



Rep. Camille Y. Lilly

Filed: 10/27/2021

10200SB0336ham003

LRB102 12792 CPF 30290 a

1 AMENDMENT TO SENATE BILL 336

2 AMENDMENT NO. _____. Amend Senate Bill 336, AS AMENDED,
3 with reference to page and line numbers of House Amendment No.
4 1, on page 33, immediately below line 6, by inserting the
5 following:

6 "Section 43. The Sexual Assault Survivors Emergency
7 Treatment Act is amended by changing Sections 1a, 1a-1, 2,
8 2-1, 2.05, 2.05-1, 2.06, 2.06-1, 2.1, 2.1-1, 2.2, 2.2-1, 3,
9 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,
10 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,
11 7-1, 7.5, 7.5-1, 8, 8-1, 10, and 10-1 as follows:

12 (410 ILCS 70/1a) (from Ch. 111 1/2, par. 87-1a)

13 Sec. 1a. Definitions.

14 (a) In this Act:

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

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

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

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

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

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

1 "Department" means the Department of Public Health.

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

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

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

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

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

1 "Law enforcement agency having jurisdiction" means the law
2 enforcement agency in the jurisdiction where an alleged sexual
3 assault or sexual abuse occurred.

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

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

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

25 "Pediatric sexual assault survivor" means a person under
26 the age of 13 who presents for medical forensic services in

1 relation to injuries or trauma resulting from a sexual
2 assault.

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

6 "Physician" means a person licensed to practice medicine
7 in all its branches.

8 "Physician assistant" has the meaning provided in Section
9 4 of the Physician Assistant Practice Act of 1987.

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

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

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

23 "Sexual assault" means:

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

1 (2) any act of sexual penetration; as used in this
2 paragraph, "sexual penetration" has the meaning provided
3 under Section 11-0.1 of the Criminal Code of 2012 and
4 includes, without limitation, acts prohibited under
5 Sections 11-1.20 through 11-1.60 of the Criminal Code of
6 2012.

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

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

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

25 "Sexual assault survivor" means a person who presents for
26 medical forensic services in relation to injuries or trauma

1 resulting from a sexual assault.

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

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

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

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

23 "Treatment hospital" means a hospital with a sexual
24 assault treatment plan approved by the Department to provide
25 medical forensic services to all sexual assault survivors who
26 present with a complaint of sexual assault within a minimum of

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

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

12 (b) This Section is effective on and after January 1, 2024
13 ~~July 1, 2021~~.

14 (Source: P.A. 100-513, eff. 1-1-18; 100-775, eff. 1-1-19;
15 101-81, eff. 7-12-19; 101-634, eff. 6-5-20.)

16 (410 ILCS 70/1a-1)

17 (Section scheduled to be repealed on December 31, 2021)

18 Sec. 1a-1. Definitions.

19 (a) In this Act:

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

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

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

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

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

26 "Board-certified child abuse pediatrician" means a

1 physician certified by the American Board of Pediatrics in
2 child abuse pediatrics.

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

7 "Department" means the Department of Public Health.

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

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

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

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

24 "Hospital" means a hospital licensed under the Hospital
25 Licensing Act or operated under the University of Illinois
26 Hospital Act, any outpatient center included in the hospital's

1 sexual assault treatment plan where hospital employees provide
2 medical forensic services, and an out-of-state hospital that
3 has consented to the jurisdiction of the Department under
4 Section 2.06-1.

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

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

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

16 "Medical forensic services" means health care delivered to
17 patients within or under the care and supervision of personnel
18 working in a designated emergency department of a hospital,
19 approved pediatric health care facility, or an approved
20 federally qualified health centers.

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

1 the Illinois State Police Sexual Assault Evidence Collection
2 Kit, if appropriate, assessing the patient for
3 drug-facilitated or alcohol-facilitated sexual assault,
4 providing an evaluation of and care for sexually transmitted
5 infection and human immunodeficiency virus (HIV), pregnancy
6 risk evaluation and care, and discharge and follow-up
7 healthcare planning.

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

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

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

18 "Physician" means a person licensed to practice medicine
19 in all its branches.

20 "Physician assistant" has the meaning provided in Section
21 4 of the Physician Assistant Practice Act of 1987.

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

1 trauma resulting from a sexual assault.

2 "Qualified medical provider" means a board-certified child
3 abuse pediatrician, board-eligible child abuse pediatrician, a
4 sexual assault forensic examiner, or a sexual assault nurse
5 examiner who has access to photo documentation tools, and who
6 participates in peer review.

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

9 "Sexual assault" means:

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

13 (2) any act of sexual penetration; as used in this
14 paragraph, "sexual penetration" has the meaning provided
15 under Section 11-0.1 of the Criminal Code of 2012 and
16 includes, without limitation, acts prohibited under
17 Sections 11-1.20 through 11-1.60 of the Criminal Code of
18 2012.

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

24 "Sexual assault nurse examiner" means an advanced practice
25 registered nurse or registered professional nurse who has
26 completed a sexual assault nurse examiner training program

1 that meets the Sexual Assault Nurse Examiner Education
2 Guidelines established by the International Association of
3 Forensic Nurses.

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

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

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

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

26 "Transfer hospital" means a hospital with a sexual assault

1 transfer plan approved by the Department.

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

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

24 (b) This Section is repealed on December 31, 2023 ~~2021~~.

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

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

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

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

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

1 proposed plan would provide (i) transfer services or (ii)
2 medical forensic services for sexual assault survivors in
3 accordance with the requirements of this Act and provide
4 sufficient protections from the risk of pregnancy to sexual
5 assault survivors. Notwithstanding anything to the contrary in
6 this paragraph, the Department may approve a sexual assault
7 transfer plan for the provision of medical forensic services
8 if:

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

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

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

1 treatment hospital would not unduly burden the sexual assault
2 survivor.

3 In counties with a population of less than 1,000,000, the
4 Department may not approve a sexual assault transfer plan for
5 a hospital located within a 20-mile radius of a 4-year public
6 university, not including community colleges, unless there is
7 a treatment hospital with a sexual assault treatment plan
8 approved by the Department within a 20-mile radius of the
9 4-year public university.

10 A transfer must be in accordance with federal and State
11 laws and local ordinances.

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

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

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

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

1 with a qualified medical provider in accordance with
2 subsection (a-7) of Section 5, whichever occurs first.

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

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

19 (1) information provided on the provision of medical
20 forensic services;

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

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

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

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

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

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

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

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

17 If an approved pediatric health care facility is not open
18 24 hours a day, 7 days a week, it shall post signage at each
19 public entrance to its facility that:

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

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

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

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

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

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

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

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

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

1 remain in the exam room during the collection for forensic
2 evidence.

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

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

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

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

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

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

25 (C) declined by (i) all sexual assault survivors
26 and (ii) pediatric sexual assault survivors.

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

3 (f) This Section is effective on and after January 1, 2024
4 2022.

5 (Source: P.A. 101-73, eff. 7-12-19; 101-634, eff. 6-5-20;
6 102-22, eff. 6-25-21.)

7 (410 ILCS 70/2-1)

8 (Section scheduled to be repealed on December 31, 2021)

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

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

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

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

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

1 (2) a treatment hospital has agreed, as a part of an
2 areawide treatment plan, to accept sexual assault
3 survivors under 13 years of age from the proposed transfer
4 hospital and transfer to the treatment hospital would not
5 unduly burden the sexual assault survivor.

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

12 In counties with a population of less than 1,000,000, the
13 Department may not approve a sexual assault transfer plan for
14 a hospital located within a 20-mile radius of a 4-year public
15 university, not including community colleges, unless there is
16 a treatment hospital with a sexual assault treatment plan
17 approved by the Department within a 20-mile radius of the
18 4-year public university.

19 A transfer must be in accordance with federal and State
20 laws and local ordinances.

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

1 approved pediatric transfer. The areawide treatment plan may
2 also include an approved pediatric health care facility.

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

25 Beginning January 1, 2019, each treatment hospital and
26 treatment hospital with approved pediatric transfer shall

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

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

25 Sexual assault training provided under this subsection may
26 be provided in person or online and shall include, but not be

1 limited to:

2 (1) information provided on the provision of medical
3 forensic services;

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

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

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

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

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

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

1 sexual assault survivor in need of such medical or surgical
2 services receives the services at the treatment hospital. The
3 areawide treatment plan may also include a treatment hospital
4 with approved pediatric transfer.

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

26 If an approved pediatric health care facility is not open

1 24 hours a day, 7 days a week, it shall post signage at each
2 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 pediatric health care
9 facility'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 (b-5) An approved federally qualified health center may
26 provide medical forensic services, in accordance with rules

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

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

1 ensuring a sexual assault survivor in need of such medical or
2 surgical services receives the services at the treatment
3 hospital. The areawide treatment plan may also include a
4 treatment hospital with approved pediatric transfer or an
5 approved pediatric health care facility.

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

1 Department has approved a treatment plan.

2 If an approved federally qualified health center is not
3 open 24 hours a day, 7 days a week, it shall post signage at
4 each public entrance to its facility that:

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

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

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

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

13 (5) has a black background with white bold capital
14 lettering in a clear and easy to read font that is at least
15 72-point type, and with "call 911" in at least 125-point
16 type;

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

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

1 A copy of the proposed sign must be submitted to the
2 Department and approved as part of the approved federally
3 qualified health center's sexual assault treatment plan.

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

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

24 (e) Each treatment hospital, treatment hospital with
25 approved pediatric transfer, approved pediatric health care
26 facility, and approved federally qualified health center shall

1 submit to the Department every 6 months, in a manner
2 prescribed by the Department, the following information:

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

5 (2) The total number of Illinois Sexual Assault
6 Evidence Collection Kits:

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

10 (B) completed for (i) all sexual assault survivors
11 and (ii) pediatric sexual assault survivors; and

12 (C) declined by (i) all sexual assault survivors
13 and (ii) pediatric sexual assault survivors.

14 This information shall be made available on the
15 Department's website.

16 (f) This Section is repealed on December 31, 2023 ~~2021~~.

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

18 (410 ILCS 70/2.05)

19 Sec. 2.05. Department requirements.

20 (a) The Department shall periodically conduct on-site
21 reviews of approved sexual assault treatment plans with
22 hospital and approved pediatric health care facility personnel
23 to ensure that the established procedures are being followed.
24 Department personnel conducting the on-site reviews shall
25 attend 4 hours of sexual assault training conducted by a

1 qualified medical provider that includes, but is not limited
2 to, forensic evidence collection provided to sexual assault
3 survivors of any age and Illinois sexual assault-related laws
4 and administrative rules.

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

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

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

1 required in subsection (a) of Section 2.

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

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

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

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

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

5 (d) This Section is effective on and after January 1, 2024
6 ~~2022~~.

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

8 (410 ILCS 70/2.05-1)

9 (Section scheduled to be repealed on December 31, 2021)

10 Sec. 2.05-1. Department requirements.

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

22 (b) On July 1, 2019 and each July 1 thereafter, the
23 Department shall submit a report to the General Assembly
24 containing information on the hospitals, pediatric health care
25 facilities, and federally qualified health centers in this

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

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

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

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

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

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

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

22 (6) During the duration, and 90 days thereafter, of a
23 proclamation issued by the Governor declaring a disaster,
24 or a successive proclamation regarding the same disaster,
25 in all 102 counties due to a public health emergency, the
26 Department shall immediately update the report on its

1 website to reflect each federally qualified health center
2 that has submitted a plan, including the submission date
3 of the plan, type of plan submitted, and the date the plan
4 was approved.

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

13 (d) This Section is repealed on December 31, 2023 ~~2021~~.

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

15 (410 ILCS 70/2.06)

16 Sec. 2.06. Consent to jurisdiction.

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

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

26 (b) This Section is effective on and after January 1, 2024

1 ~~2022~~.

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

3 (410 ILCS 70/2.06-1)

4 (Section scheduled to be repealed on December 31, 2021)

5 Sec. 2.06-1. Consent to jurisdiction.

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

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

17 (b) This Section is repealed on December 31, 2023 ~~2021~~.

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

19 (410 ILCS 70/2.1) (from Ch. 111 1/2, par. 87-2.1)

20 Sec. 2.1. Plan of correction; penalties.

21 (a) If the Department surveyor determines that the
22 hospital or approved pediatric health care facility is not in
23 compliance with its approved plan, the surveyor shall provide
24 the hospital or approved pediatric health care facility with a
25 written list of the specific items of noncompliance within 10

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

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

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

22 If an approved pediatric health care facility fails to
23 submit an acceptable Plan of Correction or to implement the
24 Plan of Correction within the time frames required in this
25 Section, then the Department shall notify the approved
26 pediatric health care facility that the approved pediatric

1 health care facility may not provide medical forensic services
2 under this Act. The Department may impose a fine of up to \$500
3 per patient provided services in violation of this Act.

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

12 (d) This Section is effective on and after January 1, 2024
13 ~~2022~~.

14 (Source: P.A. 101-81, eff. 7-12-19; 101-634, eff. 6-5-20;
15 102-22, eff. 6-25-21.)

16 (410 ILCS 70/2.1-1)

17 (Section scheduled to be repealed on December 31, 2021)

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

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

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

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

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

26 If an approved pediatric health care facility or approved

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

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

20 (d) This Section is repealed on December 31, 2023 ~~2021~~.
21 (Source: P.A. 101-634, eff. 6-5-20; 102-22, eff. 6-25-21.)

22 (410 ILCS 70/2.2)

23 Sec. 2.2. Emergency contraception.

24 (a) The General Assembly finds:

25 (1) Crimes of sexual assault and sexual abuse cause

1 significant physical, emotional, and psychological trauma
2 to the victims. This trauma is compounded by a victim's
3 fear of becoming pregnant and bearing a child as a result
4 of the sexual assault.

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

8 (3) As approved for use by the Federal Food and Drug
9 Administration (FDA), emergency contraception can
10 significantly reduce the risk of pregnancy if taken within
11 72 hours after the sexual assault.

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

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

1 The Department shall approve the protocol if it finds that the
2 implementation of the protocol would provide sufficient
3 protection for survivors of sexual assault.

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

12 (c) This Section is effective on and after January 1, 2024
13 ~~2022~~.

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

15 (410 ILCS 70/2.2-1)

16 (Section scheduled to be repealed on December 31, 2021)

17 Sec. 2.2-1. Emergency contraception.

18 (a) The General Assembly finds:

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

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

1 of these pregnancies end in abortion.

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

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

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

25 The hospital, approved pediatric health care facility, or
26 approved federally qualified health center shall implement the

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

8 (c) This Section is repealed on December 31, 2023 ~~2021~~.

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

10 (410 ILCS 70/3) (from Ch. 111 1/2, par. 87-3)

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

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

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

7 (b) This Section is effective on and after January 1, 2024
8 ~~2022~~.

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

10 (410 ILCS 70/3-1)

11 (Section scheduled to be repealed on December 31, 2021)

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

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

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

10 (b) This Section is repealed on December 31, 2023 ~~2021~~.

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

12 (410 ILCS 70/5) (from Ch. 111 1/2, par. 87-5)

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

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

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

25 (a-5) A treatment hospital, a treatment hospital with

1 approved pediatric transfer, or an approved pediatric health
2 care facility shall provide the following services in
3 accordance with subsection (a):

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

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

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

1 of 20 years after the date the record was created.

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

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

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

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

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

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

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

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

23 (3) Appropriate oral and written information
24 concerning accepted medical procedures, laboratory tests,
25 medication, and possible contraindications of such
26 medication available for the prevention or treatment of

1 infection or disease resulting from sexual assault.

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

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

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

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

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

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

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

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

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

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

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

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

20 (d) This Section is effective on and after January 1, 2024
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; 101-377, eff.
24 8-16-19; 101-634, eff. 6-5-20.)

1 (Section scheduled to be repealed on December 31, 2021)

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

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

14 Beginning January 1, 2023, a qualified medical provider
15 must provide the services set forth in subsection (a-5).

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

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

1 proceeding under the Juvenile Court Act of 1987, or in an
2 investigation under the Abused and Neglected Child
3 Reporting Act.

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

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

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

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

1 within a minimum of the last 7 days.

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

13 Before January 1, 2023, the information required
14 under this subparagraph shall be provided in person by
15 the health care professional providing medical
16 forensic services directly to the sexual assault
17 survivor.

18 On and after January 1, 2023, the information
19 required under this subparagraph shall be provided in
20 person by the qualified medical provider providing
21 medical forensic services directly to the sexual
22 assault survivor.

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

26 (B) Following the discussion regarding the

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

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

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

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

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

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

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

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

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

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

26 (9) Written information regarding services provided by

1 a Children's Advocacy Center and rape crisis center, if
2 applicable.

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

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

12 (a-7) By January 1, 2023, every hospital with a treatment
13 plan approved by the Department shall employ or contract with
14 a qualified medical provider to initiate medical forensic
15 services to a sexual assault survivor within 90 minutes of the
16 patient presenting to the treatment hospital or treatment
17 hospital with approved pediatric transfer. The provision of
18 medical forensic services by a qualified medical provider
19 shall not delay the provision of life-saving medical care.

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

1 Act, or other applicable State and federal laws.

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

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

18 (d) This Section is repealed on December 31, 2023 ~~2021~~.

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

20 (410 ILCS 70/5.1)

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

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

1 medical record.

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

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

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

24 (b) This Section is effective on and after January 1, 2024
25 ~~2022~~.

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

1 (410 ILCS 70/5.1-1)

2 (Section scheduled to be repealed on December 31, 2021)

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

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

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

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

21 Photo documentation of the sexual assault survivor's
22 injuries, anatomy involved in the assault, or other visible
23 evidence on the sexual assault survivor's body may be used for
24 peer review, expert second opinion, or in a criminal
25 proceeding against a person accused of sexual assault, a

1 proceeding under the Juvenile Court Act of 1987, or in an
2 investigation under the Abused and Neglected Child Reporting
3 Act. Any dissemination of photo documentation, including for
4 peer review, an expert second opinion, or in any court or
5 administrative proceeding or investigation, must be in
6 accordance with State and federal law.

7 (b) This Section is repealed on December 31, 2023 ~~2021~~.

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

9 (410 ILCS 70/5.2)

10 Sec. 5.2. Sexual assault services voucher.

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

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

23 (1) Identification of employee positions responsible
24 for issuing sexual assault services vouchers.

25 (2) Identification of employee positions with access

1 to the Medical Electronic Data Interchange or successor
2 system.

3 (3) A statement to be signed by each employee of an
4 approved pediatric health care facility with access to the
5 Medical Electronic Data Interchange or successor system
6 affirming that the Medical Electronic Data Interchange or
7 successor system will only be used for the purpose of
8 issuing sexual assault services vouchers.

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

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

21 (1) the name and date of birth of the sexual assault
22 survivor;

23 (2) the service provided;

24 (3) the charge of service;

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

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

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

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

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

18 (e) This Section is effective on and after January 1, 2024
19 ~~2022~~.

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

21 (410 ILCS 70/5.2-1)

22 (Section scheduled to be repealed on December 31, 2021)

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

24 (a) A sexual assault services voucher shall be issued by a
25 treatment hospital, treatment hospital with approved pediatric

1 transfer, approved pediatric health care facility, or approved
2 federally qualified health center at the time a sexual assault
3 survivor receives medical forensic services.

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

11 (1) Identification of employee positions responsible
12 for issuing sexual assault services vouchers.

13 (2) Identification of employee positions with access
14 to the Medical Electronic Data Interchange or successor
15 system.

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

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

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

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

11 (2) the service provided;

12 (3) the charge of service;

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

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

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

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

24 If a sexual assault services voucher was not issued to a
25 sexual assault survivor by the treatment hospital, treatment
26 hospital with approved pediatric transfer, approved pediatric

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

6 (e) This Section is repealed on December 31, 2023 ~~2021~~.

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

8 (410 ILCS 70/5.3)

9 Sec. 5.3. Pediatric sexual assault care.

10 (a) The General Assembly finds:

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

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

1 obvious physical signs on child victims.

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

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

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

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

1 care facility or the treatment hospital designated in the
2 hospital's plan. The pediatric sexual assault survivor may be
3 transported by ambulance, law enforcement, or personal
4 vehicle.

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

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

1 If medical forensic services can be initiated within 90
2 minutes after the patient's arrival at the approved pediatric
3 health care facility following an immediate transfer, the
4 hospital emergency department staff shall provide the patient
5 and non-offending parent or legal guardian the option of
6 having medical forensic services performed at the treatment
7 hospital or at the approved pediatric health care facility. If
8 the patient or non-offending parent or legal guardian chooses
9 to be transferred, the pediatric sexual assault survivor may
10 be transported by ambulance, law enforcement, or personal
11 vehicle.

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

19 (d) If a pediatric sexual assault survivor presents at an
20 approved pediatric health care facility requesting medical
21 forensic services or the facility is contacted by law
22 enforcement or the Department of Children and Family Services
23 requesting medical forensic services for a pediatric sexual
24 assault survivor, the services shall be provided at the
25 facility if the medical forensic services can be initiated
26 within 90 minutes after the patient's arrival at the facility.

1 If medical forensic services cannot be initiated within 90
2 minutes after the patient's arrival at the facility, then the
3 patient shall be transferred to a treatment hospital
4 designated in the approved pediatric health care facility's
5 plan for medical forensic services. The pediatric sexual
6 assault survivor may be transported by ambulance, law
7 enforcement, or personal vehicle.

8 (e) This Section is effective on and after January 1, 2024
9 ~~2022~~.

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

11 (410 ILCS 70/5.3-1)

12 (Section scheduled to be repealed on December 31, 2021)

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

14 (a) The General Assembly finds:

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

23 (2) Sexual abuse against the pediatric population is
24 distinct, particularly due to their dependence on their
25 caregivers and the ability of perpetrators to manipulate

1 and silence them (especially when the perpetrators are
2 family members or other adults trusted by, or with power
3 over, children). Sexual abuse is often hidden by
4 perpetrators, unwitnessed by others, and may leave no
5 obvious physical signs on child victims.

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

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

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

25 If the transferring hospital or approved federally
26 qualified health center confirms that medical forensic

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

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

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

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

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

24 If medical forensic services cannot be initiated within 90
25 minutes after the patient's arrival to the approved pediatric
26 health care facility, there is no approved pediatric health

1 care facility designated in the hospital's plan, or the
2 patient or non-offending parent or legal guardian chooses not
3 to be transferred, the hospital shall provide medical forensic
4 services to the patient.

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

20 (e) This Section is repealed on December 31, 2023 ~~2021~~.

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

22 (410 ILCS 70/5.5)

23 Sec. 5.5. Minimum reimbursement requirements for follow-up
24 healthcare.

25 (a) Every hospital, pediatric health care facility, health

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

8 (1) a physical examination;

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

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

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

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

22 (d) This Section is effective on and after January 1, 2024
23 ~~2022~~.

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

1 (Section scheduled to be repealed on December 31, 2021)

2 Sec. 5.5-1. Minimum reimbursement requirements for
3 follow-up healthcare.

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

13 (1) a physical examination;

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

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

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

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

1 (d) This Section is repealed on December 31, 2023 ~~2021~~.

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

3 (410 ILCS 70/6.1) (from Ch. 111 1/2, par. 87-6.1)

4 Sec. 6.1. Minimum standards.

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

19 (b) This Section is effective on and after January 1, 2024
20 ~~2022~~.

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

22 (410 ILCS 70/6.1-1)

23 (Section scheduled to be repealed on December 31, 2021)

24 Sec. 6.1-1. Minimum standards.

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

17 (b) This Section is repealed on December 31, 2023 ~~2021~~.

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

19 (410 ILCS 70/6.2) (from Ch. 111 1/2, par. 87-6.2)

20 Sec. 6.2. Assistance and grants.

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

1 (b) This Section is effective on and after January 1, 2024
2 ~~2022~~.

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

4 (410 ILCS 70/6.2-1)

5 (Section scheduled to be repealed on December 31, 2021)

6 Sec. 6.2-1. Assistance and grants.

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

13 (b) This Section is repealed on December 31, 2023 ~~2021~~.

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

15 (410 ILCS 70/6.4) (from Ch. 111 1/2, par. 87-6.4)

16 Sec. 6.4. Sexual assault evidence collection program.

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

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

22 (a-5) (Blank).

23 (b) The Illinois State Police shall administer a program
24 to train hospital and approved pediatric health care facility
25 personnel participating in the sexual assault evidence
26 collection program, in the correct use and application of the

1 sexual assault evidence collection kits. The Department shall
2 cooperate with the Illinois State Police in this program as it
3 pertains to medical aspects of the evidence collection.

4 (c) (Blank).

5 (d) This Section is effective on and after January 1, 2024
6 ~~July 1, 2021~~.

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

8 (410 ILCS 70/6.4-1)

9 (Section scheduled to be repealed on December 31, 2021)

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

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

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

16 (a-5) (Blank).

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

25 (c) (Blank).

26 (d) This Section is repealed on December 31, 2023 ~~2021~~.

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

2 (410 ILCS 70/6.5)

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

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

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

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

22 (3) If the survivor is an adult who has a guardian of
23 the person, a health care surrogate, or an agent acting
24 under a health care power of attorney, the consent of the
25 guardian, surrogate, or agent is not required to release

1 evidence and information concerning the sexual assault or
2 sexual abuse. If the adult is unable to provide consent
3 for the release of evidence and information and a
4 guardian, surrogate, or agent under a health care power of
5 attorney is unavailable or unwilling to release the
6 information, then an investigating law enforcement officer
7 may authorize the release.

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

17 (b) The hospital or approved pediatric health care
18 facility shall keep a copy of a signed or unsigned written
19 consent form in the 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 or approved pediatric
23 health care facility shall include the following information
24 in its discharge instructions:

25 (1) the sexual assault evidence will be stored for 10
26 years from the completion of an Illinois State Police

1 Sexual Assault Evidence Collection Kit, or 10 years from
2 the age of 18 years, whichever is longer;

3 (2) a person authorized to consent to the testing of
4 the sexual assault evidence may sign a written consent to
5 allow law enforcement to test the sexual assault evidence
6 at any time during that 10-year period for an adult
7 victim, or until a minor victim turns 28 years of age by
8 (A) contacting the law enforcement agency having
9 jurisdiction, or if unknown, the law enforcement agency
10 contacted by the hospital or approved pediatric health
11 care facility under Section 3.2 of the Criminal
12 Identification Act; or (B) by working with an advocate at
13 a rape crisis center;

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

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

22 (d) This Section is effective on and after January 1, 2024
23 2022.

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

1 (410 ILCS 70/6.5-1)

2 (Section scheduled to be repealed on December 31, 2021)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

24 (d) This Section is repealed on December 31, 2023 ~~2021~~.

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

1 (410 ILCS 70/6.6)

2 Sec. 6.6. Submission of sexual assault evidence.

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

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

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

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

1 having jurisdiction, the dates, times and names of persons
2 notified under subsections (b) and (c) of this Section. The
3 notification shall be made within 14 days of the collection of
4 the sexual assault evidence.

5 (e) This Section is effective on and after January 1, 2024
6 ~~2022~~.

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

8 (410 ILCS 70/6.6-1)

9 (Section scheduled to be repealed on December 31, 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, 2023 ~~2021~~.

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

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, 2024
6 ~~2022~~.

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

8 (410 ILCS 70/7-1)

9 (Section scheduled to be repealed on December 31, 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, 2023 ~~2021~~.

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

21 (410 ILCS 70/7.5)

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

25 (a) A hospital, approved pediatric health care facility,

1 health care professional, ambulance provider, laboratory, or
2 pharmacy furnishing medical forensic services, transportation,
3 follow-up healthcare, or medication to a sexual assault
4 survivor shall not:

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

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

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

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

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

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

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

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

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

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

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

26 (5) a phone number the sexual assault survivor may

1 call should the sexual assault survivor receive a bill
2 from the hospital or approved pediatric health care
3 facility for medical forensic services;

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

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

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

1 operated under the University of Illinois Hospital Act, who
2 bills separately for medical or forensic services must develop
3 a billing protocol that ensures that no survivor of sexual
4 assault is sent a bill for any medical forensic services and
5 submit the billing protocol to the Attorney General for
6 approval. Health care professionals who bill as a legal entity
7 may submit a single billing protocol for the billing entity.

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

15 The billing protocol must include at a minimum:

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

18 (2) a written acknowledgement signed by a person who
19 has completed the training that the person will not bill
20 survivors of sexual assault;

21 (3) prohibitions on submitting any bill for any
22 portion of medical forensic services provided to a
23 survivor of sexual assault to a collection agency;

24 (4) prohibitions on taking any action that would
25 adversely affect the credit of the survivor of sexual
26 assault;

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

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

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

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

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

24 The health care professional or approved pediatric health
25 care facility shall submit any proposed revision to or
26 modification of an approved billing protocol to the Office of

1 the Attorney General for approval. The health care
2 professional or approved pediatric health care facility shall
3 implement the revised or modified billing protocol upon
4 approval by the Office of the Illinois Attorney General.

5 (e) This Section is effective on and after January 1, 2024
6 ~~2022~~.

7 (Source: P.A. 101-634, eff. 6-5-20; 101-652, eff. 7-1-21;
8 102-22, eff. 6-25-21.)

9 (410 ILCS 70/7.5-1)

10 (Section scheduled to be repealed on December 31, 2021)

11 Sec. 7.5-1. Prohibition on billing sexual assault
12 survivors directly for certain services; written notice;
13 billing protocols.

14 (a) A hospital, approved pediatric health care facility,
15 approved federally qualified health center, health care
16 professional, ambulance provider, laboratory, or pharmacy
17 furnishing medical forensic services, transportation,
18 follow-up healthcare, or medication to a sexual assault
19 survivor shall not:

20 (1) charge or submit a bill for any portion of the
21 costs of the services, transportation, or medications to
22 the sexual assault survivor, including any insurance
23 deductible, co-pay, co-insurance, denial of claim by an
24 insurer, spenddown, or any other out-of-pocket expense;

25 (2) communicate with, harass, or intimidate the sexual

1 assault survivor for payment of services, including, but
2 not limited to, repeatedly calling or writing to the
3 sexual assault survivor and threatening to refer the
4 matter to a debt collection agency or to an attorney for
5 collection, enforcement, or filing of other process;

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

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

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

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

17 (c) Every hospital, approved pediatric health care
18 facility, and approved federally qualified health center
19 providing treatment services to sexual assault survivors in
20 accordance with a plan approved under Section 2-1 of this Act
21 shall provide a written notice to a sexual assault survivor.
22 The written notice must include, but is not limited to, the
23 following:

24 (1) a statement that the sexual assault survivor
25 should not be directly billed by any ambulance provider
26 providing transportation services, or by any hospital,

1 approved pediatric health care facility, approved
2 federally qualified health center, health care
3 professional, laboratory, or pharmacy for the services the
4 sexual assault survivor received as an outpatient at the
5 hospital, approved pediatric health care facility, or
6 approved federally qualified health center;

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

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

19 (4) the definition of "follow-up healthcare" as set
20 forth in Section 1a-1 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, approved pediatric health care
24 facility, or approved federally qualified health center
25 for medical forensic services;

26 (6) the toll-free phone number of the Office of the

1 Illinois Attorney General, Crime Victim Services Division,
2 which the sexual assault survivor may call should the
3 sexual assault survivor receive a bill from an ambulance
4 provider, approved pediatric health care facility,
5 approved federally qualified health center, a health care
6 professional, a laboratory, or a pharmacy.

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

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

1 protocol that ensures that no survivor of sexual assault is
2 sent a bill for any medical forensic services and submit the
3 billing protocol to the Crime Victim Services Division of the
4 Office of the Attorney General for approval. Health care
5 professionals who bill as a legal entity may submit a single
6 billing protocol for the billing entity.

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

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

23 The billing protocol must include at a minimum:

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

26 (2) a written acknowledgement signed by a person who

1 has completed the training that the person will not bill
2 survivors of sexual assault;

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

6 (4) prohibitions on taking any action that would
7 adversely affect the credit of the survivor of sexual
8 assault;

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

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

14 The Crime Victim Services Division of the Office of the
15 Attorney General may provide a sample acceptable billing
16 protocol upon request.

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

21 If the Office of the Attorney General determines that
22 implementation of the protocol could result in the billing of
23 a survivor of sexual assault for medical forensic services,
24 the Office of the Attorney General shall provide the health
25 care professional or approved pediatric health care facility
26 with a written statement of the deficiencies in the protocol.

1 The health care professional or approved pediatric health care
2 facility shall have 30 days to submit a revised billing
3 protocol addressing the deficiencies to the Office of the
4 Attorney General. The health care professional or approved
5 pediatric health care facility shall implement the protocol
6 upon approval by the Crime Victim Services Division of the
7 Office of the Attorney General.

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

18 (e) This Section is repealed on December 31, 2023 ~~2021~~.

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

20 (410 ILCS 70/8) (from Ch. 111 1/2, par. 87-8)

21 Sec. 8. Penalties.

22 (a) Any hospital or approved pediatric health care
23 facility violating any provisions of this Act other than
24 Section 7.5 shall be guilty of a petty offense for each
25 violation, and any fine imposed shall be paid into the general

1 corporate funds of the city, incorporated town or village in
2 which the hospital or approved pediatric health care facility
3 is located, or of the county, in case such hospital is outside
4 the limits of any incorporated municipality.

5 (b) The Attorney General may seek the assessment of one or
6 more of the following civil monetary penalties in any action
7 filed under this Act where the hospital, approved pediatric
8 health care facility, health care professional, ambulance
9 provider, laboratory, or pharmacy knowingly violates Section
10 7.5 of the Act:

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

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

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

23 (4) For violations involving the failure to submit
24 billing protocols within the time period required under
25 subsection (d) of Section 7.5, the civil monetary penalty
26 shall not exceed \$100 per day until the health care

1 professional or approved pediatric health care facility
2 complies with subsection (d) of Section 7.5.

3 All civil monetary penalties shall be deposited into the
4 Violent Crime Victims Assistance Fund.

5 (c) This Section is effective on and after January 1, 2024
6 ~~2022~~.

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

8 (410 ILCS 70/8-1)

9 (Section scheduled to be repealed on December 31, 2021)

10 Sec. 8-1. Penalties.

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

21 (b) The Attorney General may seek the assessment of one or
22 more of the following civil monetary penalties in any action
23 filed under this Act where the hospital, approved pediatric
24 health care facility, approved federally qualified health
25 center, health care professional, ambulance provider,

1 laboratory, or pharmacy knowingly violates Section 7.5-1 of
2 the Act:

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

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

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

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

21 All civil monetary penalties shall be deposited into the
22 Violent Crime Victims Assistance Fund.

23 (c) This Section is repealed on December 31, 2023 ~~2021~~.
24 (Source: P.A. 101-634, eff. 6-5-20; 102-22, eff. 6-25-21.)

1 Sec. 10. Sexual Assault Nurse Examiner Program.

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

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

19 The Sexual Assault Nurse Examiner Program shall provide
20 didactic and clinical training opportunities consistent with
21 the Sexual Assault Nurse Examiner Education Guidelines
22 established by the International Association of Forensic
23 Nurses, in sufficient numbers and geographical locations
24 across the State, to assist hospitals with training the
25 necessary number of sexual assault nurse examiners to comply
26 with the requirement of this Act to employ or contract with a

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

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

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

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

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

4 (d) This Section is effective on and after January 1, 2024
5 ~~2022~~.

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

7 (410 ILCS 70/10-1)

8 (Section scheduled to be repealed on December 31, 2021)

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

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

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

1 registered professional nurses.

2 The Sexual Assault Nurse Examiner Program shall provide
3 didactic and clinical training opportunities consistent with
4 the Sexual Assault Nurse Examiner Education Guidelines
5 established by the International Association of Forensic
6 Nurses, in sufficient numbers and geographical locations
7 across the State, to assist hospitals with training the
8 necessary number of sexual assault nurse examiners to comply
9 with the requirement of this Act to employ or contract with a
10 qualified medical provider to initiate medical forensic
11 services to a sexual assault survivor within 90 minutes of the
12 patient presenting to the hospital as required in subsection
13 (a-7) of Section 5-1.

14 The Sexual Assault Nurse Examiner Program shall assist
15 hospitals in establishing trainings to achieve the
16 requirements of this Act.

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

26 (c) The Sexual Assault Nurse Examiner Program, in

1 consultation with qualified medical providers, shall create
2 uniform materials that all treatment hospitals, treatment
3 hospitals with approved pediatric transfer, approved pediatric
4 health care facilities, and approved federally qualified
5 health centers are required to give patients and non-offending
6 parents or legal guardians, if applicable, regarding the
7 medical forensic exam procedure, laws regarding consenting to
8 medical forensic services, and the benefits and risks of
9 evidence collection, including recommended time frames for
10 evidence collection pursuant to evidence-based research. These
11 materials shall be made available to all hospitals, approved
12 pediatric health care facilities, and approved federally
13 qualified health centers on the Office of the Attorney
14 General's website.

15 (d) This Section is repealed on December 31, 2023 ~~2021~~.

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