure of 1963.

19 (d) Procedures after the imposition of sentence.

20 (1) The Prisoner Review Board shall inform a victim or
21 any other concerned citizen, upon written request, of the
22 prisoner's release on parole, mandatory supervised
23 release, electronic detention, work release, international
24 transfer or exchange, or by the custodian, other than the
25 Department of Juvenile Justice, of the discharge of any
26 individual who was adjudicated a delinquent for a crime

1 from State custody and by the sheriff of the appropriate
2 county of any such person's final discharge from county
3 custody. The Prisoner Review Board, upon written request,
4 shall provide to a victim or any other concerned citizen a
5 recent photograph of any person convicted of a felony,
6 upon his or her release from custody. The Prisoner Review
7 Board, upon written request, shall inform a victim or any
8 other concerned citizen when feasible at least 7 days
9 prior to the prisoner's release on furlough of the times
10 and dates of such furlough. Upon written request by the
11 victim or any other concerned citizen, the State's
12 Attorney shall notify the person once of the times and
13 dates of release of a prisoner sentenced to periodic
14 imprisonment. Notification shall be based on the most
15 recent information as to victim's or other concerned
16 citizen's residence or other location available to the
17 notifying authority.

18 (2) When the defendant has been committed to the
19 Department of Human Services pursuant to Section 5-2-4 or
20 any other provision of the Unified Code of Corrections,
21 the victim may request to be notified by the releasing
22 authority of the approval by the court of an on-grounds
23 pass, a supervised off-grounds pass, an unsupervised
24 off-grounds pass, or conditional release; the release on
25 an off-grounds pass; the return from an off-grounds pass;
26 transfer to another facility; conditional release; escape;

1 death; or final discharge from State custody. The
2 Department of Human Services shall establish and maintain
3 a statewide telephone number to be used by victims to make
4 notification requests under these provisions and shall
5 publicize this telephone number on its website and to the
6 State's Attorney of each county.

7 (3) In the event of an escape from State custody, the
8 Department of Corrections or the Department of Juvenile
9 Justice immediately shall notify the Prisoner Review Board
10 of the escape and the Prisoner Review Board shall notify
11 the victim. The notification shall be based upon the most
12 recent information as to the victim's residence or other
13 location available to the Board. When no such information
14 is available, the Board shall make all reasonable efforts
15 to obtain the information and make the notification. When
16 the escapee is apprehended, the Department of Corrections
17 or the Department of Juvenile Justice immediately shall
18 notify the Prisoner Review Board and the Board shall
19 notify the victim.

20 (4) The victim of the crime for which the prisoner has
21 been sentenced has the right to register with the Prisoner
22 Review Board's victim registry. Victims registered with
23 the Board shall receive reasonable written notice not less
24 than 30 days prior to the parole hearing or target
25 aftercare release date. The victim has the right to submit
26 a victim statement for consideration by the Prisoner

1 Review Board or the Department of Juvenile Justice in
2 writing, on film, videotape, or other electronic means, or
3 in the form of a recording prior to the parole hearing or
4 target aftercare release date, or in person at the parole
5 hearing or aftercare release protest hearing, or by
6 calling the toll-free number established in subsection (f)
7 of this Section.7 The victim shall be notified within 7
8 days after the prisoner has been granted parole or
9 aftercare release and shall be informed of the right to
10 inspect the registry of parole decisions, established
11 under subsection (g) of Section 3-3-5 of the Unified Code
12 of Corrections. The provisions of this paragraph (4) are
13 subject to the Open Parole Hearings Act. Victim statements
14 provided to the Board shall be confidential and
15 privileged, including any statements received prior to
16 January 1, 2020 (the effective date of Public Act 101-288)
17 ~~this amendatory Act of the 101st General Assembly~~, except
18 if the statement was an oral statement made by the victim
19 at a hearing open to the public.

20 (4-1) The crime victim has the right to submit a
21 victim statement for consideration by the Prisoner Review
22 Board or the Department of Juvenile Justice prior to or at
23 a hearing to determine the conditions of mandatory
24 supervised release of a person sentenced to a determinate
25 sentence or at a hearing on revocation of mandatory
26 supervised release of a person sentenced to a determinate

1 sentence. A victim statement may be submitted in writing,
2 on film, videotape, or other electronic means, or in the
3 form of a recording, or orally at a hearing, or by calling
4 the toll-free number established in subsection (f) of this
5 Section. Victim statements provided to the Board shall be
6 confidential and privileged, including any statements
7 received prior to January 1, 2020 (the effective date of
8 Public Act 101-288) ~~this amendatory Act of the 101st~~
9 ~~General Assembly~~, except if the statement was an oral
10 statement made by the victim at a hearing open to the
11 public.

12 (4-2) The crime victim has the right to submit a
13 victim statement to the Prisoner Review Board for
14 consideration at an executive clemency hearing as provided
15 in Section 3-3-13 of the Unified Code of Corrections. A
16 victim statement may be submitted in writing, on film,
17 videotape, or other electronic means, or in the form of a
18 recording prior to a hearing, or orally at a hearing, or by
19 calling the toll-free number established in subsection (f)
20 of this Section. Victim statements provided to the Board
21 shall be confidential and privileged, including any
22 statements received prior to January 1, 2020 (the
23 effective date of Public Act 101-288) ~~this amendatory Act~~
24 ~~of the 101st General Assembly~~, except if the statement was
25 an oral statement made by the victim at a hearing open to
26 the public.

1 (5) If a statement is presented under Section 6, the
2 Prisoner Review Board or Department of Juvenile Justice
3 shall inform the victim of any order of discharge pursuant
4 to Section 3-2.5-85 or 3-3-8 of the Unified Code of
5 Corrections.

6 (6) At the written or oral request of the victim of the
7 crime for which the prisoner was sentenced or the State's
8 Attorney of the county where the person seeking parole or
9 aftercare release was prosecuted, the Prisoner Review
10 Board or Department of Juvenile Justice shall notify the
11 victim and the State's Attorney of the county where the
12 person seeking parole or aftercare release was prosecuted
13 of the death of the prisoner if the prisoner died while on
14 parole or aftercare release or mandatory supervised
15 release.

16 (7) When a defendant who has been committed to the
17 Department of Corrections, the Department of Juvenile
18 Justice, or the Department of Human Services is released
19 or discharged and subsequently committed to the Department
20 of Human Services as a sexually violent person and the
21 victim had requested to be notified by the releasing
22 authority of the defendant's discharge, conditional
23 release, death, or escape from State custody, the
24 releasing authority shall provide to the Department of
25 Human Services such information that would allow the
26 Department of Human Services to contact the victim.

1 (8) When a defendant has been convicted of a sex
2 offense as defined in Section 2 of the Sex Offender
3 Registration Act and has been sentenced to the Department
4 of Corrections or the Department of Juvenile Justice, the
5 Prisoner Review Board or the Department of Juvenile
6 Justice shall notify the victim of the sex offense of the
7 prisoner's eligibility for release on parole, aftercare
8 release, mandatory supervised release, electronic
9 detention, work release, international transfer or
10 exchange, or by the custodian of the discharge of any
11 individual who was adjudicated a delinquent for a sex
12 offense from State custody and by the sheriff of the
13 appropriate county of any such person's final discharge
14 from county custody. The notification shall be made to the
15 victim at least 30 days, whenever possible, before release
16 of the sex offender.

17 (e) The officials named in this Section may satisfy some
18 or all of their obligations to provide notices and other
19 information through participation in a statewide victim and
20 witness notification system established by the Attorney
21 General under Section 8.5 of this Act.

22 (f) The Prisoner Review Board shall establish a toll-free
23 number that may be accessed by the crime victim to present a
24 victim statement to the Board in accordance with paragraphs
25 (4), (4-1), and (4-2) of subsection (d).

26 (Source: P.A. 100-199, eff. 1-1-18; 100-961, eff. 1-1-19;

1 101-81, eff. 7-12-19; 101-288, eff. 1-1-20; revised 9-23-19.)

2 (Text of Section after amendment by P.A. 101-652)

3 Sec. 4.5. Procedures to implement the rights of crime
4 victims. To afford crime victims their rights, law
5 enforcement, prosecutors, judges, and corrections will provide
6 information, as appropriate, of the following procedures:

7 (a) At the request of the crime victim, law enforcement
8 authorities investigating the case shall provide notice of the
9 status of the investigation, except where the State's Attorney
10 determines that disclosure of such information would
11 unreasonably interfere with the investigation, until such time
12 as the alleged assailant is apprehended or the investigation
13 is closed.

14 (a-5) When law enforcement authorities reopen a closed
15 case to resume investigating, they shall provide notice of the
16 reopening of the case, except where the State's Attorney
17 determines that disclosure of such information would
18 unreasonably interfere with the investigation.

19 (b) The office of the State's Attorney:

20 (1) shall provide notice of the filing of an
21 information, the return of an indictment, or the filing of
22 a petition to adjudicate a minor as a delinquent for a
23 violent crime;

24 (2) shall provide timely notice of the date, time, and
25 place of court proceedings; of any change in the date,

1 time, and place of court proceedings; and of any
2 cancellation of court proceedings. Notice shall be
3 provided in sufficient time, wherever possible, for the
4 victim to make arrangements to attend or to prevent an
5 unnecessary appearance at court proceedings;

6 (3) or victim advocate personnel shall provide
7 information of social services and financial assistance
8 available for victims of crime, including information of
9 how to apply for these services and assistance;

10 (3.5) or victim advocate personnel shall provide
11 information about available victim services, including
12 referrals to programs, counselors, and agencies that
13 assist a victim to deal with trauma, loss, and grief;

14 (4) shall assist in having any stolen or other
15 personal property held by law enforcement authorities for
16 evidentiary or other purposes returned as expeditiously as
17 possible, pursuant to the procedures set out in Section
18 115-9 of the Code of Criminal Procedure of 1963;

19 (5) or victim advocate personnel shall provide
20 appropriate employer intercession services to ensure that
21 employers of victims will cooperate with the criminal
22 justice system in order to minimize an employee's loss of
23 pay and other benefits resulting from court appearances;

24 (6) shall provide, whenever possible, a secure waiting
25 area during court proceedings that does not require
26 victims to be in close proximity to defendants or

1 juveniles accused of a violent crime, and their families
2 and friends;

3 (7) shall provide notice to the crime victim of the
4 right to have a translator present at all court
5 proceedings and, in compliance with the federal Americans
6 with Disabilities Act of 1990, the right to communications
7 access through a sign language interpreter or by other
8 means;

9 (8) (blank);

10 (8.5) shall inform the victim of the right to be
11 present at all court proceedings, unless the victim is to
12 testify and the court determines that the victim's
13 testimony would be materially affected if the victim hears
14 other testimony at trial;

15 (9) shall inform the victim of the right to have
16 present at all court proceedings, subject to the rules of
17 evidence and confidentiality, an advocate and other
18 support person of the victim's choice;

19 (9.3) shall inform the victim of the right to retain
20 an attorney, at the victim's own expense, who, upon
21 written notice filed with the clerk of the court and
22 State's Attorney, is to receive copies of all notices,
23 motions, and court orders filed thereafter in the case, in
24 the same manner as if the victim were a named party in the
25 case;

26 (9.5) shall inform the victim of (A) the victim's

1 right under Section 6 of this Act to make a statement at
2 the sentencing hearing; (B) the right of the victim's
3 spouse, guardian, parent, grandparent, and other immediate
4 family and household members under Section 6 of this Act
5 to present a statement at sentencing; and (C) if a
6 presentence report is to be prepared, the right of the
7 victim's spouse, guardian, parent, grandparent, and other
8 immediate family and household members to submit
9 information to the preparer of the presentence report
10 about the effect the offense has had on the victim and the
11 person;

12 (10) at the sentencing shall make a good faith attempt
13 to explain the minimum amount of time during which the
14 defendant may actually be physically imprisoned. The
15 Office of the State's Attorney shall further notify the
16 crime victim of the right to request from the Prisoner
17 Review Board or Department of Juvenile Justice information
18 concerning the release of the defendant;

19 (11) shall request restitution at sentencing and as
20 part of a plea agreement if the victim requests
21 restitution;

22 (12) shall, upon the court entering a verdict of not
23 guilty by reason of insanity, inform the victim of the
24 notification services available from the Department of
25 Human Services, including the statewide telephone number,
26 under subparagraph (d) (2) of this Section;

1 (13) shall provide notice within a reasonable time
2 after receipt of notice from the custodian, of the release
3 of the defendant on pretrial release or personal
4 recognizance or the release from detention of a minor who
5 has been detained;

6 (14) shall explain in nontechnical language the
7 details of any plea or verdict of a defendant, or any
8 adjudication of a juvenile as a delinquent;

9 (15) shall make all reasonable efforts to consult with
10 the crime victim before the Office of the State's Attorney
11 makes an offer of a plea bargain to the defendant or enters
12 into negotiations with the defendant concerning a possible
13 plea agreement, and shall consider the written statement,
14 if prepared prior to entering into a plea agreement. The
15 right to consult with the prosecutor does not include the
16 right to veto a plea agreement or to insist the case go to
17 trial. If the State's Attorney has not consulted with the
18 victim prior to making an offer or entering into plea
19 negotiations with the defendant, the Office of the State's
20 Attorney shall notify the victim of the offer or the
21 negotiations within 2 business days and confer with the
22 victim;

23 (16) shall provide notice of the ultimate disposition
24 of the cases arising from an indictment or an information,
25 or a petition to have a juvenile adjudicated as a
26 delinquent for a violent crime;

1 (17) shall provide notice of any appeal taken by the
2 defendant and information on how to contact the
3 appropriate agency handling the appeal, and how to request
4 notice of any hearing, oral argument, or decision of an
5 appellate court;

6 (18) shall provide timely notice of any request for
7 post-conviction review filed by the defendant under
8 Article 122 of the Code of Criminal Procedure of 1963, and
9 of the date, time and place of any hearing concerning the
10 petition. Whenever possible, notice of the hearing shall
11 be given within 48 hours of the court's scheduling of the
12 hearing; ~~and~~

13 (19) shall forward a copy of any statement presented
14 under Section 6 to the Prisoner Review Board or Department
15 of Juvenile Justice to be considered in making a
16 determination under Section 3-2.5-85 or subsection (b) of
17 Section 3-3-8 of the Unified Code of Corrections;~~;~~

18 (20) shall meet with the crime victim regarding the
19 decision of the State's Attorney not to charge an offense.
20 The victim has the right to have an attorney, advocate,
21 and other support person of the victim's choice attend
22 this meeting with the victim; and

23 (21) shall give the crime victim timely notice of any
24 decision not to pursue charges and consider the safety of
25 the victim when deciding how to give such notice.

26 (c) The court shall ensure that the rights of the victim

1 are afforded.

2 (c-5) The following procedures shall be followed to afford
3 victims the rights guaranteed by Article I, Section 8.1 of the
4 Illinois Constitution:

5 (1) Written notice. A victim may complete a written
6 notice of intent to assert rights on a form prepared by the
7 Office of the Attorney General and provided to the victim
8 by the State's Attorney. The victim may at any time
9 provide a revised written notice to the State's Attorney.
10 The State's Attorney shall file the written notice with
11 the court. At the beginning of any court proceeding in
12 which the right of a victim may be at issue, the court and
13 prosecutor shall review the written notice to determine
14 whether the victim has asserted the right that may be at
15 issue.

16 (2) Victim's retained attorney. A victim's attorney
17 shall file an entry of appearance limited to assertion of
18 the victim's rights. Upon the filing of the entry of
19 appearance and service on the State's Attorney and the
20 defendant, the attorney is to receive copies of all
21 notices, motions and court orders filed thereafter in the
22 case.

23 (3) Standing. The victim has standing to assert the
24 rights enumerated in subsection (a) of Article I, Section
25 8.1 of the Illinois Constitution and the statutory rights
26 under Section 4 of this Act in any court exercising

1 jurisdiction over the criminal case. The prosecuting
2 attorney, a victim, or the victim's retained attorney may
3 assert the victim's rights. The defendant in the criminal
4 case has no standing to assert a right of the victim in any
5 court proceeding, including on appeal.

6 (4) Assertion of and enforcement of rights.

7 (A) The prosecuting attorney shall assert a
8 victim's right or request enforcement of a right by
9 filing a motion or by orally asserting the right or
10 requesting enforcement in open court in the criminal
11 case outside the presence of the jury. The prosecuting
12 attorney shall consult with the victim and the
13 victim's attorney regarding the assertion or
14 enforcement of a right. If the prosecuting attorney
15 decides not to assert or enforce a victim's right, the
16 prosecuting attorney shall notify the victim or the
17 victim's attorney in sufficient time to allow the
18 victim or the victim's attorney to assert the right or
19 to seek enforcement of a right.

20 (B) If the prosecuting attorney elects not to
21 assert a victim's right or to seek enforcement of a
22 right, the victim or the victim's attorney may assert
23 the victim's right or request enforcement of a right
24 by filing a motion or by orally asserting the right or
25 requesting enforcement in open court in the criminal
26 case outside the presence of the jury.

1 (C) If the prosecuting attorney asserts a victim's
2 right or seeks enforcement of a right, unless the
3 prosecuting attorney objects or the trial court does
4 not allow it, the victim or the victim's attorney may
5 be heard regarding the prosecuting attorney's motion
6 or may file a simultaneous motion to assert or request
7 enforcement of the victim's right. If the victim or
8 the victim's attorney was not allowed to be heard at
9 the hearing regarding the prosecuting attorney's
10 motion, and the court denies the prosecuting
11 attorney's assertion of the right or denies the
12 request for enforcement of a right, the victim or
13 victim's attorney may file a motion to assert the
14 victim's right or to request enforcement of the right
15 within 10 days of the court's ruling. The motion need
16 not demonstrate the grounds for a motion for
17 reconsideration. The court shall rule on the merits of
18 the motion.

19 (D) The court shall take up and decide any motion
20 or request asserting or seeking enforcement of a
21 victim's right without delay, unless a specific time
22 period is specified by law or court rule. The reasons
23 for any decision denying the motion or request shall
24 be clearly stated on the record.

25 (E) No later than January 1, 2023, the Office of
26 the Attorney General shall:

1 (i) designate an administrative authority
2 within the Office of the Attorney General to
3 receive and investigate complaints relating to the
4 provision or violation of the rights of a crime
5 victim as described in Article I, Section 8.1 of
6 the Illinois Constitution and in this Act;

7 (ii) create and administer a course of
8 training for employees and offices of the State of
9 Illinois that fail to comply with provisions of
10 Illinois law pertaining to the treatment of crime
11 victims as described in Article I, Section 8.1 of
12 the Illinois Constitution and in this Act as
13 required by the court under Section 5 of this Act;
14 and

15 (iii) have the authority to make
16 recommendations to employees and offices of the
17 State of Illinois to respond more effectively to
18 the needs of crime victims, including regarding
19 the violation of the rights of a crime victim.

20 (F) Crime victims' rights may also be asserted by
21 filing a complaint for mandamus, injunctive, or
22 declaratory relief in the jurisdiction in which the
23 victim's right is being violated or where the crime is
24 being prosecuted. For complaints or motions filed by
25 or on behalf of the victim, the clerk of court shall
26 waive filing fees that would otherwise be owed by the

1 victim for any court filing with the purpose of
2 enforcing crime victims' rights. If the court denies
3 the relief sought by the victim, the reasons for the
4 denial shall be clearly stated on the record in the
5 transcript of the proceedings, in a written opinion,
6 or in the docket entry, and the victim may appeal the
7 circuit court's decision to the appellate court. The
8 court shall issue prompt rulings regarding victims'
9 rights. Proceedings seeking to enforce victims' rights
10 shall not be stayed or subject to unreasonable delay
11 via continuances.

12 (5) Violation of rights and remedies.

13 (A) If the court determines that a victim's right
14 has been violated, the court shall determine the
15 appropriate remedy for the violation of the victim's
16 right by hearing from the victim and the parties,
17 considering all factors relevant to the issue, and
18 then awarding appropriate relief to the victim and
19 shall impose a penalty upon the individual employee or
20 employees and upon the office that violated the
21 victim's right. As used in this Section, the term
22 "office", includes but is not limited to, a law
23 enforcement agency, State's Attorney's Office, board,
24 agency, or other governmental entity.

25 (A-5) Consideration of an issue of a substantive
26 nature or an issue that implicates the constitutional

1 or statutory right of a victim at a court proceeding
2 labeled as a status hearing shall constitute a per se
3 violation of a victim's right.

4 (B) The appropriate remedy shall include only
5 actions necessary to provide the victim the right to
6 which the victim was entitled . Remedies may include,
7 but are not limited to: injunctive relief requiring
8 the victim's right to be afforded; declaratory
9 judgment recognizing or clarifying the victim's
10 rights; a writ of mandamus; and may include reopening
11 previously held proceedings; however, in no event
12 shall the court vacate a conviction. Any remedy shall
13 be tailored to provide the victim an appropriate
14 remedy without violating any constitutional right of
15 the defendant. In no event shall the appropriate
16 remedy to the victim be a new trial ~~or~~, damages, ~~or~~
17 ~~costs~~. The court shall impose upon the office a civil
18 penalty of not less than \$500 nor more than \$5,000 for
19 the violation, the court shall consider in aggravation
20 or mitigation the budget of the office and whether the
21 office has previously been assessed penalties for
22 violations of this Act as well as the harm to the
23 victim. Any funds collected under this subparagraph
24 (B) shall be deposited in the Violent Crime Victims
25 Assistance Fund.

26 The court shall impose a mandatory training course

1 provided by the Attorney General for the employee under
2 item (ii) of subparagraph (E) of paragraph (4), which must
3 be successfully completed within 6 months of the entry of
4 the court order.

5 This paragraph (5) takes effect January 2, 2023.

6 (6) Right to be heard. Whenever a victim has the right
7 to be heard, the court shall allow the victim to exercise
8 the right in any reasonable manner the victim chooses.

9 (7) Right to attend trial. A party must file a written
10 motion to exclude a victim from trial at least 60 days
11 prior to the date set for trial. The motion must state with
12 specificity the reason exclusion is necessary to protect a
13 constitutional right of the party, and must contain an
14 offer of proof. The court shall rule on the motion within
15 30 days. If the motion is granted, the court shall set
16 forth on the record the facts that support its finding
17 that the victim's testimony will be materially affected if
18 the victim hears other testimony at trial.

19 (8) Right to have advocate and support person present
20 at court proceedings.

21 (A) A party who intends to call an advocate as a
22 witness at trial must seek permission of the court
23 before the subpoena is issued. The party must file a
24 written motion at least 90 days before trial that sets
25 forth specifically the issues on which the advocate's
26 testimony is sought and an offer of proof regarding

1 (i) the content of the anticipated testimony of the
2 advocate; and (ii) the relevance, admissibility, and
3 materiality of the anticipated testimony. The court
4 shall consider the motion and make findings within 30
5 days of the filing of the motion. If the court finds by
6 a preponderance of the evidence that: (i) the
7 anticipated testimony is not protected by an absolute
8 privilege; and (ii) the anticipated testimony contains
9 relevant, admissible, and material evidence that is
10 not available through other witnesses or evidence, the
11 court shall issue a subpoena requiring the advocate to
12 appear to testify at an in camera hearing. The
13 prosecuting attorney and the victim shall have 15 days
14 to seek appellate review before the advocate is
15 required to testify at an ex parte in camera
16 proceeding.

17 The prosecuting attorney, the victim, and the
18 advocate's attorney shall be allowed to be present at
19 the ex parte in camera proceeding. If, after
20 conducting the ex parte in camera hearing, the court
21 determines that due process requires any testimony
22 regarding confidential or privileged information or
23 communications, the court shall provide to the
24 prosecuting attorney, the victim, and the advocate's
25 attorney a written memorandum on the substance of the
26 advocate's testimony. The prosecuting attorney, the

1 victim, and the advocate's attorney shall have 15 days
2 to seek appellate review before a subpoena may be
3 issued for the advocate to testify at trial. The
4 presence of the prosecuting attorney at the ex parte
5 in camera proceeding does not make the substance of
6 the advocate's testimony that the court has ruled
7 inadmissible subject to discovery.

8 (B) If a victim has asserted the right to have a
9 support person present at the court proceedings, the
10 victim shall provide the name of the person the victim
11 has chosen to be the victim's support person to the
12 prosecuting attorney, within 60 days of trial. The
13 prosecuting attorney shall provide the name to the
14 defendant. If the defendant intends to call the
15 support person as a witness at trial, the defendant
16 must seek permission of the court before a subpoena is
17 issued. The defendant must file a written motion at
18 least 45 days prior to trial that sets forth
19 specifically the issues on which the support person
20 will testify and an offer of proof regarding: (i) the
21 content of the anticipated testimony of the support
22 person; and (ii) the relevance, admissibility, and
23 materiality of the anticipated testimony.

24 If the prosecuting attorney intends to call the
25 support person as a witness during the State's
26 case-in-chief, the prosecuting attorney shall inform

1 the court of this intent in the response to the
2 defendant's written motion. The victim may choose a
3 different person to be the victim's support person.
4 The court may allow the defendant to inquire about
5 matters outside the scope of the direct examination
6 during cross-examination. If the court allows the
7 defendant to do so, the support person shall be
8 allowed to remain in the courtroom after the support
9 person has testified. A defendant who fails to
10 question the support person about matters outside the
11 scope of direct examination during the State's
12 case-in-chief waives the right to challenge the
13 presence of the support person on appeal. The court
14 shall allow the support person to testify if called as
15 a witness in the defendant's case-in-chief or the
16 State's rebuttal.

17 If the court does not allow the defendant to
18 inquire about matters outside the scope of the direct
19 examination, the support person shall be allowed to
20 remain in the courtroom after the support person has
21 been called by the defendant or the defendant has
22 rested. The court shall allow the support person to
23 testify in the State's rebuttal.

24 If the prosecuting attorney does not intend to
25 call the support person in the State's case-in-chief,
26 the court shall verify with the support person whether

1 the support person, if called as a witness, would
2 testify as set forth in the offer of proof. If the
3 court finds that the support person would testify as
4 set forth in the offer of proof, the court shall rule
5 on the relevance, materiality, and admissibility of
6 the anticipated testimony. If the court rules the
7 anticipated testimony is admissible, the court shall
8 issue the subpoena. The support person may remain in
9 the courtroom after the support person testifies and
10 shall be allowed to testify in rebuttal.

11 If the court excludes the victim's support person
12 during the State's case-in-chief, the victim shall be
13 allowed to choose another support person to be present
14 in court.

15 If the victim fails to designate a support person
16 within 60 days of trial and the defendant has
17 subpoenaed the support person to testify at trial, the
18 court may exclude the support person from the trial
19 until the support person testifies. If the court
20 excludes the support person the victim may choose
21 another person as a support person.

22 (9) Right to notice and hearing before disclosure of
23 confidential or privileged information or records.

24 (A) A defendant who seeks to subpoena testimony or
25 records of or concerning the victim that are
26 confidential or privileged by law must seek permission

1 of the court before the subpoena is issued. The
2 defendant must file a written motion and an offer of
3 proof regarding the relevance, admissibility and
4 materiality of the testimony or records. If the court
5 finds by a preponderance of the evidence that:

6 (i) ~~(A)~~ the testimony or records are not
7 protected by an absolute privilege and

8 (ii) ~~(B)~~ the testimony or records contain
9 relevant, admissible, and material evidence that
10 is not available through other witnesses or
11 evidence, the court shall issue a subpoena
12 requiring the witness to appear in camera or a
13 sealed copy of the records be delivered to the
14 court to be reviewed in camera. If, after
15 conducting an in camera review of the witness
16 statement or records, the court determines that
17 due process requires disclosure of any potential
18 testimony or any portion of the records, the court
19 shall provide a summary of potential testimony or
20 copies of the records that ~~what~~ it intends to
21 disclose to the prosecuting attorney and the
22 victim. The prosecuting attorney and the victim
23 shall have 30 days to seek appellate review before
24 the records are disclosed to the defendant, used
25 in any court proceeding, or disclosed to anyone or
26 in any way that would subject the testimony or

1 records to public review. The disclosure of copies
2 of any portion of the testimony or records to the
3 prosecuting attorney under this Section does not
4 make the records subject to discovery or required
5 to be provided to the defendant.

6 (B) A prosecuting attorney who seeks to subpoena
7 information or records concerning the victim that are
8 confidential or privileged by law must first request
9 the written consent of the crime victim. If the victim
10 does not provide such written consent, including where
11 necessary the appropriate signed document required for
12 waiving privilege, the prosecuting attorney must serve
13 the subpoena at least 21 days prior to the date a
14 response or appearance is required to allow the
15 subject of the subpoena time to file a motion to quash
16 or request a hearing. The prosecuting attorney must
17 also send a written notice to the victim at least 21
18 days prior to the response date to allow the victim to
19 file a motion or request a hearing. The notice to the
20 victim shall inform the victim (i) that a subpoena has
21 been issued for confidential information or records
22 concerning the victim, (ii) that the victim has the
23 right to request a hearing prior to the response date
24 of the subpoena, and (iii) how to request the hearing.
25 The notice to the victim shall also include a copy of
26 the subpoena. If requested, a hearing regarding the

1 subpoena shall occur before information or records are
2 provided to the prosecuting attorney.

3 (10) Right to notice of court proceedings. If the
4 victim is not present at a court proceeding in which a
5 right of the victim is at issue, the court shall ask the
6 prosecuting attorney whether the victim was notified of
7 the time, place, and purpose of the court proceeding and
8 that the victim had a right to be heard at the court
9 proceeding. If the court determines that timely notice was
10 not given or that the victim was not adequately informed
11 of the nature of the court proceeding, the court shall not
12 rule on any substantive issues, accept a plea, or impose a
13 sentence and shall continue the hearing for the time
14 necessary to notify the victim of the time, place and
15 nature of the court proceeding. The time between court
16 proceedings shall not be attributable to the State under
17 Section 103-5 of the Code of Criminal Procedure of 1963.

18 (11) Right to timely disposition of the case. A victim
19 has the right to timely disposition of the case so as to
20 minimize the stress, cost, and inconvenience resulting
21 from the victim's involvement in the case. Before ruling
22 on a motion to continue trial or other court proceeding,
23 the court shall inquire into the circumstances for the
24 request for the delay and, if the victim has provided
25 written notice of the assertion of the right to a timely
26 disposition, and whether the victim objects to the delay.

1 If the victim objects, the prosecutor shall inform the
2 court of the victim's objections. If the prosecutor has
3 not conferred with the victim about the continuance, the
4 prosecutor shall inform the court of the attempts to
5 confer. If the court finds the attempts of the prosecutor
6 to confer with the victim were inadequate to protect the
7 victim's right to be heard, the court shall give the
8 prosecutor at least 3 but not more than 5 business days to
9 confer with the victim. In ruling on a motion to continue,
10 the court shall consider the reasons for the requested
11 continuance, the number and length of continuances that
12 have been granted, the victim's objections and procedures
13 to avoid further delays. If a continuance is granted over
14 the victim's objection, the court shall specify on the
15 record the reasons for the continuance and the procedures
16 that have been or will be taken to avoid further delays.

17 (12) Right to Restitution.

18 (A) If the victim has asserted the right to
19 restitution and the amount of restitution is known at
20 the time of sentencing, the court shall enter the
21 judgment of restitution at the time of sentencing.

22 (B) If the victim has asserted the right to
23 restitution and the amount of restitution is not known
24 at the time of sentencing, the prosecutor shall,
25 within 5 days after sentencing, notify the victim what
26 information and documentation related to restitution

1 is needed and that the information and documentation
2 must be provided to the prosecutor within 45 days
3 after sentencing. Failure to timely provide
4 information and documentation related to restitution
5 shall be deemed a waiver of the right to restitution.
6 The prosecutor shall file and serve within 60 days
7 after sentencing a proposed judgment for restitution
8 and a notice that includes information concerning the
9 identity of any victims or other persons seeking
10 restitution, whether any victim or other person
11 expressly declines restitution, the nature and amount
12 of any damages together with any supporting
13 documentation, a restitution amount recommendation,
14 and the names of any co-defendants and their case
15 numbers. Within 30 days after receipt of the proposed
16 judgment for restitution, the defendant shall file any
17 objection to the proposed judgment, a statement of
18 grounds for the objection, and a financial statement.
19 If the defendant does not file an objection, the court
20 may enter the judgment for restitution without further
21 proceedings. If the defendant files an objection and
22 either party requests a hearing, the court shall
23 schedule a hearing.

24 (13) Access to presentence reports.

25 (A) The victim may request a copy of the
26 presentence report prepared under the Unified Code of

1 Corrections from the State's Attorney. The State's
2 Attorney shall redact the following information before
3 providing a copy of the report:

4 (i) the defendant's mental history and
5 condition;

6 (ii) any evaluation prepared under subsection
7 (b) or (b-5) of Section 5-3-2; and

8 (iii) the name, address, phone number, and
9 other personal information about any other victim.

10 (B) The State's Attorney or the defendant may
11 request the court redact other information in the
12 report that may endanger the safety of any person.

13 (C) The State's Attorney may orally disclose to
14 the victim any of the information that has been
15 redacted if there is a reasonable likelihood that the
16 information will be stated in court at the sentencing.

17 (D) The State's Attorney must advise the victim
18 that the victim must maintain the confidentiality of
19 the report and other information. Any dissemination of
20 the report or information that was not stated at a
21 court proceeding constitutes indirect criminal
22 contempt of court.

23 (14) Appellate relief. If the trial court denies the
24 relief requested, the victim, the victim's attorney, or
25 the prosecuting attorney may file an appeal within 30 days
26 of the trial court's ruling. The trial or appellate court

1 may stay the court proceedings if the court finds that a
2 stay would not violate a constitutional right of the
3 defendant. If the appellate court denies the relief
4 sought, the reasons for the denial shall be clearly stated
5 in a written opinion. In any appeal in a criminal case, the
6 State may assert as error the court's denial of any crime
7 victim's right in the proceeding to which the appeal
8 relates.

9 (15) Limitation on appellate relief. In no case shall
10 an appellate court provide a new trial to remedy the
11 violation of a victim's right.

12 (16) The right to be reasonably protected from the
13 accused throughout the criminal justice process and the
14 right to have the safety of the victim and the victim's
15 family considered in determining whether to release the
16 defendant, and setting conditions of release after arrest
17 and conviction. A victim of domestic violence, a sexual
18 offense, or stalking may request the entry of a protective
19 order under Article 112A of the Code of Criminal Procedure
20 of 1963.

21 (d) Procedures after the imposition of sentence.

22 (1) The Prisoner Review Board shall inform a victim or
23 any other concerned citizen, upon written request, of the
24 prisoner's release on parole, mandatory supervised
25 release, electronic detention, work release, international
26 transfer or exchange, or by the custodian, other than the

1 Department of Juvenile Justice, of the discharge of any
2 individual who was adjudicated a delinquent for a crime
3 from State custody and by the sheriff of the appropriate
4 county of any such person's final discharge from county
5 custody. The Prisoner Review Board, upon written request,
6 shall provide to a victim or any other concerned citizen a
7 recent photograph of any person convicted of a felony,
8 upon his or her release from custody. The Prisoner Review
9 Board, upon written request, shall inform a victim or any
10 other concerned citizen when feasible at least 7 days
11 prior to the prisoner's release on furlough of the times
12 and dates of such furlough. Upon written request by the
13 victim or any other concerned citizen, the State's
14 Attorney shall notify the person once of the times and
15 dates of release of a prisoner sentenced to periodic
16 imprisonment. Notification shall be based on the most
17 recent information as to victim's or other concerned
18 citizen's residence or other location available to the
19 notifying authority.

20 (2) When the defendant has been committed to the
21 Department of Human Services pursuant to Section 5-2-4 or
22 any other provision of the Unified Code of Corrections,
23 the victim may request to be notified by the releasing
24 authority of the approval by the court of an on-grounds
25 pass, a supervised off-grounds pass, an unsupervised
26 off-grounds pass, or conditional release; the release on

1 an off-grounds pass; the return from an off-grounds pass;
2 transfer to another facility; conditional release; escape;
3 death; or final discharge from State custody. The
4 Department of Human Services shall establish and maintain
5 a statewide telephone number to be used by victims to make
6 notification requests under these provisions and shall
7 publicize this telephone number on its website and to the
8 State's Attorney of each county.

9 (3) In the event of an escape from State custody, the
10 Department of Corrections or the Department of Juvenile
11 Justice immediately shall notify the Prisoner Review Board
12 of the escape and the Prisoner Review Board shall notify
13 the victim. The notification shall be based upon the most
14 recent information as to the victim's residence or other
15 location available to the Board. When no such information
16 is available, the Board shall make all reasonable efforts
17 to obtain the information and make the notification. When
18 the escapee is apprehended, the Department of Corrections
19 or the Department of Juvenile Justice immediately shall
20 notify the Prisoner Review Board and the Board shall
21 notify the victim.

22 (4) The victim of the crime for which the prisoner has
23 been sentenced has the right to register with the Prisoner
24 Review Board's victim registry. Victims registered with
25 the Board shall receive reasonable written notice not less
26 than 30 days prior to the parole hearing or target

1 aftercare release date. The victim has the right to submit
2 a victim statement for consideration by the Prisoner
3 Review Board or the Department of Juvenile Justice in
4 writing, on film, videotape, or other electronic means, or
5 in the form of a recording prior to the parole hearing or
6 target aftercare release date, or in person at the parole
7 hearing or aftercare release protest hearing, or by
8 calling the toll-free number established in subsection (f)
9 of this Section. The victim shall be notified within 7
10 days after the prisoner has been granted parole or
11 aftercare release and shall be informed of the right to
12 inspect the registry of parole decisions, established
13 under subsection (g) of Section 3-3-5 of the Unified Code
14 of Corrections. The provisions of this paragraph (4) are
15 subject to the Open Parole Hearings Act. Victim statements
16 provided to the Board shall be confidential and
17 privileged, including any statements received prior to
18 January 1, 2020 (the effective date of Public Act
19 101-288), except if the statement was an oral statement
20 made by the victim at a hearing open to the public.

21 (4-1) The crime victim has the right to submit a
22 victim statement for consideration by the Prisoner Review
23 Board or the Department of Juvenile Justice prior to or at
24 a hearing to determine the conditions of mandatory
25 supervised release of a person sentenced to a determinate
26 sentence or at a hearing on revocation of mandatory

1 supervised release of a person sentenced to a determinate
2 sentence. A victim statement may be submitted in writing,
3 on film, videotape, or other electronic means, or in the
4 form of a recording, or orally at a hearing, or by calling
5 the toll-free number established in subsection (f) of this
6 Section. Victim statements provided to the Board shall be
7 confidential and privileged, including any statements
8 received prior to January 1, 2020 (the effective date of
9 Public Act 101-288), except if the statement was an oral
10 statement made by the victim at a hearing open to the
11 public.

12 (4-2) The crime victim has the right to submit a
13 victim statement to the Prisoner Review Board for
14 consideration at an executive clemency hearing as provided
15 in Section 3-3-13 of the Unified Code of Corrections. A
16 victim statement may be submitted in writing, on film,
17 videotape, or other electronic means, or in the form of a
18 recording prior to a hearing, or orally at a hearing, or by
19 calling the toll-free number established in subsection (f)
20 of this Section. Victim statements provided to the Board
21 shall be confidential and privileged, including any
22 statements received prior to January 1, 2020 (the
23 effective date of Public Act 101-288), except if the
24 statement was an oral statement made by the victim at a
25 hearing open to the public.

26 (5) If a statement is presented under Section 6, the

1 Prisoner Review Board or Department of Juvenile Justice
2 shall inform the victim of any order of discharge pursuant
3 to Section 3-2.5-85 or 3-3-8 of the Unified Code of
4 Corrections.

5 (6) At the written or oral request of the victim of the
6 crime for which the prisoner was sentenced or the State's
7 Attorney of the county where the person seeking parole or
8 aftercare release was prosecuted, the Prisoner Review
9 Board or Department of Juvenile Justice shall notify the
10 victim and the State's Attorney of the county where the
11 person seeking parole or aftercare release was prosecuted
12 of the death of the prisoner if the prisoner died while on
13 parole or aftercare release or mandatory supervised
14 release.

15 (7) When a defendant who has been committed to the
16 Department of Corrections, the Department of Juvenile
17 Justice, or the Department of Human Services is released
18 or discharged and subsequently committed to the Department
19 of Human Services as a sexually violent person and the
20 victim had requested to be notified by the releasing
21 authority of the defendant's discharge, conditional
22 release, death, or escape from State custody, the
23 releasing authority shall provide to the Department of
24 Human Services such information that would allow the
25 Department of Human Services to contact the victim.

26 (8) When a defendant has been convicted of a sex

1 offense as defined in Section 2 of the Sex Offender
2 Registration Act and has been sentenced to the Department
3 of Corrections or the Department of Juvenile Justice, the
4 Prisoner Review Board or the Department of Juvenile
5 Justice shall notify the victim of the sex offense of the
6 prisoner's eligibility for release on parole, aftercare
7 release, mandatory supervised release, electronic
8 detention, work release, international transfer or
9 exchange, or by the custodian of the discharge of any
10 individual who was adjudicated a delinquent for a sex
11 offense from State custody and by the sheriff of the
12 appropriate county of any such person's final discharge
13 from county custody. The notification shall be made to the
14 victim at least 30 days, whenever possible, before release
15 of the sex offender.

16 (e) The officials named in this Section may satisfy some
17 or all of their obligations to provide notices and other
18 information through participation in a statewide victim and
19 witness notification system established by the Attorney
20 General under Section 8.5 of this Act.

21 (f) The Prisoner Review Board shall establish a toll-free
22 number that may be accessed by the crime victim to present a
23 victim statement to the Board in accordance with paragraphs
24 (4), (4-1), and (4-2) of subsection (d).

25 (Source: P.A. 100-199, eff. 1-1-18; 100-961, eff. 1-1-19;
26 101-81, eff. 7-12-19; 101-288, eff. 1-1-20; 101-652, eff.

1 1-1-23.)

2 (725 ILCS 120/7) (from Ch. 38, par. 1407)

3 Sec. 7. Responsibilities of victims and witnesses. Victims
4 and witnesses shall have the following responsibilities to aid
5 in the prosecution of violent crime and to ensure that their
6 constitutional rights are enforced:

7 (a) To make a timely report of the crime;

8 (b) To cooperate with law enforcement authorities
9 throughout the investigation, prosecution, and trial;

10 (c) To testify at trial;

11 (c-5) to timely provide information and documentation to
12 the prosecuting attorney that is related to the assertion of
13 their rights.

14 (d) To notify law enforcement authorities and the
15 prosecuting attorney of any change of contact information,
16 including but not limited to, changes of address and contact
17 information, including but not limited to changes of address,
18 telephone number, and email address. Law enforcement
19 authorities and the prosecuting attorney shall maintain the
20 confidentiality of this information. A court may find that the
21 failure to notify the prosecuting attorney of any change in
22 contact information constitutes waiver of a right.

23 (e) A victim who otherwise cooperates with law enforcement
24 authorities and the prosecuting attorney, but declines to
25 provide information and documentation to the prosecuting

1 attorney that is privileged or confidential under the law, or
2 chooses not to waive privilege, shall still be considered as
3 cooperating for the purposes of this Act and maintain the
4 status of victim and the rights afforded to victims under this
5 Act.

6 (Source: P.A. 99-413, eff. 8-20-15.)

7 (725 ILCS 120/9) (from Ch. 38, par. 1408)

8 Sec. 9. This Act does not limit any rights or
9 responsibilities otherwise enjoyed by or imposed upon victims
10 or witnesses of violent crime, ~~nor does it grant any person a~~
11 ~~cause of action in equity or at law for compensation for~~
12 ~~damages or attorneys fees.~~ Any act of omission or commission
13 by any law enforcement officer, circuit court clerk, or
14 State's Attorney, by the Attorney General, Prisoner Review
15 Board, Department of Corrections, the Department of Juvenile
16 Justice, Department of Human Services, or other State agency,
17 or private entity under contract pursuant to Section 8, or by
18 any employee of any State agency or private entity under
19 contract pursuant to Section 8 acting in good faith in
20 rendering crime victim's assistance or otherwise enforcing
21 this Act shall not impose civil liability upon the individual
22 or entity or his or her supervisor or employer. Nothing in this
23 Act shall create a basis for vacating a conviction or a ground
24 for relief requested by the defendant in any criminal case.

25 (Source: P.A. 99-413, eff. 8-20-15.)

1 Section 95. No acceleration or delay. Where this Act makes
2 changes in a statute that is represented in this Act by text
3 that is not yet or no longer in effect (for example, a Section
4 represented by multiple versions), the use of that text does
5 not accelerate or delay the taking effect of (i) the changes
6 made by this Act or (ii) provisions derived from any other
7 Public Act.

8 Section 99. Effective date. This Act takes effect upon
9 becoming law."