

# 94TH GENERAL ASSEMBLY

### State of Illinois

## 2005 and 2006

#### SB2850

Introduced 1/20/2006, by Sen. Jeffrey M. Schoenberg

## SYNOPSIS AS INTRODUCED:

410 ILCS 70/1a
410 ILCS 70/2
410 ILCS 70/2.1
410 ILCS 70/2.2
410 ILCS 70/5.2
410 ILCS 70/5.1 new
410 ILCS 70/6.1
410 ILCS 70/6.1
410 ILCS 70/6.3
410 ILCS 70/6.3
410 ILCS 70/6.4
410 ILCS 70/7
410 ILCS 70/3 rep.
410 ILCS 70/4 rep.

from Ch. 111 1/2, par. 87-1a
from Ch. 111 1/2, par. 87-2
from Ch. 111 1/2, par. 87-2.1
from Ch. 111 1/2, par. 87-5
from Ch. 111 1/2, par. 87-6
from Ch. 111 1/2, par. 87-6.1
from Ch. 111 1/2, par. 87-6.2
from Ch. 111 1/2, par. 87-6.3
from Ch. 111 1/2, par. 87-6.4
from Ch. 111 1/2, par. 87-7

Amends the Sexual Assault Survivors Emergency Treatment Act. Changes references from "emergency hospital service" to "forensic and emergency medical services". Changes certain references from "alleged sexual assault survivor" to "sexual assault survivor". Sets forth minimum requirements for health care facilities providing follow-up care to sexual assault survivors. Provides that a minor who is a survivor of sexual assault shall be provided certain services without the consent of a parent, guardian, or custodian. Provides that a sexual assault survivor may have an advocate or other support person present when receiving services. Repeals provisions relating to community or areawide plans for forensic and medical services to sexual assault survivors and submission of plans to the Department of Public Health. Makes other changes.

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FISCAL NOTE ACT MAY APPLY 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, 2, 2.1, 2.2, 6 5, 6, 6.1, 6.2, 6.3, 6.4, and 7 and by adding Sections 5.1 and 7 5.2 as follows:

8 (410 ILCS 70/1a) (from Ch. 111 1/2, par. 87-1a) 9 Sec. 1a. <u>"Sexual assault"</u> means an act of <del>forced</del> sexual 10 penetration or sexual conduct, as defined in Section 12-12 of 11 the Criminal Code, including acts prohibited under Sections 12 12-13 through 12-16 of the Criminal Code of 1961, as amended. 13 (Source: P.A. 85-577.)

14 (410 ILCS 70/2) (from Ch. 111 1/2, par. 87-2)

Sec. 2. Hospitals to furnish emergency service. Every 15 hospital required to be licensed by the Department of Public 16 17 Health pursuant to the Hospital Licensing Act, approved July 1, 18 1953, as now or hereafter amended, which provides general medical and surgical hospital services shall provide forensic 19 and emergency medical services emergency hospital service, in 20 21 accordance with rules and regulations adopted by the Department of Public Health, to all alleged sexual assault survivors who 22 apply for such forensic and emergency medical hospital 23 24 emergency services in relation to injuries or trauma resulting 25 from the alleged sexual assault.

In addition every such hospital, regardless of whether or not a request is made for reimbursement, except hospitals participating in community or area wide plans in compliance with Section 4 of this Act, shall submit to the Department of Public Health a plan to provide <u>forensic and emergency medical</u> <u>hospital emergency</u> services to <u>alleged</u> sexual assault - 2 - LRB094 18640 LJB 53993 b

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1 survivors which shall be made available by such hospital. Such 2 plan shall be submitted within 60 days of receipt of the 3 Department's request for this plan, to the Department of Public 4 Health for approval prior to such plan becoming effective. The 5 Department of Public Health shall approve such plan for 6 forensic and emergency medical services emergency service to alleged sexual assault survivors if it finds 7 that the implementation of the proposed plan would provide adequate 8 forensic and emergency medical services hospital emergency 9 service for alleged sexual assault survivors and provide 10 11 sufficient protections from the risk of pregnancy by sexual 12 assault survivors.

The Department of Public Health shall periodically conduct on site reviews of such approved plans with hospital personnel to insure that the established procedures are being followed. (Source: P.A. 92-156, eff. 1-1-02.)

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

18 Sec. 2.1. Plans of correction - Penalties for failure to 19 implement such plans. If the Department of Public Health surveyor determines that the hospital is not in compliance with 20 its approved plan, the surveyor shall provide the hospital with 21 22 a written list of the specific items of noncompliance within 2 23 weeks of the conclusion of the on site review. The hospital shall have 14 working days to submit to the Department of 24 25 Public Health a plan of correction which contains the 26 hospital's specific proposals for correcting the items of noncompliance. The Department of Public Health shall review the 27 28 plan of correction and notify the hospital in writing as to 29 whether the plan is acceptable or nonacceptable.

If the Department of Public Health finds the Plan of Correction nonacceptable, the hospital shall have 7 working days to resubmit an acceptable Plan of Correction. Upon notification that its Plan of Correction is acceptable, a hospital shall implement the Plan of Correction within 60 days. The failure to submit an acceptable Plan of Correction or SB2850

to implement the Plan of Correction, within the time frames required in this Section, will subject a hospital to the imposition of a fine by the Department of Public Health. The Department of Public Health may impose a fine of up to <u>\$500</u> <del>\$100.00</del> per day until a hospital complies with the requirements of this Section.

Before imposing a fine pursuant to this Section, 7 the Department of Public Health shall provide the hospital via 8 9 certified mail with written notice and an opportunity for an 10 administrative hearing. Such hearing must be requested within 10 working days of receipt of the Department of Public Health's 11 12 Notice. All hearings shall be conducted in accordance with the of 13 Public Health's Department rules in administrative hearings. 14

15 (Source: P.A. 90-587, eff. 7-1-98.)

16 (410 ILCS 70/2.2)

17 Sec. 2.2. Emergency contraception.

18 (a) The General Assembly finds:

(1) Crimes of sexual <u>assault and abuse</u> violence cause
significant physical, emotional, and psychological trauma
to the victims. This trauma is compounded by a victim's
fear of becoming pregnant and bearing a child as a result
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%
26 of these pregnancies end in abortion.

(3) As approved for use by the Federal Food and Drug
Administration (FDA), emergency contraception can
significantly reduce the risk of pregnancy if taken within
<u>96</u> <del>72</del> hours after the sexual assault.

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

34 (b) Within 120 days after the effective date of this35 amendatory Act of the 92nd General Assembly, every hospital

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1 providing services to alleged sexual assault survivors in 2 accordance with a plan approved under Section 2 must develop a protocol that ensures that each survivor of sexual assault will 3 receive medically and factually accurate and written and oral 4 5 information about emergency contraception; the indications and 6 counter-indications and risks associated with the use of emergency contraception; and a description of how and when 7 8 victims may be provided emergency contraception upon the 9 written order of a physician licensed to practice medicine in all its branches, an advanced practice nurse who has a written 10 11 collaborative agreement with a collaborating physician that 12 authorizes prescription of emergency contraception, or a 13 physician assistant who has been delegated authority to 14 prescribe emergency contraception. The Department shall 15 approve the protocol if it finds that the implementation of the 16 protocol would provide sufficient protection for survivors of a an alleged sexual assault. 17

The hospital shall implement the protocol upon approval by 18 19 Department. The Department shall adopt the rules and 20 regulations establishing one or more safe harbor protocols and setting minimum acceptable protocol standards that hospitals 21 may develop and implement. The Department shall approve any 22 23 protocol that meets those standards. The Department may provide a sample acceptable protocol upon request. 24

25 (Source: P.A. 92-156, eff. 1-1-02; 93-962, eff. 8-20-04.)

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

27 Sec. 5. Minimum requirements for hospitals providing 28 <u>forensic and emergency medical services</u> <del>emergency service</del> to 29 sexual assault survivors.

30 (a) Every hospital providing <u>forensic and emergency</u> 31 <u>medical</u> emergency hospital services to <u>a</u> an alleged sexual 32 assault survivor under this Act shall, as minimum requirements 33 for such services, provide, with the consent of the <del>alleged</del> 34 sexual assault survivor, and as ordered by the attending 35 physician, an advanced practice nurse who has a written - 5 - LRB094 18640 LJB 53993 b

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1 collaborative agreement with a collaborating physician that 2 authorizes provision of <u>forensic and emergency medical</u> 3 <u>emergency</u> services, or a physician assistant who has been 4 delegated authority to provide <u>forensic and emergency medical</u> 5 <u>emergency</u> services, the following:

6 (1) appropriate medical examinations and laboratory tests required to ensure the health, safety, and welfare of 7 a an alleged sexual assault survivor or which may be used 8 as evidence in a criminal proceeding against a person 9 accused of the sexual assault, or both; and records of the 10 11 results of such examinations and tests shall be maintained by the hospital and made available to law enforcement 12 officials upon the request of the alleged sexual assault 13 survivor; 14

15 (2) appropriate oral and written information 16 concerning the possibility of infection, sexually 17 transmitted disease and pregnancy resulting from sexual 18 assault;

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

(4) such medication, dispensed at the time of service
for immediate and future treatment related to the sexual
<u>assault</u>, as is deemed appropriate by the attending
physician, an advanced practice nurse, or a physician
assistant, including HIV prophylaxis;

(5) <u>(blank)</u> a blood test to determine the presence or absence of sexually transmitted disease;

(6) written and oral instructions indicating the need for a second <u>examination and subsequent</u> blood <u>tests</u> test 6 weeks after the sexual assault to determine the presence or absence of sexually transmitted disease; and

35 (7) <u>referral for</u> appropriate counseling <del>as determined</del>
 36 by the hospital, by trained personnel designated by the

| 1  | hospital.   |
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| 2  | (b) <u>(Blank)</u> Any minor who is an alleged survivor of sexual |
| 3  | assault who seeks emergency services under this Act shall be      |
| 4  | provided such services without the consent of the parent,         |
| 5  | guardian or custodian of the minor.                               |
| 6  | (Source: P.A. 93-962, eff. 8-20-04; 94-434, eff. 1-1-06.)         |
| 7  | (410 ILCS 70/5.1 new)   |
| 8  | Sec. 5.1. Minimum requirements for health care facilities         |
| 9  | providing follow-up care to sexual assault survivors. Each        |
| 10 | health care facility that provides follow-up care to a sexual     |
| 11 | assault survivor shall, as minimum requirements for the           |
| 12 | service, provide, with the consent of the alleged sexual          |
| 13 | assault survivor and as ordered by an attending physician, an     |
| 14 | advance practice nurse who has a written collaborative            |
| 15 | agreement with a collaborating physician, or a physician          |
| 16 | assistant who has been delegated authority to provide follow-up   |
| 17 | services, the following:  |
| 18 | (1) a physical examination; and                                   |
| 19 | (2) blood tests to determine the presence or absence of           |
| 20 | sexually transmitted diseases.                                    |
| 21 | (410 ILCS 70/5.2 new)   |
| 22 | Sec. 5.2. Survivor's rights.                                      |
| 23 | (a) Any minor who is a survivor of sexual assault and who         |
| 24 | seeks forensic and emergency medical services under this Act      |
| 25 | shall be provided the services without the consent of the         |
| 26 | minor's parents, guardian, or custodian.                          |
| 27 | (b) A sexual assault survivor has the right to have present       |
| 28 | during forensic and emergency medical services and follow-up      |
| 29 | care an advocate or other support person of the survivor's        |
| 30 | choosing.   |
| 31 | (410 ILCS 70/6) (from Ch. 111 1/2, par. 87-6)                     |

32 Sec. 6. Powers and duties of Departments of Public Health 33 and <u>Healthcare and Family Services</u> <del>Public Aid</del>. SB2850 - 7 - LRB094 18640 LJB 53993 b

(a) The Department of Public Health shall have the duties
and responsibilities required by Sections 2, 6.1, 6.2, and 6.4.
(b) The Department of <u>Healthcare and Family Services</u> <del>Public</del>
Aid shall have the duties and responsibilities required by
Sections 6.3 and 7.
(Source: P.A. 89-507, eff. 7-1-97; 90-587, eff. 7-1-98; revised

7 12-15-05.)

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

9 Sec. 6.1. To prescribe minimum standards, rules and 10 regulations necessary to implement this Act, which shall apply to every hospital required to be licensed by the Department of 11 Public Health. Such standards shall include, but not be limited 12 to, a uniform system for recording results of medical 13 examinations and all diagnostic tests performed in connection 14 15 therewith to determine the condition and necessary treatment of 16 alleged sexual assault survivors, which results shall be preserved in a confidential manner as part of the hospital 17 18 record of the patient.

19 (Source: P.A. 89-507, eff. 7-1-97.)

20 (410 ILCS 70/6.2) (from Ch. 111 1/2, par. 87-6.2)

Sec. 6.2. To assist in the development and operation of programs which provide <u>forensic and emergency medical</u> <del>emergency</del> services to alleged sexual assault survivors, and, where necessary, to provide grants to hospitals for this purpose.

26 (Source: P.A. 85-577.)

(410 ILCS 70/6.3) (from Ch. 111 1/2, par. 87-6.3)
Sec. 6.3. To establish standards, rules and regulations,
for the reimbursement to hospitals, health care facilities, and
ambulance providers of billed charges of providing services to
alleged sexual assault survivors, pursuant to Section 7 of this
Act.

33 (Source: P.A. 85-577.)

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

Sec. 6.4. Sexual assault evidence collection program.

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(a) There is created a statewide sexual assault evidence 3 4 collection program to facilitate the prosecution of persons 5 accused of sexual assault. This program shall be administered by the Illinois State Police. The program shall consist of the 6 7 following: (1) distribution of sexual assault evidence 8 collection kits which have been approved by the Illinois State Police to hospitals that request them, or arranging for such 9 10 distribution by the manufacturer of the kits, (2) collection of 11 the kits from hospitals after the kits have been used to 12 collect evidence, (3) analysis of the collected evidence and conducting of laboratory tests, (4) maintaining the chain of 13 14 custody and safekeeping of the evidence for use in a legal 15 proceeding, and (5) the comparison of the collected evidence 16 with the genetic marker grouping analysis information maintained by the Department of State Police under Section 17 18 5-4-3 of the Unified Code of Corrections and with the information contained in the Federal Bureau of Investigation's 19 National DNA database; provided the amount and quality of 20 genetic marker grouping results obtained from the evidence in 21 22 the sexual assault case meets the requirements of both the 23 State Police and the Federal Bureau Department of of Investigation's Combined DNA Index System (CODIS) policies. 24 25 The standardized evidence collection kit for the State of 26 Illinois shall be the <u>Illinois State Police Sexual Assault</u> Evidence Collection Kit State Police Evidence Collection Kit, 27 also known as "S.P.E.C.K.". A sexual 28 assault evidence 29 collection kit may not be released by a hospital without the written consent of the sexual assault survivor. In the case of 30 31 a survivor who is a minor 13 years of age or older, evidence and information concerning the alleged sexual assault may be 32 released at the written request of the minor. If the survivor 33 is a minor who is under 13 years of age, evidence and 34

information concerning the alleged sexual assault may be

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released at the written request of the parent, guardian, 1 2 investigating law enforcement officer, or Department of 3 Children and Family Services. Any health care professional, including any physician, advanced practice nurse, physician 4 5 assistant, or nurse, sexual assault nurse examiner, and any 6 health care institution, including any hospital, who provides evidence or information to a law enforcement officer pursuant 7 to a written request as specified in this Section is immune 8 from any civil or professional liability that might arise from 9 10 those actions, with the exception of willful or wanton 11 misconduct. The immunity provision applies only if all of the 12 requirements of this Section are met.

13 (a-5) All sexual assault evidence collected using the State 14 Police Evidence Collection Kits before January 1, 2005 (the effective date of Public Act 93-781) this amendatory Act of the 15 16 93rd General Assembly that have not been previously analyzed 17 and tested by the Department of State Police shall be analyzed and tested within 2 years after receipt of all necessary 18 19 evidence and standards into the State Police Laboratory if 20 sufficient staffing and resources are available. All sexual assault evidence collected using the State Police Evidence 21 Collection Kits on or after January 1, 2005 (the effective date 22 of Public Act 93-781) this amendatory Act of the 93rd General 23 Assembly shall be analyzed and tested by the Department of 24 25 State Police within one year after receipt of all necessary 26 evidence and standards into the State Police Laboratory if 27 sufficient staffing and resources are available.

28 (b) The Illinois State Police shall administer a program to 29 train hospitals and hospital personnel participating in the 30 sexual assault evidence collection program, in the correct use 31 and application of the sexual assault evidence collection kits. 32 A sexual assault nurse examiner may conduct examinations using the sexual assault evidence collection kits, without the 33 presence or participation of a physician. The Department of 34 35 Public Health shall cooperate with the Illinois State Police in 36 this program as it pertains to medical aspects of the evidence - 10 - LRB094 18640 LJB 53993 b

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1 collection.

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

7 (Source: P.A. 92-514, eff. 1-1-02; 93-781, eff. 1-1-05; 93-962, 8 eff. 8-20-04; revised 10-14-04.)

9 (410 ILCS 70/7) (from Ch. 111 1/2, par. 87-7)

10 Sec. 7. Hospital charges and reimbursement. When any hospital, health care facility, or ambulance provider 11 furnishes forensic and emergency medical services, follow-up 12 care, or ambulance emergency services to any alleged sexual 13 14 assault survivor, as defined by the Department of <u>Healthcare</u> 15 and Family Services Public Aid pursuant to Section 6.3 of this 16 Act, who is neither eligible to receive such services under the Illinois Public Aid Code nor covered as to such services by a 17 policy of insurance, the hospital, health care facility, and 18 ambulance provider shall furnish such services to that person 19 without charge and shall be entitled to be reimbursed for its 20 appropriate billed charges in providing such services by the 21 22 Department of <u>Healthcare and Family Services</u> Public Aid. (Source: P.A. 89-507, eff. 7-1-97; 90-587, eff. 7-1-98; revised 23 12-15-05.) 24

- 25 (410 ILCS 70/3 rep.)
- 26 (410 ILCS 70/4 rep.)

Section 10. The Sexual Assault Survivors Emergency
Treatment Act is amended by repealing Sections 3 and 4.