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**PUBLIC HEALTH
(410 ILCS 70/) Sexual Assault Survivors Emergency Treatment Act.**

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

Sec. 1. Short Title. This Act shall be known and may be cited as the "Sexual Assault Survivors Emergency Treatment Act". (Source: P.A. 85-577.)

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

Sec. 1a. Definitions. In this Act:

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

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

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

"Areawide sexual assault treatment plan" means a plan, developed by hospitals or by hospitals and 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.

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

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

"Department" means the Department of Public Health.

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

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

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

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

"Illinois State Police Sexual Assault Evidence Collection Kit" means a prepackaged set of materials and forms to be used for the collection of evidence relating to sexual assault. The

standardized evidence collection kit for the State of Illinois shall be the Illinois State Police Sexual Assault Evidence Collection Kit.

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

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

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

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

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

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

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

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

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

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

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

"Sexual assault" means:

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

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

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

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

"Sexual assault services voucher" means a document generated

by a hospital or approved pediatric health care facility at the time the sexual assault survivor receives outpatient medical forensic services that may be used to seek payment for any ambulance services, medical forensic services, laboratory services, pharmacy services, and follow-up healthcare provided as a result of the sexual assault.

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

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

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

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

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

"Treatment hospital" means a hospital with a sexual assault treatment plan approved by the Department to provide medical forensic services to all sexual assault survivors who present with a complaint of sexual assault within a minimum of the last 7 days or who have disclosed past sexual assault by a specific individual and were in the care of that individual within a minimum of the last 7 days.

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

(Source: P.A. 100-513, eff. 1-1-18; 100-775, eff. 1-1-19; 101-81, eff. 7-12-19.)

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

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

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

In addition, every such hospital, regardless of whether or not a request is made for reimbursement, shall submit to the Department a plan to provide either (i) transfer services to all sexual assault survivors, (ii) medical forensic services to all sexual assault survivors, or (iii) transfer services to pediatric sexual assault survivors and medical forensic services to sexual assault survivors 13 years old or older. The Department shall approve such plan for either (i) transfer services to all sexual assault survivors, (ii) medical forensic services to all sexual assault survivors, or (iii) transfer

services to pediatric sexual assault survivors and medical forensic services to sexual assault survivors 13 years old or older, if it finds that the implementation of the proposed plan would provide (i) transfer services or (ii) medical forensic services for sexual assault survivors in accordance with the requirements of this Act and provide sufficient protections from the risk of pregnancy to sexual assault survivors. Notwithstanding anything to the contrary in this paragraph, the Department may approve a sexual assault transfer plan for the provision of medical forensic services until January 1, 2022 if:

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

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

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

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

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

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

A transfer hospital must submit an areawide treatment plan under Section 3 of this Act that includes a written agreement with a treatment hospital stating that the treatment hospital will provide medical forensic services to all sexual assault survivors transferred from the transfer hospital. The areawide treatment plan may also include an approved pediatric health care facility. Notwithstanding anything to the contrary in this paragraph, until January 1, 2022, the areawide treatment plan may include a written agreement with a treatment hospital with approved pediatric transfer that is geographically closer than other hospitals providing medical forensic services to sexual assault survivors 13 years of age or older stating that the treatment hospital with approved pediatric transfer will provide medical services to sexual assault survivors 13 years of age or older who are transferred from the transfer hospital. If the areawide treatment plan includes a written agreement with a treatment hospital with approved pediatric transfer, it must also include a written agreement with a treatment hospital stating that the treatment hospital will provide medical forensic services to sexual assault survivors under 13 years of age who are transferred from the transfer hospital.

Beginning January 1, 2019, each treatment hospital and treatment hospital with approved pediatric transfer shall ensure that emergency department attending physicians, physician assistants, advanced practice registered nurses, and registered professional nurses providing clinical services, who do not meet

the definition of a qualified medical provider in Section 1a of this Act, receive a minimum of 2 hours of sexual assault training by July 1, 2020 or until the treatment hospital or treatment hospital with approved pediatric transfer certifies to the Department, in a form and manner prescribed by the Department, that it employs or contracts with a qualified medical provider in accordance with subsection (a-7) of Section 5, whichever occurs first.

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

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

- (1) information provided on the provision of medical forensic services;
- (2) information on the use of the Illinois Sexual Assault Evidence Collection Kit;
- (3) information on sexual assault epidemiology, neurobiology of trauma, drug-facilitated sexual assault, child sexual abuse, and Illinois sexual assault-related laws; and
- (4) information on the hospital's sexual assault-related policies and procedures.

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

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

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

The Department shall review a proposed sexual assault treatment plan submitted by a pediatric health care facility within 60 days after receipt of the plan. If the Department finds that the proposed plan meets the minimum requirements set forth in Section 5 of this Act and that implementation of the proposed plan would provide medical forensic services for pediatric sexual assault survivors, then the Department shall approve the plan. If the Department does not approve a plan, then the Department shall notify the pediatric health care facility that the proposed plan has not been approved. The pediatric health care facility shall have 30 days to submit a revised plan. The Department shall review the revised plan within 30 days after receipt of the plan and notify the pediatric health care facility whether the revised plan is approved or rejected. A pediatric health care facility may not provide medical forensic services to pediatric sexual assault survivors who present with a complaint of sexual assault within a minimum of the last 7 days or who have disclosed past sexual assault by a specific individual and were in the care of that

individual within a minimum of the last 7 days until the Department has approved a treatment plan.

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

- (1) is at least 14 inches by 14 inches in size;
- (2) directs those seeking services as follows: "If closed, call 911 for services or go to the closest hospital emergency department, (insert name) located at (insert address).";
- (3) lists the approved pediatric health care facility's hours of operation;
- (4) lists the street address of the building;
- (5) has a black background with white bold capital lettering in a clear and easy to read font that is at least 72-point type, and with "call 911" in at least 125-point type;
- (6) is posted clearly and conspicuously on or adjacent to the door at each entrance and, if building materials allow, is posted internally for viewing through glass; if posted externally, the sign shall be made of weather-resistant and theft-resistant materials, non-removable, and adhered permanently to the building; and
- (7) has lighting that is part of the sign itself or is lit with a dedicated light that fully illuminates the sign.

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

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

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

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

- (1) The total number of patients who presented with a complaint of sexual assault.
- (2) The total number of Illinois Sexual Assault Evidence Collection Kits:
 - (A) offered to (i) all sexual assault survivors and (ii) pediatric sexual assault survivors pursuant to paragraph (1.5) of subsection (a-5) of Section 5;
 - (B) completed for (i) all sexual assault survivors and (ii) pediatric sexual assault survivors; and
 - (C) declined by (i) all sexual assault survivors and (ii) pediatric sexual assault survivors.

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

(Source: P.A. 100-775, eff. 1-1-19; 101-73, eff. 7-12-19.)

(410 ILCS 70/2.05)

Sec. 2.05. Department requirements.

(a) The Department shall periodically conduct on-site reviews of approved sexual assault treatment plans with hospital and approved pediatric health care facility personnel to ensure

that the established procedures are being followed. Department personnel conducting the on-site reviews shall attend 4 hours of sexual assault training conducted by a qualified medical provider that includes, but is not limited to, forensic evidence collection provided to sexual assault survivors of any age and Illinois sexual assault-related laws and administrative rules.

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

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

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

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

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

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

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

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

(410 ILCS 70/2.06)

Sec. 2.06. Consent to jurisdiction. A pediatric health care facility that submits a plan to the Department for approval under Section 2 or an out-of-state hospital that submits an areawide treatment plan in accordance with subsection (b) of Section 5.4 consents to the jurisdiction and oversight of the Department, including, but not limited to, inspections, investigations, and evaluations arising out of complaints relevant to this Act made to the Department. A pediatric health care facility that submits a plan to the Department for approval under Section 2 or an out-of-state hospital that submits an

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

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

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

Sec. 2.1. Plan of correction; penalties.

(a) If the Department surveyor determines that the hospital or approved pediatric health care facility is not in compliance with its approved plan, the surveyor shall provide the hospital or approved pediatric health care facility with a written list of the specific items of noncompliance within 10 working days after the conclusion of the on-site review. The hospital shall have 10 working days to submit to the Department a plan of correction which contains the hospital's or approved pediatric health care facility's specific proposals for correcting the items of noncompliance. The Department 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.

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

(b) The failure of a hospital to submit an acceptable Plan of Correction or 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. The Department may impose a fine of up to \$500 per day until a hospital complies with the requirements of this Section.

If an approved pediatric health care facility fails to submit an acceptable Plan of Correction or to implement the Plan of Correction within the time frames required in this Section, then the Department shall notify the approved pediatric health care facility that the approved pediatric health care facility may not provide medical forensic services under this Act. The Department may impose a fine of up to \$500 per patient provided services in violation of this Act.

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

(Source: P.A. 100-775, eff. 1-1-19; 101-81, eff. 7-12-19.)

(410 ILCS 70/2.2)

Sec. 2.2. Emergency contraception.

(a) The General Assembly finds:

(1) Crimes of sexual assault and sexual abuse 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.

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

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

(b) Every hospital or approved pediatric health care facility providing services to 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 information about emergency contraception; the indications and contraindications and risks associated with the use of emergency contraception; and a description of how and when victims may be provided emergency contraception at no cost upon the written order of a physician licensed to practice medicine in all its branches, a licensed advanced practice registered nurse, or a licensed physician assistant. The Department shall approve the protocol if it finds that the implementation of the protocol would provide sufficient protection for survivors of sexual assault.

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

(Source: P.A. 99-173, eff. 7-29-15; 100-513, eff. 1-1-18; 100-775, eff. 1-1-19.)

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

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

Hospitals and approved pediatric health care facilities in the area to be served may develop and participate in areawide plans that shall describe the medical forensic services to sexual assault survivors that each participating hospital and approved pediatric health care facility has agreed to make available. Each hospital and approved pediatric health care facility participating in such a plan shall provide such services as it is designated to provide in the plan agreed upon by the participants. An areawide plan may include treatment hospitals, treatment hospitals with approved pediatric transfer, transfer hospitals, approved pediatric health care facilities, or out-of-state hospitals as provided in Section 5.4. All areawide plans shall be submitted to the Department for approval, prior to becoming effective. The Department shall approve a proposed plan if it finds that the minimum requirements set forth in Section 5 and implementation of the plan would provide for appropriate medical forensic services for the people of the area to be served.

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

(410 ILCS 70/4)

Sec. 4. (Repealed).

(Source: P.A. 90-587, eff. 7-1-98. Repealed by P.A. 95-432, eff. 1-1-08.)

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

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

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

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

(a-5) A treatment hospital, a treatment hospital with approved pediatric transfer, or an approved pediatric health care facility shall provide the following services in accordance with subsection (a):

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

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

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

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

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

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

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

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

The written information provided shall be the information created in accordance with Section 10 of

this Act.

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

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

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

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

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

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

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

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

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

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

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

(a-7) By January 1, 2022, every hospital with a treatment plan approved by the Department shall 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 treatment hospital or treatment hospital with approved pediatric transfer. The provision of medical forensic services by a qualified medical provider shall not delay the provision of life-saving medical care.

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

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

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

(Source: P.A. 100-513, eff. 1-1-18; 100-775, eff. 1-1-19; 100-1087, eff. 1-1-19; 101-81, eff. 7-12-19; 101-377, eff. 8-16-19.)

(410 ILCS 70/5.1)

Sec. 5.1. Storage, retention, and dissemination of photo documentation relating to medical forensic services. Photo documentation taken during a medical forensic examination shall be maintained by the hospital or approved pediatric health care facility as part of the patient's medical record.

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

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

Photo documentation of the sexual assault survivor's injuries, anatomy involved in the assault, or other visible evidence on the sexual assault survivor's body may be used for peer review, expert second opinion, or in a criminal proceeding against a person accused of sexual assault, a proceeding under the Juvenile Court Act of 1987, or in an investigation under the Abused and Neglected Child Reporting Act. Any dissemination of photo documentation, including for peer review, an expert second opinion, or in any court or administrative proceeding or investigation, must be in accordance with State and federal law. (Source: P.A. 100-775, eff. 1-1-19.)

(410 ILCS 70/5.2)

Sec. 5.2. Sexual assault services voucher.

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

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

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

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

(3) A statement to be signed by each employee of an approved pediatric health care facility with access to the Medical Electronic Data Interchange or successor system

affirming that the Medical Electronic Data Interchange or successor system will only be used for the purpose of issuing sexual assault services vouchers.

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

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

- (1) the name and date of birth of the sexual assault survivor;
- (2) the service provided;
- (3) the charge of service;
- (4) the date the service was provided; and
- (5) the recipient identification number, if known.

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

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

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

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

(410 ILCS 70/5.3)

Sec. 5.3. Pediatric sexual assault care.

(a) The General Assembly finds:

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

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

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

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

(b) If a medically stable pediatric sexual assault survivor presents at a transfer hospital or treatment hospital with approved pediatric transfer that has a plan approved by the Department requesting medical forensic services, then the

hospital emergency department staff shall contact an approved pediatric health care facility, if one is designated in the hospital's plan.

If the transferring hospital confirms that medical forensic services can be initiated within 90 minutes of the patient's arrival at the approved pediatric health care facility following an immediate transfer, then the hospital emergency department staff shall notify the patient and non-offending parent or legal guardian that the patient will be transferred for medical forensic services and shall provide the patient and non-offending parent or legal guardian the option of being transferred to the approved pediatric health care facility or the treatment hospital designated in the hospital's plan. The pediatric sexual assault survivor may be transported by ambulance, law enforcement, or personal vehicle.

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

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

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

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

(d) If a pediatric sexual assault survivor presents at an approved pediatric health care facility requesting medical forensic services or the facility is contacted by law enforcement or the Department of Children and Family Services requesting medical forensic services for a pediatric sexual assault survivor, the services shall be provided at the facility if the medical forensic services can be initiated within 90 minutes after the patient's arrival at the facility. If medical forensic services cannot be initiated within 90 minutes after the patient's arrival at the facility, then the patient shall be transferred to a treatment hospital designated in the approved pediatric health care facility's plan for medical forensic services. The pediatric sexual assault survivor may be transported by ambulance, law enforcement, or personal vehicle. (Source: P.A. 100-775, eff. 1-1-19.)

(410 ILCS 70/5.4)

Sec. 5.4. Out-of-state hospitals.

(a) Nothing in this Section shall prohibit the transfer of a

patient in need of medical services from a hospital that has been designated as a trauma center by the Department in accordance with Section 3.90 of the Emergency Medical Services (EMS) Systems Act.

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

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

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

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

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

(v) provide 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.

(c) Subsection (b) of this Section is inoperative on and after January 1, 2024.

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

(410 ILCS 70/5.5)

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

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

(1) a physical examination;

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

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

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

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

(Source: P.A. 99-173, eff. 7-29-15; 100-513, eff. 1-1-18; 100-775, eff. 1-1-19.)

(410 ILCS 70/6)

Sec. 6. (Repealed).

(Source: P.A. 95-331, eff. 8-21-07. Repealed by P.A. 95-432, eff. 1-1-08.)

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

Sec. 6.1. Minimum standards. The Department shall prescribe minimum standards, rules, and regulations necessary to implement this Act and the changes made by this amendatory Act of the 100th General Assembly, which shall apply to every hospital required to be licensed by the Department that provides general medical and surgical hospital services and to every approved pediatric health care facility. Such standards shall include, but not be limited to, a uniform system for recording results of medical examinations and all diagnostic tests performed in connection therewith to determine the condition and necessary treatment of sexual assault survivors, which results shall be preserved in a confidential manner as part of the hospital's or approved pediatric health care facility's record of the sexual assault survivor.

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

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

Sec. 6.2. Assistance and grants. The Department shall assist in the development and operation of programs which provide medical forensic services to sexual assault survivors, and, where necessary, to provide grants to hospitals and approved pediatric health care facilities for this purpose.

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

(410 ILCS 70/6.3)

Sec. 6.3. (Repealed).

(Source: P.A. 85-577. Repealed by P.A. 95-432, eff. 1-1-08.)

(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 collection program to facilitate the prosecution of persons accused of sexual assault. This program shall be administered by the Illinois State Police. The program shall consist of the following: (1) distribution of sexual assault evidence collection kits which have been approved by the Illinois State Police to hospitals and approved pediatric health care facilities that request them, or arranging for such distribution by the manufacturer of the kits, (2) collection of the kits from hospitals and approved pediatric health care facilities after the kits have been used to collect evidence, (3) analysis of the collected evidence and conducting of laboratory tests, (4) maintaining the chain of custody and safekeeping of the evidence for use in a legal proceeding, and (5) the comparison of the collected evidence with the genetic marker grouping analysis information maintained by the Department of State Police under Section 5-4-3 of the Unified Code of Corrections and with the information contained in the Federal Bureau of Investigation's National DNA database; provided the amount and quality of genetic marker grouping results obtained from the evidence in the sexual assault case meets the requirements of both the Department of State Police and the Federal Bureau of Investigation's Combined DNA Index System (CODIS) policies. The standardized evidence collection kit for the State of Illinois shall be the Illinois State Police Sexual Assault Evidence Kit and shall include a written consent form authorizing law enforcement to test the sexual assault evidence and to provide law enforcement with details of the sexual assault.

(a-5) (Blank).

(b) The Illinois State Police shall administer a program to train hospital and approved pediatric health care facility personnel participating in the sexual assault evidence collection program, in the correct use and application of the sexual assault evidence collection kits. The Department shall cooperate with the Illinois State Police in this program as it

pertains to medical aspects of the evidence collection.

(c) (Blank).

(Source: P.A. 99-801, eff. 1-1-17; 100-775, eff. 1-1-19.)

(410 ILCS 70/6.5)

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

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

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

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

(3) If the survivor is an adult who has a guardian of the person, a health care surrogate, or an agent acting under a health care power of attorney, the consent of the guardian, surrogate, or agent is not required to release evidence and information concerning the sexual assault or sexual abuse. If the adult is unable to provide consent for the release of evidence and information and a guardian, surrogate, or agent under a health care power of attorney is unavailable or unwilling to release the information, then an investigating law enforcement officer may authorize the release.

(4) Any health care professional or health care institution, including any hospital or approved pediatric health care facility, who provides evidence or information to a law enforcement officer under a written consent 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.

(b) The hospital or approved pediatric health care facility shall keep a copy of a signed or unsigned written consent form in the patient's medical record.

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

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

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

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

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

(Source: P.A. 100-513, eff. 1-1-18; 100-775, eff. 1-1-19; 100-1087, eff. 1-1-19; 101-81, eff. 7-12-19.)

(410 ILCS 70/6.6)

Sec. 6.6. Submission of sexual assault evidence.

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

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

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

(d) If the law enforcement agency having jurisdiction has not taken physical custody of the sexual assault evidence within 10 days of the first contact by the hospital or approved pediatric health care facility and the hospital or approved pediatric health care facility has provided renotification under subsection (c) of this Section, the hospital or approved pediatric health care facility shall contact the State's Attorney of the county where the law enforcement agency having jurisdiction is located. The hospital or approved pediatric health care facility shall inform the State's Attorney that the hospital or approved pediatric health care facility is in possession of sexual assault evidence, the date the sexual assault evidence was collected, the law enforcement agency having jurisdiction, the dates, times and names of persons notified under subsections (b) and (c) of this Section. The notification shall be made within 14 days of the collection of the sexual assault evidence.

(Source: P.A. 99-801, eff. 1-1-17; 100-201, eff. 8-18-17; 100-775, eff. 1-1-19.)

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

Sec. 7. Reimbursement.

(a) A hospital, approved pediatric health care facility, or health care professional furnishing medical forensic services, an ambulance provider furnishing transportation to a sexual assault survivor, a hospital, health care professional, or laboratory providing follow-up healthcare, or a pharmacy

dispensing prescribed medications to any sexual assault survivor shall furnish such services or medications to that person without charge and shall seek payment as follows:

(1) If a sexual assault survivor is eligible to receive benefits under the medical assistance program under Article V of the Illinois Public Aid Code, the ambulance provider, hospital, approved pediatric health care facility, health care professional, laboratory, or pharmacy must submit the bill to the Department of Healthcare and Family Services or the appropriate Medicaid managed care organization and accept the amount paid as full payment.

(2) If a sexual assault survivor is covered by one or more policies of health insurance or is a beneficiary under a public or private health coverage program, the ambulance provider, hospital, approved pediatric health care facility, health care professional, laboratory, or pharmacy shall bill the insurance company or program. With respect to such insured patients, applicable deductible, co-pay, co-insurance, denial of claim, or any other out-of-pocket insurance-related expense may be submitted to the Illinois Sexual Assault Emergency Treatment Program of the Department of Healthcare and Family Services in accordance with 89 Ill. Adm. Code 148.510 for payment at the Department of Healthcare and Family Services' allowable rates under the Illinois Public Aid Code. The ambulance provider, hospital, approved pediatric health care facility, health care professional, laboratory, or pharmacy shall accept the amounts paid by the insurance company or health coverage program and the Illinois Sexual Assault Treatment Program as full payment.

(3) If a sexual assault survivor is neither eligible to receive benefits under the medical assistance program under Article V of the Public Aid Code nor covered by a policy of insurance or a public or private health coverage program, the ambulance provider, hospital, approved pediatric health care facility, health care professional, laboratory, or pharmacy shall submit the request for reimbursement to the Illinois Sexual Assault Emergency Treatment Program under the Department of Healthcare and Family Services in accordance with 89 Ill. Adm. Code 148.510 at the Department of Healthcare and Family Services' allowable rates under the Illinois Public Aid Code.

(4) If a sexual assault survivor presents a sexual assault services voucher for follow-up healthcare, the healthcare professional, pediatric health care facility, or laboratory that provides follow-up healthcare or the pharmacy that dispenses prescribed medications to a sexual assault survivor shall submit the request for reimbursement for follow-up healthcare, pediatric health care facility, laboratory, or pharmacy services to the Illinois Sexual Assault Emergency Treatment Program under the Department of Healthcare and Family Services in accordance with 89 Ill. Adm. Code 148.510 at the Department of Healthcare and Family Services' allowable rates under the Illinois Public Aid Code. Nothing in this subsection (a) precludes hospitals or approved pediatric health care facilities from providing follow-up healthcare and receiving reimbursement under this Section.

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

(c) (Blank).

(d) On and after July 1, 2012, the Department shall reduce any rate of reimbursement for services or other payments or alter any methodologies authorized by this Act or the Illinois Public Aid Code to reduce any rate of reimbursement for services or other payments in accordance with Section 5-5e of the Illinois Public Aid Code.

(e) The Department of Healthcare and Family Services shall establish standards, rules, and regulations to implement this

Section.

(Source: P.A. 99-454, eff. 1-1-16; 100-775, eff. 1-1-19.)

(410 ILCS 70/7.5)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Act.

(d) Within 60 days after the effective date of this amendatory Act of the 99th General Assembly, every health care professional, except for those employed by a hospital or hospital affiliate, as defined in the Hospital Licensing Act, or those employed by a hospital operated under the University of Illinois Hospital Act, who bills separately for medical or forensic services must develop a billing protocol that ensures that no survivor of sexual assault will be sent a bill for any medical forensic services and submit the billing protocol to the Crime Victim Services Division of the Office of the Attorney General for approval. Within 60 days after the commencement of the provision of medical forensic services, every health care professional, except for those employed by a hospital or hospital affiliate, as defined in the Hospital Licensing Act, or those employed by a hospital operated under the University of Illinois Hospital Act, who bills separately for medical or forensic services must develop a billing protocol that ensures that no survivor of sexual assault is sent a bill for any medical forensic services and submit the billing protocol to the Crime Victim Services Division of the Office of the Attorney General for approval. Health care professionals who bill as a legal entity may submit a single billing protocol for the billing entity.

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

The billing protocol must include at a minimum:

- (1) a description of training for persons who prepare bills for medical and forensic services;
- (2) a written acknowledgement signed by a person who has completed the training that the person will not bill survivors of sexual assault;
- (3) prohibitions on submitting any bill for any portion of medical forensic services provided to a survivor of sexual assault to a collection agency;
- (4) prohibitions on taking any action that would adversely affect the credit of the survivor of sexual assault;
- (5) the termination of all collection activities if the protocol is violated; and
- (6) the actions to be taken if a bill is sent to a collection agency or the failure to pay is reported to any credit reporting agency.

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

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

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

The health care professional or approved pediatric health care facility shall submit any proposed revision to or

modification of an approved billing protocol to the Crime Victim Services Division of the Office of the Attorney General for approval. The health care professional or approved pediatric health care facility shall implement the revised or modified billing protocol upon approval by the Crime Victim Services Division of the Office of the Illinois Attorney General.
(Source: P.A. 99-454, eff. 1-1-16; 100-775, eff. 1-1-19.)

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

(a) Any hospital or approved pediatric health care facility violating any provisions of this Act other than Section 7.5 shall be guilty of a petty offense for each violation, and any fine imposed shall be paid into the general corporate funds of the city, incorporated town or village in which the hospital or approved pediatric health care facility is located, or of the county, in case such hospital is outside the limits of any incorporated municipality.

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

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

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

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

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

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

(Source: P.A. 99-454, eff. 1-1-16; 100-775, eff. 1-1-19.)

(410 ILCS 70/8.5)

Sec. 8.5. Complaints. The Department shall implement a complaint system through which the Department may receive complaints of violations of this Act. The Department may use an existing complaint system to fulfill the requirements of this Section.

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

(410 ILCS 70/9)

Sec. 9. (Repealed).

(Source: P.A. 100-775, eff. 1-1-19. Repealed by P.A. 101-13, eff. 6-12-19.)

(410 ILCS 70/9.5)

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

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

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

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

member;

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

(3) one member of the House of Representatives appointed by the Speaker of the House of Representatives, who may designate an alternate member;

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

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

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

(7) one member representing the Department of State Police appointed by the Director of State Police;

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

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

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

(11) one member representing emergency physicians appointed by the head of a statewide organization representing the interests of emergency physicians in Illinois;

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

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

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

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

(16) three members representing sexual assault survivors appointed by the head of a statewide organization representing the interests of sexual assault survivors and rape crisis centers, at least one of whom shall represent rural rape crisis centers and at least one of whom shall represent urban rape crisis centers; and

(17) one member representing children's advocacy centers appointed by the head of a statewide organization representing the interests of children's advocacy centers in Illinois.

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

(b) The first meeting of the Task Force shall be called by

the co-chairpersons no later than 90 days after the effective date of this Section.

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

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

(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 this Act to hospitals, health care providers, rape crisis centers, children's advocacy centers, State's Attorney's offices;

(6) to examine the role of telemedicine in the provision of medical forensic services under this Act 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 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.

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

(Source: P.A. 100-775, eff. 8-10-18.)

(410 ILCS 70/10)

Sec. 10. Sexual Assault Nurse Examiner Program.

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

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

The Sexual Assault Nurse Examiner Program shall provide didactic and clinical training opportunities consistent with the

Sexual Assault Nurse Examiner Education Guidelines established by the International Association of Forensic Nurses, in sufficient numbers and geographical locations across the State, to assist hospitals with training the necessary number of sexual assault nurse examiners to comply with the requirement of this Act 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.

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

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

(c) The Sexual Assault Nurse Examiner Program, in consultation with qualified medical providers, shall create uniform materials that all treatment hospitals, treatment hospitals with approved pediatric transfer, and approved pediatric health care facilities are required to give patients and non-offending parents or legal guardians, if applicable, regarding the medical forensic exam procedure, laws regarding consenting to medical forensic services, and the benefits and risks of evidence collection, including recommended time frames for evidence collection pursuant to evidence-based research. These materials shall be made available to all hospitals and approved pediatric health care facilities on the Office of the Attorney General's website.

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