

1 AN ACT concerning health.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The Sexual Assault Survivors Emergency
5 Treatment Act is amended by changing Sections 1a, 1a-1, 2-1,
6 5-1, 5.4, 5.5, 5.5-1, 7.5, 7.5-1, and 9.5 as follows:

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

8 Sec. 1a. Definitions.

9 (a) In this Act:

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

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

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

1 "Areawide sexual assault treatment plan" means a plan,
2 developed by hospitals or by hospitals and approved pediatric
3 health care facilities in a community or area to be served,
4 which provides for medical forensic services to sexual assault
5 survivors that shall be made available by each of the
6 participating hospitals and approved pediatric health care
7 facilities.

8 "Board-certified child abuse pediatrician" means a
9 physician certified by the American Board of Pediatrics in
10 child abuse pediatrics.

11 "Board-eligible child abuse pediatrician" means a
12 physician who has completed the requirements set forth by the
13 American Board of Pediatrics to take the examination for
14 certification in child abuse pediatrics.

15 "Department" means the Department of Public Health.

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

20 "Follow-up healthcare" means healthcare services related
21 to a sexual assault, including laboratory services and
22 pharmacy services, rendered within 180 ~~90~~ days of the initial
23 visit for medical forensic services.

24 "Health care professional" means a physician, a physician
25 assistant, a sexual assault forensic examiner, an advanced
26 practice registered nurse, a registered professional nurse, a

1 licensed practical nurse, or a sexual assault nurse examiner.

2 "Hospital" means a hospital licensed under the Hospital
3 Licensing Act or operated under the University of Illinois
4 Hospital Act, any outpatient center included in the hospital's
5 sexual assault treatment plan where hospital employees provide
6 medical forensic services, and an out-of-state hospital that
7 has consented to the jurisdiction of the Department under
8 Section 2.06.

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

15 "Law enforcement agency having jurisdiction" means the law
16 enforcement agency in the jurisdiction where an alleged sexual
17 assault or sexual abuse occurred.

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

20 "Medical forensic services" means health care delivered to
21 patients within or under the care and supervision of personnel
22 working in a designated emergency department of a hospital or
23 an approved pediatric health care facility. "Medical forensic
24 services" includes, but is not limited to, taking a medical
25 history, performing photo documentation, performing a physical
26 and anogenital examination, assessing the patient for evidence

1 collection, collecting evidence in accordance with a statewide
2 sexual assault evidence collection program administered by the
3 Illinois State Police using the Illinois State Police Sexual
4 Assault Evidence Collection Kit, if appropriate, assessing the
5 patient for drug-facilitated or alcohol-facilitated sexual
6 assault, providing an evaluation of and care for sexually
7 transmitted infection and human immunodeficiency virus (HIV),
8 pregnancy risk evaluation and care, and discharge and
9 follow-up healthcare planning.

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

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

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

20 "Physician" means a person licensed to practice medicine
21 in all its branches.

22 "Physician assistant" has the meaning provided in Section
23 4 of the Physician Assistant Practice Act of 1987.

24 "Prepubescent sexual assault survivor" means a female who
25 is under the age of 18 years and has not had a first menstrual
26 cycle or a male who is under the age of 18 years and has not

1 started to develop secondary sex characteristics who presents
2 for medical forensic services in relation to injuries or
3 trauma resulting from a sexual assault.

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

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

11 "Sexual assault" means:

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

15 (2) any act of sexual penetration; as used in this
16 paragraph, "sexual penetration" has the meaning provided
17 under Section 11-0.1 of the Criminal Code of 2012 and
18 includes, without limitation, acts prohibited under
19 Sections 11-1.20 through 11-1.60 of the Criminal Code of
20 2012.

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

26 "Sexual assault nurse examiner" means an advanced practice

1 registered nurse or registered professional nurse who has
2 completed a sexual assault nurse examiner training program
3 that meets the Sexual Assault Nurse Examiner Education
4 Guidelines established by the International Association of
5 Forensic Nurses.

6 "Sexual assault services voucher" means a document
7 generated by a hospital or approved pediatric health care
8 facility at the time the sexual assault survivor receives
9 outpatient medical forensic services that 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 "Sexual assault survivor" means a person who presents for
14 medical forensic services in relation to injuries or trauma
15 resulting from a sexual assault.

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

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

1 facility.

2 "Transfer hospital" means a hospital with a sexual assault
3 transfer plan approved by the Department.

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

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

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

1 ~~2022.~~

2 (Source: P.A. 101-81, eff. 7-12-19; 101-634, eff. 6-5-20;
3 102-22, eff. 6-25-21; 102-538, eff. 8-20-21; 102-674, eff.
4 11-30-21; revised 12-16-21.)

5 (410 ILCS 70/1a-1)

6 (Section scheduled to be repealed on December 31, 2023)

7 Sec. 1a-1. Definitions.

8 (a) In this Act:

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

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

15 "Approved pediatric health care facility" means a health
16 care facility, other than a hospital, with a sexual assault
17 treatment plan approved by the Department to provide medical
18 forensic services to pediatric sexual assault survivors who
19 present with a complaint of sexual assault within a minimum of
20 the last 7 days or who have disclosed past sexual assault by a
21 specific individual and were in the care of that individual
22 within a minimum of the last 7 days.

23 "Approved federally qualified health center" means a
24 facility as defined in Section 1905(1)(2)(B) of the federal
25 Social Security Act with a sexual assault treatment plan

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

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

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

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

22 "Department" means the Department of Public Health.

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

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

5 "Follow-up healthcare" means healthcare services related
6 to a sexual assault, including laboratory services and
7 pharmacy services, rendered within 180 ~~90~~ days of the initial
8 visit for medical forensic services.

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

13 "Hospital" means a hospital licensed under the Hospital
14 Licensing Act or operated under the University of Illinois
15 Hospital Act, any outpatient center included in the hospital's
16 sexual assault treatment plan where hospital employees provide
17 medical forensic services, and an out-of-state hospital that
18 has consented to the jurisdiction of the Department under
19 Section 2.06-1.

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

26 "Law enforcement agency having jurisdiction" means the law

1 enforcement agency in the jurisdiction where an alleged sexual
2 assault or sexual abuse occurred.

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

5 "Medical forensic services" means health care delivered to
6 patients within or under the care and supervision of personnel
7 working in a designated emergency department of a hospital,
8 approved pediatric health care facility, or an approved
9 federally qualified health centers.

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

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

26 "Pediatric sexual assault survivor" means a person under

1 the age of 13 who presents for medical forensic services in
2 relation to injuries or trauma resulting from a sexual
3 assault.

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

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

9 "Physician assistant" has the meaning provided in Section
10 4 of the Physician Assistant Practice Act of 1987.

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

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

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

24 "Sexual assault" means:

25 (1) an act of sexual conduct; as used in this
26 paragraph, "sexual conduct" has the meaning provided under

1 Section 11-0.1 of the Criminal Code of 2012; or

2 (2) any act of sexual penetration; as used in this
3 paragraph, "sexual penetration" has the meaning provided
4 under Section 11-0.1 of the Criminal Code of 2012 and
5 includes, without limitation, acts prohibited under
6 Sections 11-1.20 through 11-1.60 of the Criminal Code of
7 2012.

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

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

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

26 "Sexual assault survivor" means a person who presents for

1 medical forensic services in relation to injuries or trauma
2 resulting from a sexual assault.

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

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

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

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

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

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

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

13 (b) This Section is repealed on December 31, 2023.
14 (Source: P.A. 101-634, eff. 6-5-20; 102-22, eff. 6-25-21;
15 102-674, eff. 11-30-21.)

16 (410 ILCS 70/2-1)

17 (Section scheduled to be repealed on December 31, 2023)

18 Sec. 2-1. Hospital, approved pediatric health care
19 facility, and approved federally qualified health center
20 requirements for sexual assault plans.

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

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

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

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

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

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

21 In counties with a population of less than 1,000,000, the
22 Department may not approve a sexual assault transfer plan for
23 a hospital located within a 20-mile radius of a 4-year public
24 university, not including community colleges, unless there is
25 a treatment hospital with a sexual assault treatment plan
26 approved by the Department within a 20-mile radius of the

1 4-year public university.

2 A transfer must be in accordance with federal and State
3 laws and local ordinances.

4 A treatment hospital with approved pediatric transfer must
5 submit an areawide treatment plan under Section 3-1 of this
6 Act that includes a written agreement with a treatment
7 hospital stating that the treatment hospital will provide
8 medical forensic services to pediatric sexual assault
9 survivors transferred from the treatment hospital with
10 approved pediatric transfer. The areawide treatment plan may
11 also include an approved pediatric health care facility.

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

1 hospital. If the areawide treatment plan includes a written
2 agreement with a treatment hospital with approved pediatric
3 transfer, it must also include a written agreement with a
4 treatment hospital stating that the treatment hospital will
5 provide medical forensic services to sexual assault survivors
6 under 13 years of age who are transferred from the transfer
7 hospital.

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

21 After July 1, 2020 or once a treatment hospital or a
22 treatment hospital with approved pediatric transfer certifies
23 compliance with subsection (a-7) of Section 5-1, whichever
24 occurs first, each treatment hospital and treatment hospital
25 with approved pediatric transfer shall ensure that emergency
26 department attending physicians, physician assistants,

1 advanced practice registered nurses, and registered
2 professional nurses providing clinical services, who do not
3 meet the definition of a qualified medical provider in Section
4 1a-1 of this Act, receive a minimum of 2 hours of continuing
5 education on responding to sexual assault survivors every 2
6 years. Protocols for training shall be included in the
7 hospital's sexual assault treatment plan.

8 Sexual assault training provided under this subsection may
9 be provided in person or online and shall include, but not be
10 limited to:

11 (1) information provided on the provision of medical
12 forensic services;

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

15 (3) information on sexual assault epidemiology,
16 neurobiology of trauma, drug-facilitated sexual assault,
17 child sexual abuse, and Illinois sexual assault-related
18 laws; and

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

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

24 (b) An approved pediatric health care facility may provide
25 medical forensic services, in accordance with rules adopted by
26 the Department, to all pediatric sexual assault survivors who

1 present for medical forensic services in relation to injuries
2 or trauma resulting from a sexual assault. These services
3 shall be provided by a qualified medical provider.

4 A pediatric health care facility must participate in or
5 submit an areawide treatment plan under Section 3-1 of this
6 Act that includes a treatment hospital. If a pediatric health
7 care facility does not provide certain medical or surgical
8 services that are provided by hospitals, the areawide sexual
9 assault treatment plan must include a procedure for ensuring a
10 sexual assault survivor in need of such medical or surgical
11 services receives the services at the treatment hospital. The
12 areawide treatment plan may also include a treatment hospital
13 with approved pediatric transfer.

14 The Department shall review a proposed sexual assault
15 treatment plan submitted by a pediatric health care facility
16 within 60 days after receipt of the plan. If the Department
17 finds that the proposed plan meets the minimum requirements
18 set forth in Section 5-1 of this Act and that implementation of
19 the proposed plan would provide medical forensic services for
20 pediatric sexual assault survivors, then the Department shall
21 approve the plan. If the Department does not approve a plan,
22 then the Department shall notify the pediatric health care
23 facility that the proposed plan has not been approved. The
24 pediatric health care facility shall have 30 days to submit a
25 revised plan. The Department shall review the revised plan
26 within 30 days after receipt of the plan and notify the

1 pediatric health care facility whether the revised plan is
2 approved or rejected. A pediatric health care facility may not
3 provide medical forensic services to pediatric sexual assault
4 survivors who present with a complaint of sexual assault
5 within a minimum of the last 7 days or who have disclosed past
6 sexual assault by a specific individual and were in the care of
7 that individual within a minimum of the last 7 days until the
8 Department has approved a treatment plan.

9 If an approved pediatric health care facility is not open
10 24 hours a day, 7 days a week, it shall post signage at each
11 public entrance to its facility that:

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

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

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

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

20 (5) has a black background with white bold capital
21 lettering in a clear and easy to read font that is at least
22 72-point type, and with "call 911" in at least 125-point
23 type;

24 (6) is posted clearly and conspicuously on or adjacent
25 to the door at each entrance and, if building materials
26 allow, is posted internally for viewing through glass; if

1 posted externally, the sign shall be made of
2 weather-resistant and theft-resistant materials,
3 non-removable, and adhered permanently to the building;
4 and

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

8 (b-5) An approved federally qualified health center may
9 provide medical forensic services, in accordance with rules
10 adopted by the Department, to all sexual assault survivors 13
11 years old or older who present for medical forensic services
12 in relation to injuries or trauma resulting from a sexual
13 assault during the duration, and 90 days thereafter, of a
14 proclamation issued by the Governor declaring a disaster, or a
15 successive proclamation regarding the same disaster, in all
16 102 counties due to a public health emergency. These services
17 must be available on-site during an approved federally
18 qualified health center's hours of operation and shall be
19 provided by ~~(i) a qualified medical provider, physician,~~
20 ~~physician assistant, or advanced practice registered nurse who~~
21 ~~has received a minimum of 10 hours of sexual assault training~~
22 ~~provided by a qualified medical provider on current Illinois~~
23 ~~legislation, how to properly perform a medical forensic~~
24 ~~examination, evidence collection, drug and alcohol facilitated~~
25 ~~sexual assault, and forensic photography and has all~~
26 ~~documentation and photos peer reviewed by a qualified medical~~

1 ~~provider or (ii) until the federally qualified health care~~
2 ~~center certifies to the Department, in a form and manner~~
3 ~~prescribed by the Department, that it employs or contracts~~
4 ~~with a qualified medical provider in accordance with~~
5 ~~subsection (a 7) of Section 5-1, whichever occurs first. If~~
6 ~~the treatment plan is terminated, the federally qualified~~
7 ~~health center must submit to the Department for approval,~~
8 ~~before providing medical forensic services, a new treatment~~
9 ~~plan and a list of qualified medical providers to ensure~~
10 ~~coverage for the days and hours of operation.~~

11 A federally qualified health center must employ a Sexual
12 Assault Nurse Examiner Coordinator who is a qualified medical
13 provider and a Medical Director who is a qualified medical
14 provider.

15 A federally qualified health center must participate in or
16 submit an areawide treatment plan under Section 3-1 of this
17 Act that includes a treatment hospital. If a federally
18 qualified health center does not provide certain medical or
19 surgical services that are provided by hospitals, the areawide
20 sexual assault treatment plan must include a procedure for
21 ensuring a sexual assault survivor in need of such medical or
22 surgical services receives the services at the treatment
23 hospital. The areawide treatment plan may also include a
24 treatment hospital with approved pediatric transfer or an
25 approved pediatric health care facility. An approved federally
26 qualified health center must report each instance that a

1 sexual assault survivor is transferred to a treatment
2 hospital, treatment hospital with approved pediatric transfer,
3 or an approved pediatric health care facility to the
4 Department within 24 hours of the transfer, in a form and
5 manner prescribed by the Department, including the reason for
6 the transfer.

7 The Department shall review a proposed sexual assault
8 treatment plan submitted by a federally qualified health
9 center within 14 days after receipt of the plan. ~~The If the~~
10 Department shall approve the proposed sexual assault treatment
11 plan if it finds that the proposed plan:

12 (1) meets the minimum requirements set forth in
13 Section 5-1;

14 (2) ~~and that implementation of the proposed plan~~ would
15 provide medical forensic services for sexual assault
16 survivors 13 years old or older on-site during the
17 approved federally qualified health center's hours of
18 operation; and

19 (3) includes an emergency protocol for sexual assault
20 survivors 13 years old or older to be transferred to a
21 treatment hospital or treatment hospital with approved
22 pedsiatric transfer to receive medical forensic services if
23 medical forensic services are not available by a qualified
24 medical provider during the approved federally qualified
25 health center's hours of operation, as required ~~, then the~~
26 ~~Department shall approve the plan.~~

1 The Department shall not approve sexual assault treatment
2 plans for more than 6 federally qualified health centers,
3 which must be located in geographically diverse areas of the
4 State. If the Department does not approve a plan, then the
5 Department shall notify the federally qualified health center
6 that the proposed plan has not been approved. The federally
7 qualified health center shall have 14 days to submit a revised
8 plan. The Department shall review the revised plan within 14
9 days after receipt of the plan and notify the federally
10 qualified health center whether the revised plan is approved
11 or rejected. A federally qualified health center may not (i)
12 provide medical forensic services to sexual assault survivors
13 13 years old or older who present with a complaint of sexual
14 assault within a minimum of the previous 7 days or (ii) who
15 have disclosed past sexual assault by a specific individual
16 and were in the care of that individual within a minimum of the
17 previous 7 days until the Department has approved a treatment
18 plan.

19 Each approved federally qualified health center shall
20 ensure that any physician, physician assistant, advanced
21 practice registered nurse, or registered professional nurse
22 who (i) provides clinical services to sexual assault survivors
23 and (ii) does not meet the definition of a qualified medical
24 provider under Section 1a-1 receives (A) a minimum of 2 hours
25 of sexual assault training within 6 months after the effective
26 date of this amendatory Act of the 102nd General Assembly or

1 within 6 months after beginning employment, whichever is
2 later, and (B) a minimum of 2 hours of continuing education on
3 responding to sexual assault survivors every 2 years.
4 Protocols for training shall be included in the approved
5 federally qualified health center's sexual assault treatment
6 plan. Sexual assault training provided under this paragraph
7 may be provided in person or online and shall include, but not
8 be limited to:

9 (1) information provided on the provision of medical
10 forensic services;

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

13 (3) information on sexual assault epidemiology,
14 neurobiology of trauma, drug-facilitated sexual assault,
15 child sexual abuse, and Illinois sexual assault-related
16 laws; and

17 (4) information on the approved federally qualified
18 health center's sexual assault-related policies and
19 procedures.

20 The online training made available by the Office of the
21 Attorney General under subsection (b) of Section 10-1 may be
22 used to comply with the sexual assault training required under
23 the preceding paragraph.

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

- 1 (1) is at least 14 inches by 14 inches in size;
- 2 (2) directs those seeking services as follows: "If
3 closed, call 911 for services or go to the closest
4 hospital emergency department, (insert name) located at
5 (insert address).";
- 6 (3) lists the approved federally qualified health
7 center's hours of operation;
- 8 (4) lists the street address of the building;
- 9 (5) has a black background with white bold capital
10 lettering in a clear and easy to read font that is at least
11 72-point type, and with "call 911" in at least 125-point
12 type;
- 13 (6) is posted clearly and conspicuously on or adjacent
14 to the door at each entrance and, if building materials
15 allow, is posted internally for viewing through glass; if
16 posted externally, the sign shall be made of
17 weather-resistant and theft-resistant materials,
18 non-removable, and adhered permanently to the building;
19 ~~and~~
- 20 (7) has lighting that is part of the sign itself or is
21 lit with a dedicated light that fully illuminates the
22 sign;~~-~~
- 23 (8) directs those seeking services as follows: "Call
24 the local rape crisis center for support."; and
- 25 (9) includes the name and hotline number, available 24
26 hours a day, 7 days a week, of the local rape crisis

1 center.

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

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

16 An approved federally qualified health center that has a
17 memorandum of understanding with a rape crisis center must
18 notify the rape crisis center immediately if medical forensic
19 services are not available during the approved federally
20 qualified health center's hours of operation or if the
21 approved federally qualified health center's treatment plan is
22 terminated by the Department.

23 (d) Every treatment hospital, treatment hospital with
24 approved pediatric transfer, approved pediatric health care
25 facility, and approved federally qualified health center's
26 sexual assault treatment plan shall include procedures for

1 complying with mandatory reporting requirements pursuant to
2 (1) the Abused and Neglected Child Reporting Act; (2) the
3 Abused and Neglected Long Term Care Facility Residents
4 Reporting Act; (3) the Adult Protective Services Act; and (iv)
5 the Criminal Identification Act.

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

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

13 (2) The total number of Illinois Sexual Assault
14 Evidence Collection Kits:

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

18 (B) completed for (i) all sexual assault survivors
19 and (ii) pediatric sexual assault survivors; and

20 (C) declined by (i) all sexual assault survivors
21 and (ii) pediatric sexual assault survivors.

22 This information shall be made available on the
23 Department's website.

24 (f) This Section is repealed on December 31, 2023.

25 (Source: P.A. 101-634, eff. 6-5-20; 102-22, eff. 6-25-21;
26 102-674, eff. 11-30-21.)

1 (410 ILCS 70/5-1)

2 (Section scheduled to be repealed on December 31, 2023)

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

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

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

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

22 (1) Appropriate medical forensic services without
23 delay, in a private, age-appropriate or
24 developmentally-appropriate space, required to ensure the
25 health, safety, and welfare of a sexual assault survivor

1 and which may be used as evidence in a criminal proceeding
2 against a person accused of the sexual assault, in a
3 proceeding under the Juvenile Court Act of 1987, or in an
4 investigation under the Abused and Neglected Child
5 Reporting Act.

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

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

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

24 (1.5) An offer to complete the Illinois Sexual Assault
25 Evidence Collection Kit for any sexual assault survivor
26 who presents within a minimum of the last 7 days of the

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

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

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

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

25 The written information provided shall be the
26 information created in accordance with Section 10-1 of

1 this Act.

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

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

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

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

24 (4) An amount of medication, including HIV
25 prophylaxis, for treatment at the hospital, ~~or~~ approved
26 pediatric health care facility, or approved federally

1 qualified health center and after discharge as is deemed
2 appropriate by the attending physician, an advanced
3 practice registered nurse, or a physician assistant in
4 accordance with the Centers for Disease Control and
5 Prevention guidelines and consistent with the hospital's
6 or approved pediatric health care facility's current
7 approved protocol for sexual assault survivors.

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

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

19 (7) Referral by hospital, ~~or~~ approved pediatric health
20 care facility, or approved federally qualified health
21 center personnel for appropriate counseling.

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

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

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

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

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

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

26 (a-10) Every federally qualified health center with a

1 treatment plan approved by the Department shall employ or
2 contract with a qualified medical provider to initiate medical
3 forensic services to a sexual assault survivor within 90
4 minutes of the patient presenting to the federally qualified
5 health center. The provision of medical forensic services by a
6 qualified medical provider shall not delay the provision of
7 life-saving medical care.

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

16 (b-5) Every hospital, approved pediatric health care
17 facility, or approved federally qualified health center
18 providing medical forensic services to sexual assault
19 survivors shall issue a voucher to any sexual assault survivor
20 who is eligible to receive one in accordance with Section
21 5.2-1 of this Act. The hospital, approved pediatric health
22 care facility, or approved federally qualified health center
23 shall make a copy of the voucher and place it in the medical
24 record of the sexual assault survivor. The hospital, approved
25 pediatric health care facility, or approved federally
26 qualified health center shall provide a copy of the voucher to

1 the sexual assault survivor after discharge upon request.

2 (c) Nothing in this Section creates a physician-patient
3 relationship that extends beyond discharge from the hospital,
4 or approved pediatric health care facility, or approved
5 federally qualified health center.

6 (d) This Section is repealed on December 31, 2023.

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

9 (410 ILCS 70/5.4)

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

11 (a) Nothing in this Section shall prohibit the transfer of
12 a patient in need of medical services from a hospital that has
13 been designated as a trauma center by the Department in
14 accordance with Section 3.90 of the Emergency Medical Services
15 (EMS) Systems Act.

16 (b) A transfer hospital, treatment hospital with approved
17 pediatric transfer, or approved pediatric health care facility
18 may transfer a sexual assault survivor to an out-of-state
19 hospital that has been designated as a trauma center by the
20 Department under Section 3.90 of the Emergency Medical
21 Services (EMS) Systems Act if the out-of-state hospital: (1)
22 submits an areawide treatment plan approved by the Department;
23 and (2) has certified the following to the Department in a form
24 and manner prescribed by the Department that the out-of-state
25 hospital will:

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

3 (ii) comply with all requirements of this Act
4 applicable to treatment hospitals, including, but not
5 limited to, offering evidence collection to any Illinois
6 sexual assault survivor who presents with a complaint of
7 sexual assault within a minimum of the last 7 days or who
8 has disclosed past sexual assault by a specific individual
9 and was in the care of that individual within a minimum of
10 the last 7 days and not billing the sexual assault
11 survivor for medical forensic services or 180 ~~90~~ days of
12 follow-up healthcare;

13 (iii) use an Illinois State Police Sexual Assault
14 Evidence Collection Kit to collect forensic evidence from
15 an Illinois sexual assault survivor;

16 (iv) ensure its staff cooperates with Illinois law
17 enforcement agencies and are responsive to subpoenas
18 issued by Illinois courts; and

19 (v) provide appropriate transportation upon the
20 completion of medical forensic services back to the
21 transfer hospital or treatment hospital with pediatric
22 transfer where the sexual assault survivor initially
23 presented seeking medical forensic services, unless the
24 sexual assault survivor chooses to arrange his or her own
25 transportation.

26 (c) Subsection (b) of this Section is inoperative on and

1 after January 1, 2024.

2 (Source: P.A. 100-775, eff. 1-1-19.)

3 (410 ILCS 70/5.5)

4 Sec. 5.5. Minimum reimbursement requirements for follow-up
5 healthcare.

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

14 (1) a physical examination;

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

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

20 (b) Reimbursable follow-up healthcare is limited to office
21 visits with a physician, advanced practice registered nurse,
22 or physician assistant within 180 ~~90~~ days after an initial
23 visit for hospital medical forensic services.

24 (c) Nothing in this Section requires a hospital, pediatric
25 health care facility, health care professional, laboratory, or

1 pharmacy to provide follow-up healthcare to a sexual assault
2 survivor.

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

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

7 (410 ILCS 70/5.5-1)

8 (Section scheduled to be repealed on December 31, 2023)

9 Sec. 5.5-1. Minimum reimbursement requirements for
10 follow-up healthcare.

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

20 (1) a physical examination;

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

23 (3) appropriate medications, including HIV
24 prophylaxis, in accordance with the Centers for Disease
25 Control and Prevention's guidelines.

1 (b) Reimbursable follow-up healthcare is limited to office
2 visits with a physician, advanced practice registered nurse,
3 or physician assistant within 180 ~~90~~ days after an initial
4 visit for hospital medical forensic services.

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

9 (d) This Section is repealed on December 31, 2023.

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

12 (410 ILCS 70/7.5)

13 Sec. 7.5. Prohibition on billing sexual assault survivors
14 directly for certain services; written notice; billing
15 protocols.

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

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

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

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

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

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

14 (a-5) Notwithstanding any other provision of law,
15 including, but not limited to, subsection (a), a sexual
16 assault survivor who is not the subscriber or primary
17 policyholder of the sexual assault survivor's insurance policy
18 may opt out of billing the sexual assault survivor's private
19 insurance provider. If the sexual assault survivor opts out of
20 billing the sexual assault survivor's private insurance
21 provider, then the bill for medical forensic services shall be
22 sent to the Department of Healthcare and Family Services'
23 Sexual Assault Emergency Treatment Program for reimbursement
24 for the services provided to the sexual assault survivor.

25 (b) Nothing in this Section precludes a hospital, health
26 care provider, ambulance provider, laboratory, or pharmacy

1 from billing the sexual assault survivor or any applicable
2 health insurance or coverage for inpatient services.

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

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

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

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

26 (4) the definition of "follow-up healthcare" as set

1 forth in Section 1a of this Act;

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

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

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

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

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

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

17 The billing protocol must include at a minimum:

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

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

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

26 (4) prohibitions on taking any action that would

1 adversely affect the credit of the survivor of sexual
2 assault;

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

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

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

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

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

26 The health care professional or approved pediatric health

1 care facility shall submit any proposed revision to or
2 modification of an approved billing protocol to the Office of
3 the Attorney General for approval. The health care
4 professional or approved pediatric health care facility shall
5 implement the revised or modified billing protocol upon
6 approval by the Office of the Illinois Attorney General.

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

9 (Source: P.A. 101-634, eff. 6-5-20; 101-652, eff. 7-1-21;
10 102-22, eff. 6-25-21; 102-674, eff. 11-30-21.)

11 (410 ILCS 70/7.5-1)

12 (Section scheduled to be repealed on December 31, 2023)

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

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

22 (1) charge or submit a bill for any portion of the
23 costs of the services, transportation, or medications to
24 the sexual assault survivor, including any insurance
25 deductible, co-pay, co-insurance, denial of claim by an

1 insurer, spenddown, or any other out-of-pocket expense;

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

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

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

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

15 (a-5) Notwithstanding any other provision of law,
16 including, but not limited to, subsection (a), a sexual
17 assault survivor who is not the subscriber or primary
18 policyholder of the sexual assault survivor's insurance policy
19 may opt out of billing the sexual assault survivor's private
20 insurance provider. If the sexual assault survivor opts out of
21 billing the sexual assault survivor's private insurance
22 provider, then the bill for medical forensic services shall be
23 sent to the Department of Healthcare and Family Services'
24 Sexual Assault Emergency Treatment Program for reimbursement
25 for the services provided to the sexual assault survivor.

26 (b) Nothing in this Section precludes a hospital, health

1 care provider, ambulance provider, laboratory, or pharmacy
2 from billing the sexual assault survivor or any applicable
3 health insurance or coverage for inpatient services.

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

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

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

24 (3) a statement that prior to leaving the hospital,
25 approved pediatric health care facility, or approved
26 federally qualified health center, the hospital, approved

1 pediatric health care facility, or approved federally
2 qualified health center will give the sexual assault
3 survivor a sexual assault services voucher for follow-up
4 healthcare if the sexual assault survivor is eligible to
5 receive a sexual assault services voucher;

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

8 (5) a phone number the sexual assault survivor may
9 call should the sexual assault survivor receive a bill
10 from the hospital, approved pediatric health care
11 facility, or approved federally qualified health center
12 for medical forensic services;

13 (6) the toll-free phone number of the Office of the
14 Illinois Attorney General, Crime Victim Services Division,
15 which the sexual assault survivor may call should the
16 sexual assault survivor receive a bill from an ambulance
17 provider, approved pediatric health care facility,
18 approved federally qualified health center, a health care
19 professional, a laboratory, or a pharmacy.

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

23 (d) Within 60 days after the effective date of this
24 amendatory Act of the 101st General Assembly, every health
25 care professional, except for those employed by a hospital or
26 hospital affiliate, as defined in the Hospital Licensing Act,

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

20 Within 60 days after the Department's approval of a
21 treatment plan, an approved pediatric health care facility and
22 any health care professional employed by an approved pediatric
23 health care facility must develop a billing protocol that
24 ensures that no survivor of sexual assault is sent a bill for
25 any medical forensic services and submit the billing protocol
26 to the Crime Victim Services Division of the Office of the

1 Attorney General for approval.

2 Within 14 days after the Department's approval of a
3 treatment plan, an approved federally qualified health center
4 and any health care professional employed by an approved
5 federally qualified health center must develop a billing
6 protocol that ensures that no survivor of sexual assault is
7 sent a bill for any medical forensic services and submit the
8 billing protocol to the Crime Victim Services Division of the
9 Office of the Attorney General for approval.

10 The billing protocol must include at a minimum:

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

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

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

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

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

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

1 The Crime Victim Services Division of the Office of the
2 Attorney General may provide a sample acceptable billing
3 protocol upon request.

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

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

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

1 facility, or approved federally qualified health center shall
2 implement the revised or modified billing protocol upon
3 approval by the Crime Victim Services Division of the Office
4 of the Illinois Attorney General.

5 (e) This Section is repealed on December 31, 2023.

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

8 (410 ILCS 70/9.5)

9 (Section scheduled to be repealed on January 1, 2024)

10 Sec. 9.5. Sexual Assault Medical Forensic Services
11 Implementation Task Force.

12 (a) The Sexual Assault Medical Forensic Services
13 Implementation Task Force is created to assist hospitals and
14 approved pediatric health care facilities with the
15 implementation of the changes made by this amendatory Act of
16 the 100th General Assembly. The Task Force shall consist of
17 the following members, who shall serve without compensation:

18 (1) one member of the Senate appointed by the
19 President of the Senate, who may designate an alternate
20 member;

21 (2) one member of the Senate appointed by the Minority
22 Leader of the Senate, who may designate an alternate
23 member;

24 (3) one member of the House of Representatives
25 appointed by the Speaker of the House of Representatives,

1 who may designate an alternate member;

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

5 (5) two members representing the Office of the
6 Attorney General appointed by the Attorney General, one of
7 whom shall be the Sexual Assault Nurse Examiner
8 Coordinator for the State of Illinois;

9 (6) one member representing the Department of Public
10 Health appointed by the Director of Public Health;

11 (7) one member representing the Illinois State Police
12 appointed by the Director of the Illinois State Police;

13 (8) one member representing the Department of
14 Healthcare and Family Services appointed by the Director
15 of Healthcare and Family Services;

16 (9) six members representing hospitals appointed by
17 the head of a statewide organization representing the
18 interests of hospitals in Illinois, at least one of whom
19 shall represent small and rural hospitals and at least one
20 of these members shall represent urban hospitals;

21 (10) one member representing physicians appointed by
22 the head of a statewide organization representing the
23 interests of physicians in Illinois;

24 (11) one member representing emergency physicians
25 appointed by the head of a statewide organization
26 representing the interests of emergency physicians in

1 Illinois;

2 (12) two members representing child abuse
3 pediatricians appointed by the head of a statewide
4 organization representing the interests of child abuse
5 pediatricians in Illinois, at least one of whom shall
6 represent child abuse pediatricians providing medical
7 forensic services in rural locations and at least one of
8 whom shall represent child abuse pediatricians providing
9 medical forensic services in urban locations;

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

13 (14) two members representing sexual assault nurse
14 examiners appointed by the head of a statewide
15 organization representing the interests of forensic nurses
16 in Illinois, at least one of whom shall represent
17 pediatric/adolescent sexual assault nurse examiners and at
18 least one of these members shall represent
19 adult/adolescent sexual assault nurse examiners;

20 (15) one member representing State's Attorneys
21 appointed by the head of a statewide organization
22 representing the interests of State's Attorneys in
23 Illinois;

24 (16) three members representing sexual assault
25 survivors appointed by the head of a statewide
26 organization representing the interests of sexual assault

1 survivors and rape crisis centers, at least one of whom
2 shall represent rural rape crisis centers and at least one
3 of whom shall represent urban rape crisis centers; ~~and~~

4 (17) one member representing children's advocacy
5 centers appointed by the head of a statewide organization
6 representing the interests of children's advocacy centers
7 in Illinois; ~~and-~~

8 (18) one member representing approved federally
9 qualified health centers appointed by the Director of
10 Public Health.

11 The members representing the Office of the Attorney
12 General and the Department of Public Health shall serve as
13 co-chairpersons of the Task Force. The Office of the Attorney
14 General shall provide administrative and other support to the
15 Task Force.

16 (b) The first meeting of the Task Force shall be called by
17 the co-chairpersons no later than 90 days after the effective
18 date of this Section.

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

21 (1) to facilitate the development of areawide
22 treatment plans among hospitals and pediatric health care
23 facilities;

24 (2) to facilitate the development of on-call systems
25 of qualified medical providers and assist hospitals with
26 the development of plans 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
3 the patient presenting to the hospital as required in
4 subsection (a-7) of Section 5;

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

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

12 (5) to develop and distribute educational information
13 regarding the implementation of this Act to hospitals,
14 health care providers, rape crisis centers, children's
15 advocacy centers, State's Attorney's offices;

16 (6) to examine the role of telemedicine in the
17 provision of medical forensic services under this Act and
18 to develop recommendations for statutory change and
19 standards and procedures for the use of telemedicine to be
20 adopted by the Department;

21 (7) to seek inclusion of the International Association
22 of Forensic Nurses Sexual Assault Nurse Examiner Education
23 Guidelines for nurses within the registered nurse training
24 curriculum in Illinois nursing programs and the American
25 College of Emergency Physicians Management of the Patient
26 with the Complaint of Sexual Assault for emergency

1 physicians within the Illinois residency training
2 curriculum for emergency physicians; and

3 (8) to submit a report to the General Assembly by
4 January 1, 2024 ~~2023~~ regarding the status of
5 implementation of this amendatory Act of the 100th General
6 Assembly, including, but not limited to, the impact of
7 transfers to out-of-state hospitals on sexual assault
8 survivors and the availability of treatment hospitals in
9 Illinois. The report shall also cover the impact of
10 medical forensic services provided at approved federally
11 qualified health centers on sexual assault survivors. The
12 ~~the~~ report to the General Assembly shall be filed with the
13 Clerk of the House of Representatives and the Secretary of
14 the Senate in electronic form only, in the manner that the
15 Clerk and the Secretary shall direct.

16 (d) This Section is repealed on January 1, 2025 ~~2024~~.

17 (Source: P.A. 102-538, eff. 8-20-21.)

18 Section 99. Effective date. This Section and the changes
19 to Sections 2-1, 5-1, and 9.5 of the Sexual Assault Survivors
20 Emergency Treatment Act take effect upon becoming law.