

**SEXUAL ASSAULT MEDICAL FORENSIC SERVICES
IMPLEMENTATION TASK FORCE REPORT 2024**

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EXECUTIVE SUMMARY

Every sexual assault survivor in Illinois deserves comprehensive medical care, trained forensic medical examiners, and access to justice. Every survivor’s journey towards healing and their pursuit for accountability matters. It is incumbent on the State of Illinois to ensure survivors have full access to quality patient care and forensic medical services across the entire state. Statistics illustrate why more needs to be done: an American is sexually assaulted every 68 seconds.¹ And every 9 minutes, that victim is a child.²

Survivors require care from a multi-disciplinary team trained to treat the trauma associated with sexual assault, intimate partner violence, neglect, or other forms of intentional injury. Sexual Assault Forensic Examiner (“SAFEs”) and Sexual Assault Nurse Examiners (“SANEs”) are medical providers who have been specially trained to assist across a spectrum of patient care. SANEs are a critical resource for anti-violence efforts and ensure patients receive trauma informed, compassionate care. According to the U.S. Department of Justice’s Office for Victims of Crime, SANEs provide more comprehensive care and more accurate evidence collection than other medical staff.³ Meanwhile, a Sexual Assault Response Team (“SART”) includes survivor advocates, members of law enforcement, and mental health providers. Together, these professionals coordinate the response to survivors of sexual assault, child sexual abuse, intimate partner attacks, and sexual violence. Survivors will be assured of receiving: quality patient care; full, fair, and accurate forensic evaluations; and effective referrals for ongoing support and healing when nurses, police, prosecutors, and advocates receive this advanced training. With increased education, this multi-disciplinary approach will hold offenders accountable for these horrific crimes and give survivors a trauma-informed approach to sexual violence where they are heard, believed, and supported. In sum, a survivor-centered approach will propel the State of Illinois forward in providing the best care possible for those harmed by sexual violence.

The Sexual Assault Medical Forensic Services Implementation Task Force (“Implementation Task Force”) was created as part of an amendatory law expanding the Sexual Assault Survivors Emergency Treatment Act (“SASETA”).⁴ Membership of the Implementation Task Force consisted of stakeholders throughout Illinois who are dedicated to improving sexual assault survivor care. Together, these stakeholders worked to assist hospitals and approved pediatric health care facilities with the implementation of the changes made to SASETA by the 100th General Assembly. The Illinois Attorney General and the Director of the Illinois Department of Public Health were charged with co-chairing and administering the activities of the Implementation Task Force. This report describes the work of the Implementation Task Force since its creation through Public Act 100-0775.

The first meeting of the Implementation Task Force took place on October 1, 2018. The group established several committees to address the Implementation Task Force’s goals set out in Public Act 100-0775 and discussed a timeline to accomplish each goal. Committees for the

¹ <https://www.rainn.org/about-sexual-assault>.

² <https://www.rainn.org/statistics>.

³ U.S. Department of Justice’s Office for Victims of Crime; *see* <https://www.ovcttac.gov/saneguide/introduction/are-sane-programs-effective>.

⁴ Public Act 100-0775, <https://ilga.gov/legislation/publicacts/100/100-0775.htm>.

Implementation Task Force included: (1) Areawide Treatment Plan Committee (including three subcommittees: Out-of-State Areawide Treatment Plan, Urban Areawide Treatment Plan, and a Rural Areawide Treatment Plan); (2) Cost of Care Committee; (3) On-Call SANE/SAFE Committee; (4) Nursing and Medical School Curriculum Committee; (5) and Telehealth Committee.

I. SEXUAL ASSAULT MEDICAL FORENSIC SERVICES IMPLEMENTATION TASK FORCE

In 2018, the Office of the Illinois Attorney General (“OAG”) worked extensively with the Illinois Department of Public Health (“IDPH”), legislators, and other interested parties to create the Sexual Assault Medical Forensic Services Implementation Task Force. This collaboration with IDPH, OAG, child abuse pediatricians, sexual assault nurse examiners, other medical providers, rape crisis advocates, children’s advocacy centers, hospitals, state’s attorney offices, and state agencies was formed to assist hospitals and approved pediatric health care facilities with the implementation of the changes made to the Sexual Assault Survivors Emergency Treatment Act. The resulting bill, House Bill 5245, passed out of the legislature with bipartisan sponsorship and support.⁵

Public Act 100-0775, which became effective on August 10, 2018, expanded the Sexual Assault Survivors Emergency Treatment Act (“SASETA”), and created the Sexual Assault Medical Forensic Services Implementation Task Force, to ensure that all survivors of sexual assault and sexual abuse are treated in a timely manner by healthcare professionals who are specially trained.

A. Implementation Task Force Membership

The Implementation Task Force was co-chaired by OAG and IDPH, and was comprised of child abuse pediatricians, sexual assault nurse examiners, and other medical providers, rape crisis advocates, children’s advocacy centers, hospitals, and state’s attorney offices. The following individuals are currently appointed to the Implementation Task Force:

Cordelia Coppleson, *Law Enforcement Training Bureau Chief, Office of the Illinois Attorney General, and Implementation Task Force Co-Chair*

Karen Senger, *Division Chief, Division of Health Care Facilities and Programs, Illinois Department of Public Health, and Implementation Task Force Co-Chair*

Ann Adlington, MS, BSN, RN, SANE-A, SANE-P, FNE SANE Nursing
Program Manager, Advocate Children’s Hospital

Sarah Beuning, *General Counsel, Illinois Coalition Against Sexual Assault (ICASA)*

Joseph Burton, DO, *Medical Director of Acute Care Medicine, Sarah Bush Lincoln Health Center*

⁵ See House Bill 5245 as amended by Senate Committee Amendment No. 1 (100th General Assembly) <https://ilga.gov/legislation/100/HB/PDF/10000HB5245sam001.pdf>

Scott A. Cooper, MD, *Practicing Emergency Physician, Perry Memorial Hospital*

Brenda L. W. Danosky, *FB/DNA Program Manager, Division of Forensic Services, Illinois Department of State Police*

Penny Eriks, *SANE Coordinator, Silver Cross Hospital*

Representative Robyn Gabel, (D) 18th District, *Majority Leader, Illinois House of Representatives*

Kaylie Gilbert, *On-Call SANE & Care Coordinator, Blessing Health*

Marites Gonzaga-Reardon, DNP, APRN, CCNS, CEN, *Rush University Medical Center*

Arvind Goyal, MD, *Medical Director, Illinois Medicaid*

Eva Hopp, RN, BSN, CNE, *Chief Nurse Executive, Pinckneyville Community Hospital*

Kim Mangiaracino, *Executive Director, Children's Advocacy Centers of Illinois (CACI)*

Lisa Mathey, MSN, APRN-NP, FNP-BC, SANE-A, SANE-P, *APP Manager – Emergency Medicine, Nurse Practitioner – Department of Emergency Medicine, SANE Coordinator, Ann & Robert H. Lurie Children's Hospital of Chicago*

Senator Julie Morrison, (D) 29th District, *Majority Caucus Whip, Illinois Senate*

Debra Perry, *Director, Advocacy & Crisis Intervention Services, YWCA Metropolitan Chicago*

Channing Petrak, MD, FAAP, *Medical Director, Pediatric Resource Center, University of Illinois College of Medicine, Peoria*

Monika Pitzele, MD, PhD, *Attending Emergency Medicine Physician, Sinai Health Systems, Chicago, Rush University Medical Center, Illinois College of Emergency Physicians*

Jaime Psarras, *SANE Coordinator, Northwestern Medicine*

Senator Sue Rezin, (R) 38th District, *Deputy Republican Leader, Illinois Senate*

Emily Siffermann, MD, *Advocate Health Care*

Erin Tendick, RN, SANE-A, SANE Coordinator, Office of the Illinois Attorney General

Melanie Whitmer, Sexual Violence Program Manager, Freedom House Domestic & Sexual Violence Services

Megan Williams, Public Health Initiatives Manager, Illinois Primary Health Care Association

Jason Wynkoop, Chicago Children's Advocacy Center

Cassie Yarbrough, Assistant Vice President, Health Policy & Finance, Illinois Health and Hospital Association

The following individuals also contributed their time and expertise to the Implementation Task Force: Christy Alexander, BSN, RN, TNS, CPEN, SANE-A, SANE-P, AMITA Health St. Mary's Hospital, Kankakee; Illinois Healthcare and Family Services Director Patti Bellock; Brenda Beshears, PhD, RN, Blessing-Rieman College of Nursing; Nancee Brown, The Center for Prevention of Abuse; Donna Cruz, Peoria County State's Attorney Office; Marjorie Fujara, MD, FAAP, John H. Stroger Jr. Hospital of Cook County, & Chicago Children's Advocacy Center; James Hildebrandt, DO, FACOI, Sarah Bush Lincoln Health Center; Cynthia Hora, Former Division Chief, Crime Victim Services, Office of the Illinois Attorney General; Heather Keirnan, MS, RN, NE-BC, Northwestern Medicine; Sandy Kraiss, Illinois Health and Hospital Association; Polly Poskin, Former Executive Director of the Illinois Coalition Against Sexual Assault; Jaclyn Rodriguez, BSN, BS, RN, SANE-A, Former SANE Coordinator, Office of the Illinois Attorney General; and Mike Unes, (R) Former Representative, 91st District, Illinois House of Representatives.

Implementation Task Force meetings and committee meetings were open to the public under the Open Meetings Act. Meetings were held virtually in accordance with Covid-19 pandemic protocol. The Implementation Task Force assisted hospitals and approved pediatric health care facilities with the execution of the changes made by Public Act 100-0775.⁶

II. STATUTORY GOALS OF THE SASETA AMENDATORY ACT

Public Act 100-0775 set forth numerous goals for the Task Force to accomplish, including:

- (1) to facilitate the development of areawide treatment plans among hospitals and pediatric healthcare facilities.
- (2) to facilitate the development of on-call systems of qualified medical providers and assist hospitals with the development of plans to employ or contract with a qualified medical provider to initiate medical forensic services to a sexual assault survivor within 90 minutes of the patient presenting to the hospital as required in subsection (a-7) of Section 5.

⁶ 410 ILCS 70/9.5(a).

- (3) to identify photography and storage options for hospitals to comply with the photo documentation requirements in Sections 5 and 5.1.
- (4) to develop a model written agreement for use by Rape Crisis Centers, hospitals, and approved pediatric health care facilities with sexual assault treatment plans to comply with subsection (c) of Section 2.
- (5) to develop and distribute educational information regarding the implementation of SASETA to hospitals, health care providers, Rape Crisis Centers, children's advocacy centers, state's attorney offices.
- (6) to examine the role of telemedicine in the provision of medical forensic services under SASETA and to develop recommendations for statutory change and standards and procedures for the use of telemedicine to be adopted by the Department.
- (7) to seek inclusion of the International Association of Forensic Nurses Sexual Assault Nurse Examiner Education Guidelines for nurses within the registered nurse training curriculum in Illinois nursing programs and the American College of Emergency Physicians Management of the Patient with the Complaint of Sexual Assault for emergency physicians within the Illinois residency training curriculum for emergency physicians; and
- (8) to submit a report to the General Assembly by January 1, 2023, regarding the status of implementation of this amendatory Act of the 100th General Assembly, including, but not limited to, the impact of transfers to out-of-state hospitals on sexual assault survivors and the availability of treatment hospitals in Illinois. The Report shall also cover the impact of medical forensic services provided at approved federally qualified health centers on sexual assault survivors. The report to the General Assembly shall be filed with the Clerk of the House of Representatives and the Secretary of the Senate in electronic form only, in the manner that the Clerk and the Secretary shall direct.⁷

A. SASETA Implementation Task Force Structure and Operations

The SASETA Implementation Task Force operated through quarterly Implementation Task Force Meetings, and five committees, which operated as focused working groups.

1. Quarterly Meeting

The Implementation Task Force met quarterly to receive updates on committee activities and to consider committee recommendations. The quarterly meetings also provided a forum for updates on other local or statewide sexual assault-related activities and projects.

⁷ 410 ILCS 70/9.5(c).

2. Committee Meetings

Committees acted as focused working groups consisting of smaller groups of SASETA Implementation Task Force members and subject-matter experts to discuss complex topics requiring specific expertise.

Committees included the following:

- **Areawide Treatment Plan Committee** – facilitated the development of areawide treatment plans among hospitals and pediatric health care facilities. This committee was further divided into three subcommittees to address: (a) out-of-state areawide treatment plans; (b) urban areawide treatment plans; and (c) rural areawide treatment plans. For example, the out-of-state subcommittee focused on how to address Illinois sexual assault survivors receiving care in neighboring states, by developing relationships and communication with out-of-state facilities to insure best practices.
- **Cost of Care Committee** – reviewed IDPH data analysis of charges submitted for sexual assault exams. Working with the Illinois General Assembly changes to implement hospital reimbursement and patient protection, per Public Act 102-699, Article 30 (b-5). The committee also worked to allow survivors to opt out from using private insurance and discussed extending the deadline for voucher follow-up care. Moreover, reimbursement standards for medical forensic services were codified to include on or after July 1, 2022, medical forensic services furnished to any sexual assault survivor by a hospital, approved health care facility or health care professional pursuant to 410 ILCS 70/7 shall be reimbursed by the Illinois Department of Healthcare and Family Services at a rate of at least \$1,000.
- **On-Call SANE/SAFE Programs Committee** – facilitated the development of on-call systems of qualified medical providers and assisted hospitals with the development of plans to employ or contract with a qualified medical provider to initiate medical forensic services to a sexual assault survivor within 90 minutes of the patient presenting to the hospital as required in subsection (a-7) of Section 5.
- **Nursing School Curriculum Committee** – sought the inclusion of the International Association of Forensic Nurses Sexual Assault Nurse Examiner Education Guidelines for nurses within the registered nurse training curriculum in Illinois nursing

programs and included in the Illinois residency training curriculum for emergency physicians.

- **Telehealth Committee** – examined the role of telemedicine in the provision of medical forensic services under SASETA and developed recommendations for statutory change to allow some use of Telehealth in Illinois.

B. Implementation Task Force Completed Goals

The work completed by the Implementation Task Force over the last five years produced quantifiable results when compared with the goals outlined in the SASETA Amendatory Act. This section describes completed goals in the improvement to Illinois' response to sexual violence:

✓ ***Photography and Videography Storage***

Beginning July 1, 2019, qualified medical providers (“QMPs”) and health care providers performing medical forensic examinations must offer photo documentation of the examination to the sexual assault survivor. The survivor must consent before photos are taken. “Photo documentation” means digital photographs or videos stored and securely backed up.⁸ Photo documentation may be used for peer review, expert second opinion, or in a criminal proceeding against a person accused of sexual assault.⁹ If the sexual assault survivor consents to photo documentation, QMPs and health care providers should photograph and/or video the sexual assault survivor’s body during the forensic examination. The photos and videos supplement the medical forensic history and written documentation of physical findings and evidence. Photo documentation does not replace written documentation of the injury and is part of the patient’s medical record.¹⁰

One of the goals established for the Implementation Task Force was “to identify photography and storage options for hospitals to comply with the photo documentation.”¹¹ Balancing the importance of photographic evidence in successful sexual assault prosecution with the ongoing privacy concerns of survivors, best practices when handling such sensitive and personal images is an ongoing concern.

The Implementation Task Force published the “Photo Documentation and Sample Digital Photography Policy” in February 2022. This document contains information about the new law’s photo documentation requirement, information about photography and storage options for hospitals, and a sample protocol on photo documentation.¹² Hospitals and Approved Pediatric Health Care Facilities can modify the sample protocol to meet their specific needs.

⁸ 410 ILCS 70/1(a).

⁹ 410 ILCS 70/5.1.

¹⁰ 410 ILCS 70/5(a-5)(5).

¹¹ 410 ILCS 70/9.5(c)(3).

¹² This sample Forensic Photography Policy is included in Appendix B of this Report titled “Sample Templates.”

The Implementation Task Force encourages hospitals and approved pediatric healthcare facilities to work with state’s attorney offices on the protocols related to photo/video documentation to ensure that the sexual assault survivor’s privacy is protected, and that the prosecutor has sufficient access to photo/video documentation to properly prosecute the correlated criminal proceedings.

✓ ***Model Written Agreements Between Rape Crisis Centers and Hospitals***

Another goal for the Implementation Task Force was “to develop a model written agreement for use by Rape Crisis Centers, hospitals, and approved pediatric health care facilities with sexual assault treatment plans to comply with subsection (c) of Section 2 [of SASETA].”¹³

The Implementation Task Force published a sample template “Memorandum of Understanding Between Rape Crisis Center and Hospital/Approved Pediatric Health Care Facility.”¹⁴ This “MOU” reflects a commitment of cooperation between the rape crisis center and the designated hospital to provide quality comprehensive advocacy services to all survivors of sexual assault and abuse who seek medical forensic services. While Rape Crisis Centers, hospitals, and approved pediatric health care facilities are not required to use this document, it can be used as a guide and may be modified to meet the needs of their organizations and community. This model agreement clarifies the duties and responsibilities for patient-centered care and medical advocacy with clear expectations, including communication between the parties.

✓ ***Develop and Distribute Educational Materials Regarding New Law on Medical Forensic Services for Sexual Assault Survivors (Public Act 100-0775)***

Under the statute, the Implementation Task Force was “to develop and distribute educational information regarding the implementation of [SASETA] to hospitals, health care providers, Rape Crisis Centers, children’s advocacy centers, and state’s attorney offices.”

The Implementation Task Force prepared the following educational materials which accomplished this statutory mandate¹⁵:

- ***Educational Materials for Children’s Advocacy Centers Regarding New Law on Medical Forensic Services for Sexual Assault Survivors***
- ***Educational Materials for Health Care Providers Regarding New Law on Medical Forensic Services for Sexual Assault Survivors***
- ***Educational Materials for Hospitals and Approved Pediatric Health Care Facilities Regarding New Law on Medical Forensic Services for Sexual Assault Survivors***
- ***Educational Materials for Rape Crisis Centers Regarding New Law on Medical Forensic Services for Sexual Assault Survivors***

¹³ 410 ILCS 70/9.5(c)(4).

¹⁴ Access to this document is available on the OAG’s website and is also included in Appendix B of this Report titled “Sample Templates.”

¹⁵ Access to all of these documents are available on the OAG’s website, and are also included in Appendix A and B of this Report titled “Educational Materials.”

- *Educational Materials for State’s Attorney Offices Regarding New Law on Medical Forensic Services for Sexual Assault Survivors*
- *Guide to Establishing an On-Call Sexual Assault Nurse Examiner Program*

C. Implementation Task Force Work Summary

The following section provides a summarization of the work completed by the Implementation Task Force’s committees and identifies suggested goals.

- **Areawide Treatment Plan Committee:** *Develop Areawide Treatment Plans for Hospitals and Pediatric Health Care Facilities*

The Committee was established by the Task Force to discuss the challenges of SASETA implementation and what resources could be provided to assist hospitals and survivors. The Committee created tools to assist with the implementation of the Areawide Sexual Assault Treatment Plans required by SASETA:

- In 2019, the Committee developed the “Sample Template Agreement for Acute Pediatric Transfers” and the “Sample Template Agreement for Adolescent and Adult Transfers.” These sample template agreements were approved by the Task Force, distributed to hospitals, and published on the Office of the Attorney General’s website (“OAG’s website”).
- SASETA requires that there must be a treatment hospital within a 20-mile radius of every 4-year public university within the State. The Committee compiled a list of four-year public universities in Illinois to determine which hospitals were subject to the requirement. The Committee reviewed a map showing the universities and the hospitals within a 20-mile radius of each and reviewed which treatment hospital served the area. The Committee discussed coordinated outreach and support for these areas to assist with compliance with the treatment hospital requirements. The Committee developed a SANE Budgeting Tool to help hospitals and organizations assess the costs of establishing or participating in different types of SANE program models. The Committee reviewed drafts of the “How-to Guide for On-Call SANE Programs” and the OAG’s “Your Rights and Choices for a Medical Forensic Exam” brochure and provided feedback. All these resources were approved by the Task Force, distributed to hospitals, and published on the OAG’s website.
- The Committee also addressed issues with transportation for transferred survivors, relating to getting a survivor to the treatment hospital, as well as transportation back to the survivor’s home area. This discussion led to the development of “Guidance for Hospitals: Transportation of Sexual Assault Survivors,” which was approved by the Task Force, distributed to hospitals, and published on the OAG’s website. The discussion regarding transportation barriers also resulted in a proposed amendment to the SASETA Administrative Rule § 545.50 regarding Areawide Sexual Assault Treatment Plans, which requires the hospitals to address the issue of return transportation in the areawide treatment plan. The amendment to the Rule

adopted by the Joint Commission on Administrative Rules (“JCAR”) is as follows: “Each plan shall indicate which facility participating in the areawide treatment plan is responsible, upon the completion of medical forensic services, for transporting the sexual assault survivor back to the original location where the individual initially presented seeking medical forensic services, unless transportation is arranged by the survivor or by the survivor’s non-offending parent or legal guardian.” Ill. Admin. Code tit. 77, § 545.50(h) (2022).

- There are times a survivor declines to be transferred. The Committee considered reasons a survivor may decline a transfer and sought to understand and try to remove these barriers. Some of the barriers identified included lengthy transfers, lack of transportation, long waits to be transferred, not wanting to leave the local area, and concerns about having to interact with law enforcement, Department of Children and Family Services, or Adult Protective Services. The Committee discussed further dissemination and awareness of the guidance already created regarding transportation. The Rural Subcommittee was also working on issues related to reducing transfer distances.
- The Committee discussed collaborative SANE program models and how to encourage communities to implement them. Concerns were raised about how SANEs could work at hospitals outside their hospital system. It was recognized that hospitals are facing staffing challenges and turnover, and the collaborative models could help with those issues, if the systems could resolve legal and administrative hurdles. The On-Call SANE Program Committee was also addressing these issues.
- In 2022, the Committee reviewed and updated the sample template agreements for transfers that were created in 2019. The Committee also began work on proposed amendments to SASETA Administrative Rule § 545.65 (Transfer of Sexual Assault Survivors) to clarify the emergency healthcare required to be provided by transfer hospitals for survivors who decline to be transferred. The proposed amendment was approved by the Task Force in May 2023, submitted to IDPH for review and filing with JCAR, and has since been published in the Illinois Register.
- In 2023, the “Your Rights and Choices for a Medical Forensic Exam” brochure was updated to be a more useful tool for transfer hospitals and survivors who are deciding whether to consent to a transfer.
- On August 11, 2023, the Task Force approved the Committee to work on proposed revisions to the template sample agreements between hospitals. Included in this conversation was additional optional language regarding compensation being paid from the transfer hospital to the treatment hospital.

- **On-Call SANE/SAFE Program Committee: *On-Call Systems for Qualified Medical Providers (“QMPs”)***

One of the SASETA Amendatory Act’s goals was “to facilitate the development of on-call systems of qualified medical providers to assist hospitals with the development of plans to employ or contract with a qualified medical provider to initiate medical forensic services to a sexual assault survivor within 90 minutes of the patient presenting to the hospital as required in subsection (a-7) of Section 5[.]”¹⁶

The On Call SANE/SAFE Program Committee developed the *Guide to Establishing an On-Call Sexual Assault Nurse Examiner Program*, which provides hospitals with important information and options to weigh when considering whether to start an on-call SANE program. This Guide includes information about staffed SANE programs, including the role and duties of a SANE, SANE Coordinator, Medical Director, and SAFE. This resource also includes guidance for how to start discussions with regional hospitals, as well as templates and examples for SANE program personnel budgets and SANE equipment and supplies.

In 2023, the guide was revised and re-titled “Guide to Establishing a Sexual Assault Examiner Program.”¹⁷ The title change acknowledges the diversity in the Qualified Medical Providers (SANE, SAFE and Child Abuse Pediatricians) and program designs (staffed, on call, staff/on call hybrid, etc.). The current version of the guide will be published and posted on the OAG’s website.

At the recommendation of the Committee, the Illinois Health and Hospital Association (“IHA”) hosted a webinar on September 13, 2023, entitled “Implementing a SANE Program: Successes and Challenges.” This webinar was open to IHA members which includes all but one hospital in Illinois. The format was a panel discussion of SANE program leaders from several member hospitals. The speakers shared challenges and successes in developing their SANE program. Participants learned about different SANE program options and were given the opportunity to ask questions.

- **Telehealth Committee: *Examining the Role of Telemedicine in Medical Forensic Services***

Another goal of the SASETA Implementation Task Force was to examine the role of telemedicine (e.g., telehealth, TeleSANE) in the provision of medical forensic services under the Act and to develop recommendations for statutory change and standards and procedures for the use of telemedicine to be adopted by IDPH.

The Telehealth Subcommittee was composed of multiple disciplines including both members and nonmembers of the SASETA Implementation Task Force. The subcommittee explored:

1. Current Evidence/Research
2. Existing TeleSANE Programs
3. Illinois Needs Assessment
4. Barriers to the Development of Telehealth Programs in Illinois

¹⁶ 410 ILCS 70/9.5(c)(2)

¹⁷ Access to the “Guide to Establishing an On-Call Sexual Assault Nurse Examiner Program” is available on the OAG’s website and is also included in Appendix B of this Report titled “Sample Templates.”

- *Current Evidence/Research*

While the committee agrees that in-person SANEs are preferred, existing research shows telehealth can increase the quality of medical forensic services provided, particularly when there is a lack of resources such as in rural settings.¹⁸ Additionally, TeleSANE services are supported by the International Association of Forensic Nurses (“IAFN”), the organization whose standards guide the State SANE training program.¹⁹

- *Examination of Existing TeleSANE Programs*

Established TeleSANE programs exist in Arizona, California, and Massachusetts. Other states are working to implement TeleSANE programs to assist clinicians in rural and underserved areas. The National Association of Forensic Nurses and the Rural Health Information Hub state that well-established TeleSANE programs and services can include support and guidance to clinicians on the use of sexual assault evidence collection kits; how to review documentation; how to pack forensic evidence specimens; and debriefing clinicians to help review and process the experience. Clinicians report that the TeleSANE service gives them increased confidence throughout the examination process.²⁰

- *Exploration of Need for Telehealth in Illinois*

While there are existing TeleSANE programs to serve as models and research to support utilization of TeleSANE, it was necessary to understand how telehealth could be utilized in the state of Illinois and whether there is a current need. A research team from Northwestern Memorial Hospital and Ann & Robert H. Lurie Children’s Hospital of Chicago conducted a formal statewide needs assessment and the results of the assessment were published in the *Journal of Forensic Nursing*.²¹ Results of the survey showed that currently there is a misalignment between ideal and current staffing levels needed to meet State-QMP mandates. Hospital administrators across the State are interested in utilizing telehealth services for sexual abuse/assault evaluations to overcome barriers.

- *Current Barriers to the Development of Telehealth in Illinois*

Currently TeleSANE practice does not occur unless an Illinois SANE is providing services for a program outside of the State because Illinois law requires in-person medical forensic services. Studies²² illustrate why telehealth may provide an opportunity to expand safe and effective sexual assault services to children, adolescents, and adults.²³ Moving forward, Implementation Task Force members suggest future policy will require thoughtful consideration and review when

¹⁸ Marlise Jeanne Pierre-Wright & Lisa Mathey, *Can Telehealth Provide Timely and Equitable Quality Medical Forensic Services? Perspectives of Illinois Hospital Administrators*, *Journal of Forensic Nursing*, https://journals.lww.com/forensicnursing/fulltext/2023/12000/can_telehealth_provide_timely_and_equitable.4.aspx (last visited 5/22/2024).

¹⁹ See International Association of Forensic Nurses, <https://www.forensicnurses.org/page/TeleSAFE/> (last visited 12/23/2023).

²⁰ See Rural Health Information Hub, <https://www.ruralhealthinfo.org/project-examples/889> (last visited 5/22/2024).

²¹ Pierre-Wright & Mathey, *supra* note 18.

²² Appendix E of this Report titled “Telehealth Committee Research Index” includes citations to scholarship and other secondary materials on this subject matter.

²³ Pierre-Wright & Mathey, *supra* note 20, at 16.

contemplating the benefits and consequences of telehealth, including the roles of the telehealth provider in both the clinical and courtroom setting. Additional training regarding the role of telehealth and forensic medical examinations should be anticipated. The subcommittee determined that legislative changes would be necessary to allow Illinois-based TeleSANE programs to develop. Such programs would be helpful for training, preceptorship, and support of SANEs and those training to be SANEs, which could increase compliance with SASETA and state telehealth parity laws.

- **Nursing School Curriculum Committee: Develop Continuing Education Curriculum on Forensics in Nursing Schools**

- *Committee Purpose and Goals*

The Curriculum Committee was created to seek inclusion of the International Association of Forensic Nurses curriculum and best practices. IAFN is the recognized authority on forensic nursing and seen as the catalyst for universal access to forensic nursing care for patients impacted by trauma. The Committee also looked at the training prepared by the American College of Emergency Physicians within the Illinois residency curriculum for emergency room physicians regarding evaluation and management of the sexually assaulted or abused patient.

Completing the goal required a two-step process. The first step was to gather data regarding the current sexual assault educational goals in nursing school and Emergency Medicine (“EM”) Residency Programs. The second step was to (a) create realistic guidelines for nursing schools and EM Residency Programs to educate staff on sexual assault provider career paths and providing opportunities for specialized training early in the career for providers interested in becoming QMPs and SANEs, and (b) assemble a list of resources that could be utilized by teaching institutions. During the work of the Committee the resources were expanded to include topics contributing to the general forensic education of nurses and physicians in Illinois.

- *Timeline*

The Nursing School Curriculum Committee was initiated during the February 2021 Task Force meeting. The Committee was reactivated after the November 2022 Task Force Meeting. The first project was to design a survey to evaluate the current state of sexual assault and general forensic education in Illinois nursing schools and EM Residency Programs. During the February 2023 Task Force meeting the name of the Committee was changed to the Curriculum Committee and the survey and cover letters to nursing schools and EM Residency Programs were approved. Data from the survey was presented during the August 2023 meeting, and the educational guidelines were presented in November 2023.

- *Data on Sexual Assault Education in Nursing Schools and EM Residency Programs*

Nursing Schools: 31 responses were received and only approximately 34 percent responded that they were exposed to concepts and topics included in the Forensic Nurse Sexual Assault Nurse Examiner Education.

EM Residency Programs: Of the 12 Illinois programs surveyed, a 92 percent response identified topics regarding sexual assault are not sufficiently taught. These topics include evidence collection and chain of custody, drug facilitated sexual assault, human trafficking, and resources for victims of violence.

- *Educational Guidelines*

The Curriculum Committee identified a list of topics that could create a comprehensive forensic curriculum for nursing and EM residency programs. *See* chart below. Sexual assault survivor care as defined by Illinois statute is included in the curriculum. Other topics are forensic photography; wound description; trauma informed care; chain of custody; interpersonal violence; and strangulation. Adding these topics to the curriculum would insure more nurses and medical providers would be equipped to address the complex treatment of sexual assault survivors in a trauma-informed manner.

**Outline of Forensic Topics That Would Create a Forensic Curriculum
In Nursing Schools and Emergency Medicine Residencies**

- I. Definition of Forensic Emergency Medicine/Introduction to Forensic Nursing/Evolution of Forensic Nursing Science/Types of Forensic Nursing (*i.e. Psychiatric, Correctional Forensic Nursing, Death Investigation, SANE, etc.*)
- II. Evidence Collection and Preservation in the Emergency Department/Forensic Documentation/Chain of Custody/Forensic Photography/Forensic Investigations in Hospitals
 - a. Responsibilities of nurses
- III. Wound Evaluation and Description
 - a. Terminology (*laceration, incised wound, abrasion, bruise vs ecchymosis, bite marks*)
 - b. Evaluation of Gunshot Wounds
 - c. Physical Restraints and Fractures
 - d. Mechanism of Injury (“MOI”)
- IV. Trauma-Informed Care
- V. Child Abuse
- VI. Elder Abuse
- VII. Sexual Assault and Suspect Exam
- VIII. Interpersonal Violence
- IX. Strangulation
- X. Human Trafficking
- XI. Signs of Death with Timeline/Post-Mortem Science
- XII. Forensic Toxicology
- XIII. Global/Culture Crimes/ Female Genital Mutilation
- XIV. Legal and Ethical Forensic Nursing Issues/Roles and Courtroom Testimonies

○ *Suggested Strategies*

Nursing schools: The possibility of introducing the forensic requirements with the nursing accreditation bodies, including the Accreditation Commission for Education in Nursing (“ACEN”) was discussed. ACEN is the leading authority for nursing education accreditation. Based on this discussion, a suggestion of creating a separate elective forensic curriculum, rather than adding requirements was agreed upon. Options are being explored for possible grant funding for the introduction of medical forensic services information into nursing programs.

EM Residency Programs: While the Committee found a gap in EM residency curriculums, it was agreed that addressing it was outside the scope of this Committee.

Below are lists of topics not extensively taught during EM residence as identified by EM Residency Directors and topics identified by EM Residents as “uncomfortable” based on the survey.

Topic with Very Little Time Spent as Identified by EM Residency Directors	Topics Identified as “Uncomfortable” by EM Residents
Evidence collection and chain of custody	Evidence collection and chain of custody
Drug facilitated sexual assault	Drug facilitated sexual assault
Pregnancy prevention	Strangulation
Resources for victims of violence	Resources for victims of violence
IL law regarding sexual assault survivors	Human trafficking
Elder abuse	Elder abuse
General forensic topics	General forensic topics
Specialized sexual assault exam techniques	Specialized sexual assault exam techniques

III. THE IMPACT OF TRANSFERS TO OUT-OF-STATE HOSPITALS ON SEXUAL ASSAULT SURVIVORS

Another statutory requirement of the Implementation Task Force’s report to the General Assembly was to include information on the impact of transfers to out-of-state hospitals on sexual assault survivors. SASETA²⁴ mandates that all licensed hospitals²⁵ provide either *transfer* services or *medical forensic* services to sexual assault victims. Under SASETA, transfer of survivors to out-of-state trauma hospitals is specifically allowed for medical forensic services. 410 ILCS 70/5.4 provides an Illinois sexual assault survivor may be transferred to an out-of-state trauma center if the out-of-state hospital:

- has been designated as a trauma center by the Illinois Department of Public Health (“IDPH”) under Section 3.90 of the Emergency Medical Services (“EMS”) Systems Act.
- submits an areawide treatment plan approved by IDPH.
- agrees to consent to the jurisdiction of IDPH.

²⁴ See 410 ILCS 70/1 *et seq.*

²⁵ See Hospital Licensing Act, 210 ILCS 85/1 *et seq.*

- complies with all requirements of SASETA.
- uses an Illinois State Police Sexual Assault Evidence Collection Kit to collect forensic evidence from an Illinois sexual assault survivor.
- ensures that its staff cooperates with Illinois law enforcement agencies and are responsive to subpoenas issued by Illinois courts.
- provides appropriate transportation upon the completion of medical forensic services back to the transfer hospital or treatment hospital with pediatric transfer where the sexual assault survivor initially presented seeking medical forensic services, unless the sexual assault survivor chooses to arrange his or her own transportation.²⁶

In accordance with the implementation details outlined in Public Act 100-1087, IDPH conducted an in-depth investigation and analysis on the acute sexual assault cases transferred to out-of-state hospitals between 2019 and 2023. IDPH’s report examines overall logistics and evaluates how effectively each hospital followed the steps required for Illinois sexual assault cases managed by an out-of-state hospital. The committee examined acute sexual assault cases that occurred from 2019-2023 at the St. Louis Children’s Hospital and Sisters of Saint Mary’s Health (“SSM Health”) Cardinal Glennon Hospital, two approved out-of-state hospitals located in Missouri. The Committee developed the survey instrument for data collection from these two hospitals. In addition, the Committee collected data from Illinois Rape Crisis Centers and state’s attorney offices on the impact of their services with the out of state provider.

While this data is not reflective of all patients who presented the following information is a representative sample for those patients who transferred from an Illinois hospital. Of all the states bordering Illinois, only two hospitals in Missouri applied and were approved to be transfer providers for Illinois survivors.

1. SSM Health Cardinal Glennon Children’s Hospital, St. Louis, MO

This section displays a quantitative report of all Illinois pediatric patients presented and recorded between the last six months of 2019 through June of 2023 at the SSM Health Cardinal Glennon Children’s Hospital in St. Louis, Missouri. It provides a comparative view of the number of patients who presented and the number of kits offered/completed/denied during this period. In the years 2019 to 2023, seventy (70) acute pediatric patients presented to SSM Cardinal Glennon Children’s Hospital with the report of abuse/sexual assault. All 70 acute sexual assault patients were offered sexual assault kits; however, based on the data collected, fifty-five (55) or 79 percent accepted, and fifteen (15) or 21 percent declined. The overall presentation of patients during this period, nineteen (19) patients or 28 percent were transferred to SSM Cardinal Glennon Children’s Hospital from Illinois hospitals. Fifty-one (51) or 72 percent of the patients were self-referrals or referred by law enforcement.

²⁶ 410 ILCS 70/5.4

The following sections provide an in-depth look at the Hospital’s implementation of SASETA requirements.

a. Patients’ Presentation

Age distribution of Illinois acute sexual assault cases reported at SSM Health Cardinal Glennon Children’s Hospital were categorized into the following data collection groups: birth to twelve months; one to two years; three to six years; seven to twelve years; and thirteen plus years. The data provided revealed that the category of three to six years represented 31 percent of all cases, seven to twelve years represented 27 percent of all cases, and thirteen plus years represented 36 percent of all cases. The patients who presented at age 13 and above were self-referrals and not transfers from an Illinois hospital.

During the years studied, data showed that 94 percent of acute sexual assault patients who presented at the SSM Health Cardinal Glennon Children’s Hospital were transported by private vehicles while the other six percent were transported by ambulance.

The data collected offered a better look at the initiation of medical forensics services. Based on the data provided, 91 percent of all acute sexual assault patients had the initiation of medical forensic care within the 90-minute requirement. Four cases or 0.7 percent did not meet the 90-minute timeframe each with unique circumstances and for one (1) or 0.2 percent the timeframe is unknown.

b. Notification to Illinois Department Children and Family Services

Hospitals and medical personnel engaged in examination, care, and treatment of persons are required by the Abused and Neglected Child Reporting Act to report to the Illinois Department of Children and Family Services (“DCFS”) all suspected cases of abuse or neglect.²⁷ Data shows DCFS was contacted for 76 percent of cases reported. The notification to DCFS was initiated by either the Illinois hospital, SSM Health Cardinal Glennon Children’s Hospital, or DCFS presented with the patient.

c. Illinois Rape Crisis Center

Contacting a Rape Crisis Center when a sexual assault survivor presents at the hospital is required by Illinois law. The support and guidance of a rape crisis advocate is crucial to ensuring the patient is supported in all aspects of care. The Hospital did not complete all the questions required under the law providing a limited view on reporting. Missing data was related to the date, time, and who contacted the Illinois Rape Crisis Center and if the rape crisis advocate provided advocacy services in-person or remotely. The limited data showed 56 percent of the time an Illinois Rape Crisis center was contacted the same day. More data is required to understand whether patients received medical advocacy services from an Illinois Rape Crisis Center. Per conversations with the Illinois Rape Crisis Center that provides services to the Missouri hospitals, they were not tracking the out-of-state referrals to determine hospital compliance.

²⁷ See Abused and Neglected Child Reporting Act, 325 ILCS 5/1 *et seq.*

SSM Health Cardinal Glennon Children’s Hospital was surveyed September 29, 2021 by IDPH for violations of failing to contact the Illinois rape crisis center with which the hospital has a Memorandum of Understanding (“MOU”). The Hospital submitted an acceptable plan of correction as required under state law, and this will continue to be monitored.

d. Illinois Law Enforcement Agency

Contacting Illinois Law Enforcement is required under Illinois Law. If the survivor wants to participate in the investigation, law enforcement must provide the opportunity to properly investigate and secure relevant evidence. Law Enforcement is required to take custody of any sexual assault evidence collection kit resulting from a case occurring in Illinois. The data provided shows that SSH Health Cardinal Glennon Children’s Hospital notified Illinois law enforcement agency 78 percent of the time during this period. The data provided shows that four (4) of the fifty-five (55) or 7 percent of the cases reported to law enforcement were made by family members of the patient and the remaining eight (8) or 15 percent had no data. 51 percent of the cases reported that law enforcement picked up the evidence collection kit the same day they were contacted by the Hospital. The remaining 27 percent had no data for this question.

e. Patient Disposition

Hospitals must issue vouchers to survivors of sexual assault that occurred in Illinois. The voucher covers outpatient services such as labs, pharmacy, and other follow-up care for 180 days. The data provided shows that 100 percent of acute sexual assault patients at the SSM Health Cardinal Glennon Children’s Hospital during this period were issued a voucher from the Hospital and 100 percent of the patients left the Hospital in private vehicles. The data does not address if the patients received financial assistance for transportation back to an Illinois hospital or other destination.

2. St. Louis Children’s Hospital, St. Louis, MO

Based on the data collected, this section displays a quantitative report of all Illinois pediatric patients presented and recorded between 2019 to 2023 at the St. Louis Children’s Hospital. It provides a comparative view of the number of patients who presented and the numbers of kits offered/completed/denied during this period. From 2019 to June 2023, seventy (70) patients presented with acute sexual assault. All 70 patients or 100 percent were offered evidence collection, and sixty-one (61) or 87 percent accepted and completed the evidence collection respectively. Of the patients that presented for clinical services, 35 percent were transferred from an Illinois hospital based on the hospital’s areawide treatment plan and 65 percent of the patients presented to St. Louis Children’s Hospital as a self referral or referral by law enforcement. The following sections, will examine the Hospital’s implementation of SASETA requirements from 2021 through 2023.

a. Patients’ Presentation

Age distribution of Illinois acute sexual assault cases reported at St. Louis Children’s Hospital were categorized into the following data collection groups: birth to twelve months; one to two years; three to six years; seven to twelve years; and thirteen plus years. Based on the data provided,

it is revealed that three to six years represented 21 percent of all cases, seven to twelve years represented 38 percent of all cases, and thirteen plus years represented 33 percent of all cases. Patients who presented at age 13 and above were self-referrals and not transfers from an Illinois Hospital.

During the years, 92 percent of acute sexual assault patients who presented at the St. Louis Children's Hospital were transported by private vehicles while the other 8 percent were transported by ambulance.

Based on the data provided, 63 percent of all acute sexual assault patients had the initiation of medical forensic care within the 90-minute requirement. Nine (9) cases or 37 percent of the cases did not meet the 90-minute timeframe with unique circumstances identified for some. There was an improvement between 2022 and 2023, with over 83 percent of the patients having the initiation of medical forensic care within the 90-minute requirement.

b. Notification to Illinois Department of Children and Family Services

The data shows DCFS was contacted for 100 percent of all the cases. The notification to DCFS was initiated by either the Illinois Hospital, St. Louis Children's Hospital, or DCFS presented with the patient.

c. Rape Crisis Center

St. Louis Children's Hospital did not complete questions related to the date, time, and who contacted the Illinois Rape Crisis Center and if the Rape Crisis Advocate provided advocacy services in-person or remotely. The limited data showed 58 percent of the time an Illinois Rape Crisis Center was contacted the day of the Emergency Department visit. It was noted that in thirteen (13) or 54 percent of cases the contact was made by the Missouri hospital and eleven (11) cases lacked information. The provider did list the name of the Rape Crisis Center that was contacted in twenty-three (23) of the twenty-four (24) cases. More data is required to better understand whether patients received medical advocacy services from an Illinois rape crisis center. Per conversations with the Illinois Rape Crisis Center that provides services to the Missouri hospitals, out-of-state referrals were not tracked to determine compliance.

d. Illinois Law Enforcement Agency

The data provided shows St. Louis Children's Hospital notified Illinois law enforcement agency for 100 percent of their cases on the same day they were reported. The data collected shows that for 100 percent of the cases law enforcement collected the completed evidence kit the same day.

e. Patient Disposition

The data provided shows that 100 percent of patients at the St. Louis Children's Hospital during this period were issued an Illinois voucher from the Hospital. The data shows 100 percent of all acute sexual assault patients left the Hospital in private vehicles. The data also shows that none of the patients received financial assistance for transportation back to an Illinois hospital or other destination.

3. Feedback from Illinois State’s Attorney Offices

The Implementation Task Force sent a questionnaire to the Illinois state’s attorney offices, requesting information regarding sexual abuse and sexual assault cases in which victims received medical forensic services at any out-of-state hospital including, but not limited to, SSM Health Cardinal Glennon Children’s Hospital and St. Louis Children's Hospital in St. Louis, Missouri. The questions addressed areas related to issuance of subpoenas and compliance by the hospital and cooperation by the clinical staff for testimony if necessary. Thirty-seven (37) of the Illinois’ one hundred and two (102) counties responded, two (2) of which – St. Clair and Madison Counties - identified legal matters related to sexual assault cases in which victims received medical forensic services at an out-of-state hospital.

Alison Foley, Assistant State’s Attorney, Chief of the Children’s Justice Division, Madison County, Illinois, stated:

“Neither hospital requires proper service of subpoenas through out of state means. They always accept service via email. The doctors and staff of both hospitals always make themselves available for testimony prep and questions during investigations. We very, very rarely need to issue subpoenas for medical records from either hospital. Medical records are almost always obtained through victim consent via law enforcement or through the Department of Children and Family Services. The number of subpoenas issued for records may be zero due to that information, however, we have never requested medical records that were not provided.”

Bernadette Schrempp, Assistant State’s Attorney, Chief of the Children’s Justice Division at the St. Clair County State’s Attorney Office, offered this insight:

“No concerns. My office regularly works with clinicians from both St. Louis Children's Hospital and Cardinal Glennon Children's Hospital. We have wonderful working relationships with these facilities and their physicians and staff.”

Schrempp added that many of the charged cases in St. Clair County never go to trial; rather, the charged cases typically end in guilty pleas. Hence, the number of subpoenas issues for testimony will not only be low, but do not actually reflect the true importance of Illinois’ partnership with out-of-state hospitals.

IV. THE AVAILABILITY OF TREATMENT HOSPITALS IN ILLINOIS

The second statutory requirement of the Implementation Task Force’s report to the General Assembly was to include information on the availability of treatment hospitals in Illinois. Under state law, every hospital licensed by IDPH that provides general medical and surgical hospital services, shall provide either: transfer services, hospital emergency services and forensic services for adult and adolescent, or hospital emergency services and forensic services for adult, adolescent and pediatric sexual assault survivors.

SASETA defines "Areawide Plan" as a plan, developed by hospitals or by approved pediatric health care facilities in a community or area to be served, which provides for medical forensic

services to sexual assault survivors that shall be made available by each of the participating hospitals and approved pediatric health care facilities.²⁸ Each facility operating under an Areawide Plan is required to submit its individual plan along with the Areawide Plan to IDPH. Hospitals operating under an Areawide Plan should coordinate with other facilities operating under the same Areawide Plan on the timing of submission so that plans can be reviewed comprehensively.

IDPH provides a complete list of the State's available SASETA treatment hospitals, as well as data collection reports detailing the number of patients that presented to those facilities between January 2019 to June 2023, on its website.²⁹

V. THE IMPACT OF MEDICAL FORENSIC SERVICES PROVIDED AT APPROVED FEDERALLY QUALIFIED HEALTH CENTERS ON SEXUAL ASSAULT SURVIVORS

Federally Qualified Health Centers ("FQHCs") were added as a provider for sexual assault patients per Public Act 102-674. Two (2) FQHCs applied and were approved on January 26, 2021, and both voluntarily withdrew in March of 2022. The inclusion of FQHC providers in SASETA was repealed on January 31, 2023, pursuant to the Act.

VI. IMPLEMENTATION TASK FORCE'S RECOMMENDATIONS FOR FURTHER ACTION

The Committees' work demonstrates the extent of the challenges facing the State and offers the opportunity to take substantive and meaningful actions to improve sexual assault forensic services in Illinois. Due to complexity, some of the topics the Committees discussed will require a more thorough examination to determine specific courses of action. Moreover, there may not be an immediate legislative solution to the issues presented in some cases.

The Implementation Task Force presents the following recommendations as a plan of action for both the short and immediate terms that will aim to meet the needs of survivors of sexual assault, child sexual abuse, an intimate partner attack, or sexual violence. The following recommendations are presented in no particular order:

1. Continue to support and expand the OAG's SANE program to train more SANEs in Illinois and support and retain the SANEs already working here.
2. Encourage hospital systems to work together to overcome legal and administrative barriers so they can collaborate and share SANE programs, where appropriate.
3. Encourage hospitals to convene a working group to identify the changes in law that would be necessary to allow use of telehealth services to support SANE programs.
4. Remove the sunset on out-of-state hospitals participating in SASETA.

²⁸ 410 ILCS 70/1a.

²⁹ See <https://dph.illinois.gov/topics-services/health-care-regulation/hospitals/saseta.html> (last visited Dec. 8, 2023).

5. Encourage medical educators to convene a working group to develop continuing education for nursing schools for an elective forensic curriculum.

VII. CONCLUSION

The Implementation Task Force worked on behalf of sexual violence survivors in Illinois. This collaboration produced tangible results in the form of new templates and educational materials for health care providers, law enforcement investigators, prosecutors, and Rape Crisis Centers. This multi-disciplinary approach also ensured improvements to Illinois' response to sexual violence. Illinois remains committed to improving patient care for individuals in need of medical forensic services.

On behalf of the Implementation Task Force, we thank the Illinois General Assembly for the trust and confidence placed in this multidisciplinary team to inspire ideas, establish meaningful solutions, and be the catalyst to improving Illinois' response to sexual violence. With the statutory goals having been accomplished, it is with great satisfaction and confidence that the Implementation Task Force submits this Report as a summary of its work.

**APPENDIX A:
EDUCATIONAL MATERIALS³⁰**

**APPENDIX B:
SAMPLE TEMPLATES³¹**

**APPENDIX C:
MEETING AGENDAS AND MINUTES³²**

**APPENDIX D:
SASETA HOSPITAL LISTINGS³³**

**APPENDIX E:
TELEHEALTH COMMITTEE RESEARCH INDEX³⁴**

³⁰ Documents created by the Sexual Assault Medical Forensic Services Implementation Task Force for hospitals and approved pediatric health care facilities, health care providers, Rape Crisis Centers, children’s advocacy centers, and state’s attorney offices in accordance with 410 ILCS 90/9.5(b)(5) are attached to this Report.

³¹ Resources created by the Sexual Assault Medical Forensic Services Implementation Task Force pursuant to 410 ILCS 70/9.5(c)(2) include recommendations, templates, and documents for use by hospitals. Implementation of these resources were not required by hospitals. The templates and documents may be modified to meet the needs of the facility.

³² The meeting agendas and adopted minutes are attached to this Report.

³³ *See also* Illinois Department of Public Health’s SASETA’s Hospital Listings, <https://dph.illinois.gov/topics-services/health-care-regulation/hospitals/saseta/hospital-listings.html> (last visited 12/26/2023).

³⁴ An index of secondary sources provided by the Telehealth Committee are attached to this Report.