1 AN ACT concerning public 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 adding Section 5.5 and by changing 6 Sections 1a, 2, 2.1, 2.2, 3, 5, 6.1, 6.2, 6.4, and 7 as 7 follows:

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

9 Sec. 1a. <u>Definitions</u>. In this Act:

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

14 <u>"Areawide sexual assault treatment plan" means a plan,</u> 15 <u>developed by the hospitals in the community or area to be</u> 16 <u>served, which provides for hospital emergency services to</u> 17 <u>sexual assault survivors that shall be made available by each</u> 18 <u>of the participating hospitals.</u>

19 <u>"Department" means the Department of Public Health.</u>
20 <u>"Emergency contraception" means medication as approved by</u>
21 <u>the federal Food and Drug Administration (FDA) that can</u>
22 <u>significantly reduce the risk of pregnancy if taken within 72</u>
23 <u>hours after sexual assault.</u>

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1	"Follow-up healthcare" means healthcare services related
2	to a sexual assault, including laboratory services and pharmacy
3	services, rendered within 90 days of the initial visit for
4	hospital emergency services.
5	"Forensic services" means the collection of evidence
6	pursuant to a statewide sexual assault evidence collection
7	program administered by the Department of State Police, using
8	the Illinois State Police Sexual Assault Evidence Collection
9	<u>Kit.</u>
10	"Health care professional" means a physician, a physician
11	assistant, or an advanced practice nurse.
12	"Hospital" has the meaning given to that term in the
13	Hospital Licensing Act.
14	"Hospital emergency services" means healthcare delivered
15	to outpatients within or under the care and supervision of
16	personnel working in a designated emergency department of a
17	hospital, including, but not limited to, care ordered by such
18	personnel for a sexual assault survivor in the emergency
19	department.
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	"Nurse" means a nurse licensed under the Nursing and

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1 Advanced Practice Nursing Act. 2 "Physician" means a person licensed to practice medicine in 3 all its branches. 4 "Sexual assault" means an act of nonconsensual sexual conduct or sexual penetration, as defined in Section 12-12 of 5 the Criminal Code of 1961, including, without limitation, acts 6 7 prohibited under Sections 12-13 through 12-16 of the Criminal 8 Code of 1961. 9 "Sexual assault survivor" means a person who presents for 10 hospital emergency services in relation to injuries or trauma 11 resulting from a sexual assault. 12 "Sexual assault transfer plan" means a written plan developed by a hospital and approved by the Department, which 13 14 describes the hospital's procedures for transferring sexual assault survivors to another hospital in order to receive 15 16 emergency treatment. 17 "Sexual assault treatment plan" means a written plan developed by a hospital that describes the hospital's 18 19 procedures and protocols for providing hospital emergency 20 services and forensic services to sexual assault survivors who present themselves for such services, either directly or 21 22 through transfer from another hospital. 23 "Transfer services" means the appropriate medical 24 screening examination and necessary stabilizing treatment 25 prior to the transfer of a sexual assault survivor to a

26 hospital that provides hospital emergency services and

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1 <u>forensic services to sexual assault survivors pursuant to a</u>
2 <u>sexual assault treatment plan or areawide sexual assault</u>
3 <u>treatment plan.</u>

4 Sexual assault means an act of forced sexual penetration or
5 sexual conduct, as defined in Section 12 12 of the Criminal
6 Code, including acts prohibited under Sections 12 13 through
7 12 16 of the Criminal Code of 1961, as amended.

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

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

10 Sec. 2. Hospital requirements. Hospitals to furnish 11 emergency service. Every hospital required to be licensed by 12 the Department of Public Health pursuant to the Hospital Licensing Act, approved July 1, 1953, as now or hereafter 13 14 amended, which provides general medical and surgical hospital 15 services shall provide either (i) transfer services or (ii) 16 hospital emergency services and forensic services emergency hospital service, in accordance with rules and regulations 17 18 adopted by the Department of Public Health, to all alleged 19 sexual assault survivors who apply for either (i) transfer 20 services or (ii) hospital emergency services and forensic 21 services such hospital emergency services in relation to 22 injuries or trauma resulting from the 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 SB1618 Enrolled - 5 - LRB095 11040 KBJ 31360 b

with Section 4 of this Act, shall submit to the Department of 1 2 Public Health a plan to provide either (i) transfer services or (ii) hospital emergency services and forensic services 3 hospital emergency services to alleged sexual assault 4 survivors which shall be made available by such hospital. Such 5 plan shall be submitted within 60 days after of receipt of the 6 7 Department's request for this plan, to the Department of Public 8 Health for approval prior to such plan becoming effective. The 9 Department of Public Health shall approve such plan for either 10 (i) transfer services or (ii) hospital emergency services and 11 forensic services emergency service to alleged sexual assault 12 survivors if it finds that the implementation of the proposed plan would provide adequate (i) transfer services or (ii) 13 14 hospital emergency services and forensic services hospital 15 emergency service for alleged sexual assault survivors and 16 provide sufficient protections from the risk of pregnancy to by 17 sexual assault survivors.

18 The Department <del>of Public Health</del> shall periodically conduct 19 on site reviews of such approved plans with hospital personnel 20 to insure that the established procedures are being followed.

On January 1, 2007, and each January 1 thereafter, the Department shall submit a report to the General Assembly containing information on the hospitals in this State that have submitted a plan to provide <u>either (i) transfer services or</u> (<u>ii) hospital emergency services and forensic services</u> hospital emergency to sexual assault survivors. The SB1618 Enrolled - 6 -LRB095 11040 KBJ 31360 b

Department shall post on its Internet website the report 1 2 required in this Section. The report shall include all of the 3 following:

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(1) A list of all hospitals that have submitted a plan.

(2) A list of hospitals whose plans have been found by the Department to be in compliance with this Act. 6

7 (3) A list of hospitals that have failed to submit an 8 acceptable Plan of Correction within the time required by Section 2.1 of this Act. 9

10 (4) A list of hospitals at which the periodic site 11 review required by this Act has been conducted.

12 When a hospital listed as noncompliant under item (3) of this Section submits and implements the required Plan of Correction, 13 the Department shall immediately update the report on its 14 15 Internet website to reflect that hospital's compliance.

(Source: P.A. 94-762, eff. 5-12-06.) 16

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

18 2.1. Plan of correction; penalties. Plans of Sec. correction - Penalties for failure to implement such plans. If 19 20 the Department of Public Health surveyor determines that the 21 hospital is not in compliance with its approved plan, the 22 surveyor shall provide the hospital with a written list of the specific items of noncompliance within 10 working days after  $\frac{2}{2}$ 23 24 weeks of the conclusion of the on site review. The hospital 25 shall have 10 14 working days to submit to the Department of SB1618 Enrolled - 7 - LRB095 11040 KBJ 31360 b

Public Health a plan of correction which contains the hospital's specific proposals for correcting the items of noncompliance. The Department of Public Health shall review the plan of correction and notify the hospital in writing within 10 working days as to whether the plan is acceptable or unacceptable nonacceptable.

7 If the Department of Public Health finds the Plan of 8 Correction <u>unacceptable</u> <del>nonacceptable</del>, the hospital shall have 9 <u>10</u> 7 working days to resubmit an acceptable Plan of Correction. 10 Upon notification that its Plan of Correction is acceptable, a 11 hospital shall implement the Plan of Correction within 60 days.

12 The failure to submit an acceptable Plan of Correction or 13 to implement the Plan of Correction, within the time frames 14 required in this Section, will subject a hospital to the 15 imposition of a fine by the Department <del>of Public Health</del>. The 16 Department <del>of Public Health</del> may impose a fine of up to \$500 per 17 day until a hospital complies with the requirements of this 18 Section.

19 Before imposing a fine pursuant to this Section, the 20 Department of Public Health shall provide the hospital via certified mail with written notice and an opportunity for an 21 22 administrative hearing. Such hearing must be requested within 23 10 working days after of receipt of the Department's Department of Public Health's Notice. All hearings shall be conducted in 24 25 accordance with the Department's Department of Public Health's 26 rules in administrative hearings.

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1 (Source: P.A. 94-762, eff. 5-12-06.)

2 (410 ILCS 70/2.2)

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3 Sec. 2.2. Emergency contraception.

(a) The General Assembly finds:

5 (1) Crimes of sexual <u>assault and sexual abuse</u> <del>violence</del> 6 cause significant physical, emotional, and psychological 7 trauma to the victims. This trauma is compounded by a 8 victim's fear of becoming pregnant and bearing a child as a 9 result of the sexual assault.

10 (2) Each year over 32,000 women become pregnant in the
11 United States as the result of rape and approximately 50%
12 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
72 hours after the sexual assault.

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

(b) Within 120 days after the effective date of this amendatory Act of the 92nd General Assembly, every hospital providing services to alleged sexual assault survivors in accordance with a plan approved under Section 2 must develop a protocol that ensures that each survivor of sexual assault will receive medically and factually accurate and written and oral SB1618 Enrolled - 9 - LRB095 11040 KBJ 31360 b

information about emergency contraception; the indications and 1 2 counter-indications and risks associated with the use of 3 emergency contraception; and a description of how and when victims may be provided emergency contraception upon the 4 5 written order of a physician licensed to practice medicine in 6 all its branches, an advanced practice nurse who has a written 7 collaborative agreement with a collaborating physician that 8 authorizes prescription of emergency contraception, or a 9 physician assistant who has been delegated authority to 10 prescribe emergency contraception. The Department shall 11 approve the protocol if it finds that the implementation of the 12 protocol would provide sufficient protection for survivors of 13 an alleged sexual assault.

14 The hospital shall implement the protocol upon approval by 15 the Department. The Department shall adopt rules and 16 regulations establishing one or more safe harbor protocols and 17 setting minimum acceptable protocol standards that hospitals may develop and implement. The Department shall approve any 18 19 protocol that meets those standards. The Department may provide 20 a sample acceptable protocol upon request.

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

(410 ILCS 70/3) (from Ch. 111 1/2, par. 87-3)
Sec. 3. <u>Areawide sexual assault treatment plans;</u>
<u>submission. Hospitals in the area to be served may develop and</u>
<u>participate in areawide plans that shall describe the hospital</u>

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emergency services and forensic services to sexual assault 1 2 survivors that each participating hospital has agreed to make 3 available. Each hospital participating in such a plan shall provide such services as it is designated to provide in the 4 plan agreed upon by the participants. Areawide plans may 5 include hospital transfer plans. All areawide plans shall be 6 submitted to the Department for approval, prior to becoming 7 effective. The Department shall approve a proposed plan if it 8 9 finds that the implementation of the plan would provide for 10 appropriate hospital emergency services and forensic services 11 for the people of the area to be served. Community or areawide 12 plan for emergency services to sexual assault survivors. <u>7</u> hospital is authorized to participate, in conjunction with 13 one or more other hospitals or health care facilities, in 14 community or areawide plan for the furnishing of hospital 15 16 emergency service to alleged sexual assault survivors on 17 community or areawide basis provided each hospital participating in such a plan shall furnish such hospital 18 19 emergency services as it is designated to provide in the plan 20 agreed upon by the participating hospitals to any alleged 21 sexual assault survivor who applies for such hospital emergency 22 services in relation to injuries or trauma resulting from the sexual assault. 23

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

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

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

(a) Every hospital providing hospital emergency services 4 5 and forensic services emergency hospital services to an alleged sexual assault survivors survivor under this Act shall, as 6 7 minimum requirements for such services, provide, with the 8 consent of the alleged sexual assault survivor, and as ordered 9 by the attending physician, an advanced practice nurse who has 10 a written collaborative agreement with a collaborating 11 physician that authorizes provision of emergency services, or a 12 physician assistant who has been delegated authority to provide 13 hospital emergency services and forensic services emergency 14 services, the following:

(1) appropriate medical examinations and laboratory 15 16 tests required to ensure the health, safety, and welfare of 17 a an alleged sexual assault survivor or which may be used as evidence in a criminal proceeding against a person 18 accused of the sexual assault, or both; and records of the 19 20 results of such examinations and tests shall be maintained by the hospital and made available to law enforcement 21 22 officials upon the request of the alleged sexual assault 23 survivor:

(2) appropriate oral and written information
 concerning the possibility of infection, sexually
 transmitted disease and pregnancy resulting from sexual

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1 assault;

2 (3) appropriate oral and written information 3 concerning accepted medical procedures, medication, and 4 possible contraindications of such medication available 5 for the prevention or treatment of infection or disease 6 resulting from sexual assault;

7 (4) <u>an amount of such medication for treatment at the</u>
8 <u>hospital and after discharge</u> as is deemed appropriate by
9 the attending physician, an advanced practice nurse, or a
10 physician assistant <u>and consistent with the hospital's</u>
11 <u>current approved protocol for sexual assault survivors;</u> 7
12 <u>including HIV prophylaxis;</u>

13 (5) <u>an evaluation of the sexual assault survivor's risk</u> 14 <u>of contracting human immunodeficiency virus (HIV) from the</u> 15 <u>sexual assault</u> <del>a blood test to determine the presence or</del> 16 <del>absence of sexually transmitted disease</del>;

17 (6) written and oral instructions indicating the need 18 for <u>follow-up examinations and laboratory tests</u> a second 19 <del>blood test 6 weeks</del> after the sexual assault to determine 20 the presence or absence of sexually transmitted disease; 21 <del>and</del>

(7) <u>referral by hospital personnel for</u> appropriate
 counseling<u>; and</u> as determined by the hospital, by trained
 personnel designated by the hospital.

25 (8) when HIV prophylaxis is deemed appropriate, an
 26 initial dose or doses of HIV prophylaxis, along with

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written and oral instructions indicating the importance of
 timely follow-up healthcare.

3 (b) Any minor who is <u>a sexual assault survivor</u> <del>an alleged</del> 4 <del>survivor of sexual assault</del> who seeks <u>emergency hospital</u> 5 <u>services and forensic services or follow-up healthcare</u> 6 <del>emergency services</del> under this Act shall be provided such 7 services without the consent of the parent, guardian or 8 custodian of the minor.

9 <u>(c) Nothing in this Section creates a physician-patient</u> 10 <u>relationship that extends beyond discharge from the hospital</u> 11 <u>emergency department.</u>

12 (Source: P.A. 93-962, eff. 8-20-04; 94-434, eff. 1-1-06.)

13 (410 ILCS 70/5.5 new)

Sec. 5.5. Minimum reimbursement requirements for follow-up 14 15 healthcare. 16 (a) Every hospital, health care professional, laboratory, or pharmacy that provides follow-up healthcare to a sexual 17 18 assault survivor, with the consent of the sexual assault survivor and as ordered by the attending physician, an advanced 19 20 practice nurse who has a written collaborative agreement with a 21 collaborating physician, or physician assistant who has been 22 delegated authority by a supervising physician shall be 23 reimbursed for the follow-up healthcare services provided. 24 Follow-up healthcare services include, but are not limited to,

25 <u>the following:</u>

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1	(1) a physical examination;
2	(2) laboratory tests to determine the presence or
3	absence of sexually transmitted disease; and
4	(3) appropriate medications, including HIV
5	prophylaxis.
6	(b) Reimbursable follow-up healthcare is limited to office
7	visits with a physician, advanced practice nurse, or physician
8	assistant within 90 days after an initial visit for hospital
9	emergency services.
10	(c) Nothing in this Section requires a hospital, health
11	care professional, laboratory, or pharmacy to provide
12	follow-up healthcare to a sexual assault survivor.
13	(410 ILCS 70/6.1) (from Ch. 111 1/2, par. 87-6.1)
14	Sec. 6.1. <u>Minimum standards. The Department shall</u> <del>To</del>
15	prescribe minimum standards, rules, and regulations necessary

prescribe minimum standards, rules, and regulations necessary 15 16 to implement this Act, which shall apply to every hospital 17 required to be licensed by the Department that provides general medical and surgical hospital services of Public Health. Such 18 19 standards shall include, but not be limited to, a uniform 20 system for recording results of medical examinations and all 21 diagnostic tests performed in connection therewith to 22 determine the condition and necessary treatment of alleged 23 sexual assault survivors, which results shall be preserved in a 24 confidential manner as part of the hospital record of the 25 sexual assault survivor patient.

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(410 ILCS 70/6.2) (from Ch. 111 1/2, par. 87-6.2)
Sec. 6.2. <u>Assistance and grants. The Department shall</u> <del>To</del>
assist in the development and operation of programs which
provide <u>hospital emergency services and forensic services</u>
<del>emergency services</del> to <del>alleged</del> sexual assault survivors, and,
where necessary, to provide grants to hospitals for this
purpose.

9 (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.

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

the genetic marker grouping analysis information 1 with 2 maintained by the Department of State Police under Section 5-4-3 of the Unified Code of Corrections and with the 3 information contained in the Federal Bureau of Investigation's 4 5 National DNA database; provided the amount and quality of genetic marker grouping results obtained from the evidence in 6 the sexual assault case meets the requirements of both the 7 Department of State Police and the 8 Federal Bureau of 9 Investigation's Combined DNA Index System (CODIS) policies. The standardized evidence collection kit for the State of 10 11 Illinois shall be the Illinois State Police Sexual Assault 12 Evidence Kit State Police Evidence Collection Kit, also known as "S.P.E.C.K.". A sexual assault evidence collection kit may 13 not be released by a hospital without the written consent of 14 15 the sexual assault survivor. In the case of a survivor who is a minor 13 years of age or older, evidence and information 16 17 concerning the alleged sexual assault may be released at the written request of the minor. If the survivor is a minor who is 18 under 13 years of age, evidence and information concerning the 19 alleged sexual assault may be released at the written request 20 parent, guardian, investigating law 21 of the enforcement 22 officer, or Department of Children and Family Services. Any 23 health care professional, including any physician, advanced practice nurse, physician assistant, or nurse, sexual assault 24 25 nurse examiner, and any health care institution, including any 26 hospital, who provides evidence or information to a law

enforcement officer pursuant to a written request as specified in this Section is immune from any civil or professional liability that might arise from those actions, with the exception of willful or wanton misconduct. The immunity provision applies only if all of the requirements of this Section are met.

(a-5) All sexual assault evidence collected using the State 7 8 Police Evidence Collection Kits before January 1, 2005 (the 9 effective date of Public Act 93-781) this amendatory Act of the 10 93rd General Assembly that have not been previously analyzed 11 and tested by the Department of State Police shall be analyzed 12 and tested within 2 years after receipt of all necessary 13 evidence and standards into the State Police Laboratory if sufficient staffing and resources are available. All sexual 14 15 assault evidence collected using the State Police Evidence 16 Collection Kits on or after January 1, 2005 (the effective date 17 of Public Act 93-781) this amendatory Act of the 93rd General Assembly shall be analyzed and tested by the Department of 18 State Police within one year after receipt of all necessary 19 20 evidence and standards into the State Police Laboratory if sufficient staffing and resources are available. 21

(b) The Illinois State Police shall administer a program to train hospitals and hospital personnel participating in the sexual assault evidence collection program, in the correct use and application of the sexual assault evidence collection kits. A sexual assault nurse examiner may conduct examinations using the sexual assault evidence collection kits, without the presence or participation of a physician. The Department <del>of</del> <del>Dublic Health</del> shall cooperate with the Illinois State Police in this program as it pertains to medical aspects of the evidence collection.

6 (c) In this Section, "sexual assault nurse examiner" means 7 a registered nurse who has completed a sexual assault nurse 8 examiner (SANE) training program that meets the Forensic Sexual 9 Assault Nurse Examiner Education Guidelines established by the 10 International Association of Forensic Nurses.

11 (Source: P.A. 92-514, eff. 1-1-02; 93-781, eff. 1-1-05; 93-962, 12 eff. 8-20-04; revised 10-14-04.)

13 (410 ILCS 70/7) (from Ch. 111 1/2, par. 87-7)

14 Sec. 7. Charges Hospital charges and reimbursement.

15 (a) When any ambulance provider furnishes transportation, 16 hospital provides hospital emergency services and forensic services, hospital or health care professional or laboratory 17 18 provides follow-up healthcare, or pharmacy dispenses hospital or ambulance provider 19 prescribed medications 20 furnishes emergency services to any alleged sexual assault 21 survivor, as defined by the Department of Healthcare and Family 22 Services Public Aid pursuant to Section 6.3 of this Act, who is neither eligible to receive such services under the Illinois 23 24 Public Aid Code nor covered as to such services by a policy of 25 insurance, the hospital and ambulance provider, hospital,

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1	health care professional, or laboratory shall furnish such
2	services to that person without charge and shall be entitled to
3	be reimbursed for its billed charges in providing such services
4	by the Illinois Sexual Assault Emergency Treatment Program
5	under the Department of <u>Healthcare and Family Services</u> Public
6	Aid. Pharmacies shall dispense prescribed medications without
7	charge to the survivor and shall be reimbursed at the
8	Department of Healthcare and Family Services' Medicaid
9	allowable rates.
10	(b) The hospital is responsible for submitting the request
11	for reimbursement for ambulance services, hospital emergency
12	services, and forensic services to the Illinois Sexual Assault
13	Emergency Treatment Program. Nothing in this Section precludes
14	hospitals from providing follow-up healthcare and receiving
15	reimbursement under this Section.
16	(c) The health care professional who provides follow-up
17	healthcare and the pharmacy that dispenses prescribed
18	medications to a sexual assault survivor are responsible for
19	submitting the request for reimbursement for follow-up
20	healthcare or pharmacy services to the Illinois Sexual Assault
21	Emergency Treatment Program.
	Intergency fiedement frogram.
22	(d) The Department of Healthcare and Family Services shall
22 23	
	(d) The Department of Healthcare and Family Services shall
23	(d) The Department of Healthcare and Family Services shall establish standards, rules, and regulations to implement this

1	(410 ILCS	70/4	rep.)				
2	(410 ILCS	70/6	rep.)				
3	(410 ILCS	70/6	.3 rep	.)			
4	Section	10.	The	Sexual	Assault	Survivors	Emergency

5 Treatment Act is amended by repealing Sections 4, 6, and 6.3.

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