

AN ACT concerning health.

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

Section 5. The Civil Administrative Code of Illinois is amended by changing Section 5-565 as follows:

(20 ILCS 5/5-565) (was 20 ILCS 5/6.06)

Sec. 5-565. In the Department of Public Health.

(a) The General Assembly declares it to be the public policy of this State that all residents of Illinois are entitled to lead healthy lives. Governmental public health has a specific responsibility to ensure that a public health system is in place to allow the public health mission to be achieved. The public health system is the collection of public, private, and voluntary entities as well as individuals and informal associations that contribute to the public's health within the State. To develop a public health system requires certain core functions to be performed by government. The State Board of Health is to assume the leadership role in advising the Director in meeting the following functions:

- (1) Needs assessment.
- (2) Statewide health objectives.
- (3) Policy development.
- (4) Assurance of access to necessary services.

There shall be a State Board of Health composed of 20 persons, all of whom shall be appointed by the Governor, with the advice and consent of the Senate for those appointed by the Governor on and after June 30, 1998, and one of whom shall be a senior citizen age 60 or over. Five members shall be physicians licensed to practice medicine in all its branches, one representing a medical school faculty, one who is board certified in preventive medicine, and one who is engaged in private practice. One member shall be a chiropractic physician. One member shall be a dentist; one an environmental health practitioner; one a local public health administrator; one a local board of health member; one a registered nurse; one a physical therapist; one an optometrist; one a veterinarian; one a public health academician; one a health care industry representative; one a representative of the business community; one a representative of the non-profit public interest community; and 2 shall be citizens at large.

The terms of Board of Health members shall be 3 years, except that members shall continue to serve on the Board of Health until a replacement is appointed. Upon the effective date of Public Act 93-975 (January 1, 2005), in the appointment of the Board of Health members appointed to vacancies or positions with terms expiring on or before December 31, 2004, the Governor shall appoint up to 6 members to serve for terms of 3 years; up to 6 members to serve for terms of 2 years; and up to 5 members to serve for a term of

one year, so that the term of no more than 6 members expire in the same year. All members shall be legal residents of the State of Illinois. The duties of the Board shall include, but not be limited to, the following:

(1) To advise the Department of ways to encourage public understanding and support of the Department's programs.

(2) To evaluate all boards, councils, committees, authorities, and bodies advisory to, or an adjunct of, the Department of Public Health or its Director for the purpose of recommending to the Director one or more of the following:

(i) The elimination of bodies whose activities are not consistent with goals and objectives of the Department.

(ii) The consolidation of bodies whose activities encompass compatible programmatic subjects.

(iii) The restructuring of the relationship between the various bodies and their integration within the organizational structure of the Department.

(iv) The establishment of new bodies deemed essential to the functioning of the Department.

(3) To serve as an advisory group to the Director for public health emergencies and control of health hazards.

(4) To advise the Director regarding public health policy, and to make health policy recommendations

regarding priorities to the Governor through the Director.

(5) To present public health issues to the Director and to make recommendations for the resolution of those issues.

(6) To recommend studies to delineate public health problems.

(7) To make recommendations to the Governor through the Director regarding the coordination of State public health activities with other State and local public health agencies and organizations.

(8) To report on or before February 1 of each year on the health of the residents of Illinois to the Governor, the General Assembly, and the public.

(9) To review the final draft of all proposed administrative rules, other than emergency or peremptory rules and those rules that another advisory body must approve or review within a statutorily defined time period, of the Department after September 19, 1991 (the effective date of Public Act 87-633). The Board shall review the proposed rules within 90 days of submission by the Department. The Department shall take into consideration any comments and recommendations of the Board regarding the proposed rules prior to submission to the Secretary of State for initial publication. If the Department disagrees with the recommendations of the Board, it shall submit a written response outlining the

reasons for not accepting the recommendations.

In the case of proposed administrative rules or amendments to administrative rules regarding immunization of children against preventable communicable diseases designated by the Director under the Communicable Disease Prevention Act, after the Immunization Advisory Committee has made its recommendations, the Board shall conduct 3 public hearings, geographically distributed throughout the State. At the conclusion of the hearings, the State Board of Health shall issue a report, including its recommendations, to the Director. The Director shall take into consideration any comments or recommendations made by the Board based on these hearings.

(10) To deliver to the Governor for presentation to the General Assembly a State Health Assessment (SHA) and a State Health Improvement Plan (SHIP). The first 5 such plans shall be delivered to the Governor on January 1, 2006, January 1, 2009, January 1, 2016, January 1, 2021, and December 31, 2022 ~~June 30, 2022~~, and then every 5 years thereafter.

The State Health Assessment and State Health Improvement Plan shall assess and recommend priorities and strategies to improve the public health system, the health status of Illinois residents, reduce health disparities and inequities, and promote health equity. The State Health Assessment and State Health Improvement Plan

development and implementation shall conform to national Public Health Accreditation Board Standards. The State Health Assessment and State Health Improvement Plan development and implementation process shall be carried out with the administrative and operational support of the Department of Public Health.

The State Health Assessment shall include comprehensive, broad-based data and information from a variety of sources on health status and the public health system including:

(i) quantitative data, if it is available, on the demographics and health status of the population, including data over time on health by gender identity, sexual orientation, race, ethnicity, age, socio-economic factors, geographic region, disability status, and other indicators of disparity;

(ii) quantitative data on social and structural issues affecting health (social and structural determinants of health), including, but not limited to, housing, transportation, educational attainment, employment, and income inequality;

(iii) priorities and strategies developed at the community level through the Illinois Project for Local Assessment of Needs (IPLAN) and other local and regional community health needs assessments;

(iv) qualitative data representing the

population's input on health concerns and well-being, including the perceptions of people experiencing disparities and health inequities;

(v) information on health disparities and health inequities; and

(vi) information on public health system strengths and areas for improvement.

The State Health Improvement Plan shall focus on prevention, social determinants of health, and promoting health equity as key strategies for long-term health improvement in Illinois.

The State Health Improvement Plan shall identify priority State health issues and social issues affecting health, and shall examine and make recommendations on the contributions and strategies of the public and private sectors for improving health status and the public health system in the State. In addition to recommendations on health status improvement priorities and strategies for the population of the State as a whole, the State Health Improvement Plan shall make recommendations, provided that data exists to support such recommendations, regarding priorities and strategies for reducing and eliminating health disparities and health inequities in Illinois; including racial, ethnic, gender identification, sexual orientation, age, disability, socio-economic, and geographic disparities. The State Health Improvement Plan

shall make recommendations regarding social determinants of health, such as housing, transportation, educational attainment, employment, and income inequality.

The development and implementation of the State Health Assessment and State Health Improvement Plan shall be a collaborative public-private cross-agency effort overseen by the SHA and SHIP Partnership. The Director of Public Health shall consult with the Governor to ensure participation by the head of State agencies with public health responsibilities (or their designees) in the SHA and SHIP Partnership, including, but not limited to, the Department of Public Health, the Department of Human Services, the Department of Healthcare and Family Services, the Department of Children and Family Services, the Environmental Protection Agency, the Illinois State Board of Education, the Department on Aging, the Illinois Housing Development Authority, the Illinois Criminal Justice Information Authority, the Department of Agriculture, the Department of Transportation, the Department of Corrections, the Department of Commerce and Economic Opportunity, and the Chair of the State Board of Health to also serve on the Partnership. A member of the Governor's staff shall participate in the Partnership and serve as a liaison to the Governor's office.

The Director of Public Health shall appoint a minimum of 15 other members of the SHA and SHIP Partnership

representing a range of public, private, and voluntary sector stakeholders and participants in the public health system. For the first SHA and SHIP Partnership after the effective date of this amendatory Act of the 102nd General Assembly, one-half of the members shall be appointed for a 3-year term, and one-half of the members shall be appointed for a 5-year term. Subsequently, members shall be appointed to 5-year terms. Should any member not be able to fulfill his or her term, the Director may appoint a replacement to complete that term. The Director, in consultation with the SHA and SHIP Partnership, may engage additional individuals and organizations to serve on subcommittees and ad hoc efforts to conduct the State Health Assessment and develop and implement the State Health Improvement Plan. Members of the SHA and SHIP Partnership shall receive no compensation for serving as members, but may be reimbursed for their necessary expenses if departmental resources allow.

The SHA and SHIP Partnership shall include: representatives of local health departments and individuals with expertise who represent an array of organizations and constituencies engaged in public health improvement and prevention, such as non-profit public interest groups, groups serving populations that experience health disparities and health inequities, groups addressing social determinants of health, health

issue groups, faith community groups, health care providers, businesses and employers, academic institutions, and community-based organizations.

The Director shall endeavor to make the membership of the Partnership diverse and inclusive of the racial, ethnic, gender, socio-economic, and geographic diversity of the State. The SHA and SHIP Partnership shall be chaired by the Director of Public Health or his or her designee.

The SHA and SHIP Partnership shall develop and implement a community engagement process that facilitates input into the development of the State Health Assessment and State Health Improvement Plan. This engagement process shall ensure that individuals with lived experience in the issues addressed in the State Health Assessment and State Health Improvement Plan are meaningfully engaged in the development and implementation of the State Health Assessment and State Health Improvement Plan.

The State Board of Health shall hold at least 3 public hearings addressing a draft of the State Health Improvement Plan in representative geographic areas of the State.

Upon the delivery of each State Health Assessment and State Health Improvement Plan, the SHA and SHIP Partnership shall coordinate the efforts and engagement of the public, private, and voluntary sector stakeholders and

participants in the public health system to implement each SHIP. The Partnership shall serve as a forum for collaborative action; coordinate existing and new initiatives; develop detailed implementation steps, with mechanisms for action; implement specific projects; identify public and private funding sources at the local, State and federal level; promote public awareness of the SHIP; and advocate for the implementation of the SHIP. The SHA and SHIP Partnership shall implement strategies to ensure that individuals and communities affected by health disparities and health inequities are engaged in the process throughout the 5-year cycle. The SHA and SHIP Partnership shall regularly evaluate and update the State Health Assessment and track implementation of the State Health Improvement Plan with revisions as necessary. The SHA and SHIP Partnership shall not have the authority to direct any public or private entity to take specific action to implement the SHIP.

The State Board of Health shall submit a report by January 31 of each year on the status of State Health Improvement Plan implementation and community engagement activities to the Governor, General Assembly, and public. In the fifth year, the report may be consolidated into the new State Health Assessment and State Health Improvement Plan.

(11) Upon the request of the Governor, to recommend to

the Governor candidates for Director of Public Health when vacancies occur in the position.

(12) To adopt bylaws for the conduct of its own business, including the authority to establish ad hoc committees to address specific public health programs requiring resolution.

(13) (Blank).

Upon appointment, the Board shall elect a chairperson from among its members.

Members of the Board shall receive compensation for their services at the rate of \$150 per day, not to exceed \$10,000 per year, as designated by the Director for each day required for transacting the business of the Board and shall be reimbursed for necessary expenses incurred in the performance of their duties. The Board shall meet from time to time at the call of the Department, at the call of the chairperson, or upon the request of 3 of its members, but shall not meet less than 4 times per year.

(b) (Blank).

(c) An Advisory Board on Necropsy Service to Coroners, which shall counsel and advise with the Director on the administration of the Autopsy Act. The Advisory Board shall consist of 11 members, including a senior citizen age 60 or over, appointed by the Governor, one of whom shall be designated as chairman by a majority of the members of the Board. In the appointment of the first Board the Governor

shall appoint 3 members to serve for terms of 1 year, 3 for terms of 2 years, and 3 for terms of 3 years. The members first appointed under Public Act 83-1538 shall serve for a term of 3 years. All members appointed thereafter shall be appointed for terms of 3 years, except that when an appointment is made to fill a vacancy, the appointment shall be for the remaining term of the position vacant. The members of the Board shall be citizens of the State of Illinois. In the appointment of members of the Advisory Board the Governor shall appoint 3 members who shall be persons licensed to practice medicine and surgery in the State of Illinois, at least 2 of whom shall have received post-graduate training in the field of pathology; 3 members who are duly elected coroners in this State; and 5 members who shall have interest and abilities in the field of forensic medicine but who shall be neither persons licensed to practice any branch of medicine in this State nor coroners. In the appointment of medical and coroner members of the Board, the Governor shall invite nominations from recognized medical and coroners organizations in this State respectively. Board members, while serving on business of the Board, shall receive actual necessary travel and subsistence expenses while so serving away from their places of residence.

(Source: P.A. 102-4, eff. 4-27-21; 102-558, eff. 8-20-21.)

Section 10. The Department of Professional Regulation Law of the Civil Administrative Code of Illinois is amended by

changing Section 2105-15.7 as follows:

(20 ILCS 2105/2105-15.7)

Sec. 2105-15.7. Implicit bias awareness training.

(a) As used in this Section, "health care professional" means a person licensed or registered by the Department of Financial and Professional Regulation under the following Acts: Medical Practice Act of 1987, Nurse Practice Act, Clinical Psychologist Licensing Act, Illinois Dental Practice Act, Illinois Optometric Practice Act of 1987, Pharmacy Practice Act, Illinois Physical Therapy Act, Physician Assistant Practice Act of 1987, Acupuncture Practice Act, Illinois Athletic Trainers Practice Act, Clinical Social Work and Social Work Practice Act, Dietitian Nutritionist Practice Act, Home Medical Equipment and Services Provider License Act, Naprapathic Practice Act, Nursing Home Administrators Licensing and Disciplinary Act, Illinois Occupational Therapy Practice Act, Illinois Optometric Practice Act of 1987, Podiatric Medical Practice Act of 1987, Respiratory Care Practice Act, Professional Counselor and Clinical Professional Counselor Licensing and Practice Act, Sex Offender Evaluation and Treatment Provider Act, Illinois Speech-Language Pathology and Audiology Practice Act, Perfusionist Practice Act, Registered Surgical Assistant and Registered Surgical Technologist Title Protection Act, and Genetic Counselor Licensing Act.

(b) For license or registration renewals occurring on or after January 1, 2023 ~~2022~~, a health care professional who has continuing education requirements must complete at least a one-hour course in training on implicit bias awareness per renewal period. A health care professional may count this one hour for completion of this course toward meeting the minimum credit hours required for continuing education. Any training on implicit bias awareness applied to meet any other State licensure requirement, professional accreditation or certification requirement, or health care institutional practice agreement may count toward the one-hour requirement under this Section.

(c) The Department may adopt rules for the implementation of this Section.

(Source: P.A. 102-4, eff. 4-27-21.)

Section 15. The Special Commission on Gynecologic Cancers Act is amended by changing Section 100-5 as follows:

(20 ILCS 5170/100-5)

(Section scheduled to be repealed on January 1, 2023)

Sec. 100-5. Creation; members; duties; report.

(a) The Special Commission on Gynecologic Cancers is created. Membership of the Commission shall be as follows:

(1) A representative of the Illinois Comprehensive Cancer Control Program, appointed by the Director of

Public Health;

(2) The Director of Insurance, or his or her designee;
and

(3) 20 members who shall be appointed as follows:

(A) three members appointed by the Speaker of the House of Representatives, one of whom shall be a survivor of ovarian cancer, one of whom shall be a survivor of cervical, vaginal, vulvar, or uterine cancer, and one of whom shall be a medical specialist in gynecologic cancers;

(B) three members appointed by the Senate President, one of whom shall be a survivor of ovarian cancer, one of whom shall be a survivor of cervical, vaginal, vulvar, or uterine cancer, and one of whom shall be a medical specialist in gynecologic cancers;

(C) three members appointed by the House Minority Leader, one of whom shall be a survivor of ovarian cancer, one of whom shall be a survivor of cervical, vaginal, vulvar, or uterine cancer, and one of whom shall be a medical specialist in gynecologic cancers;

(D) three members appointed by the Senate Minority Leader, one of whom shall be a survivor of ovarian cancer, one of whom shall be a survivor of cervical, vaginal, vulvar, or uterine cancer, and one of whom shall be a medical specialist in gynecologic

cancers; and

(E) eight members appointed by the Governor, one of whom shall be a caregiver of a woman diagnosed with a gynecologic cancer, one of whom shall be a medical specialist in gynecologic cancers, one of whom shall be an individual with expertise in community based health care and issues affecting underserved and vulnerable populations, 2 of whom shall be individuals representing gynecologic cancer awareness and support groups in the State, one of whom shall be a researcher specializing in gynecologic cancers, and 2 of whom shall be members of the public with demonstrated expertise in issues relating to the work of the Commission.

(b) Members of the Commission shall serve without compensation or reimbursement from the Commission. Members shall select a Chair from among themselves and the Chair shall set the meeting schedule.

(c) The Illinois Department of Public Health shall provide administrative support to the Commission.

(d) The Commission is charged with the study of the following:

(1) establishing a mechanism to ascertain the prevalence of gynecologic cancers in the State and, to the extent possible, to collect statistics relative to the timing of diagnosis and risk factors associated with

gynecologic cancers;

(2) determining how to best effectuate early diagnosis and treatment for gynecologic cancer patients;

(3) determining best practices for closing disparities in outcomes for gynecologic cancer patients and innovative approaches to reaching underserved and vulnerable populations;

(4) determining any unmet needs of persons with gynecologic cancers and those of their families; and

(5) providing recommendations for additional legislation, support programs, and resources to meet the unmet needs of persons with gynecologic cancers and their families.

(e) The Commission shall file its final report with the General Assembly no later than December 31, 2022 ~~2021~~ and, upon the filing of its report, is dissolved.

(Source: P.A. 102-4, eff. 4-27-21.)

Section 20. The Anti-Racism Commission Act is amended by changing Section 130-10 as follows:

(20 ILCS 5180/130-10)

(Section scheduled to be repealed on January 1, 2023)

Sec. 130-10. Anti-Racism Commission.

(a) The Anti-Racism Commission is hereby created to identify and propose statewide policies to eliminate systemic

racism and advance equitable solutions for Black and Brown people in Illinois.

(b) The Anti-Racism Commission shall consist of the following members, who shall serve without compensation:

(1) one member of the House of Representatives, appointed by the Speaker of the House of Representatives, who shall serve as co-chair;

(2) one member of the Senate, appointed by the Senate President, who shall serve as co-chair;

(3) one member of the House of Representatives, appointed by the Minority Leader of the House of Representatives;

(4) one member of the Senate, appointed by the Minority Leader of the Senate;

(5) the Director of Public Health, or his or her designee;

(6) the Chair of the House Black Caucus;

(7) the Chair of the Senate Black Caucus;

(8) the Chair of the Joint Legislative Black Caucus;

(9) the director of a statewide association representing public health departments, appointed by the Speaker of the House of Representatives;

(10) the Chair of the House Latino Caucus;

(11) the Chair of the Senate Latino Caucus;

(12) one community member appointed by the House Black Caucus Chair;

(13) one community member appointed by the Senate Black Caucus Chair;

(14) one community member appointed by the House Latino Caucus Chair; and

(15) one community member appointed by the Senate Latino Caucus Chair.

(c) The Department of Public Health shall provide administrative support for the Commission.

(d) The Commission is charged with, but not limited to, the following tasks:

(1) Working to create an equity and justice-oriented State government.

(2) Assessing the policy and procedures of all State agencies to ensure racial equity is a core element of State government.

(3) Developing and incorporating into the organizational structure of State government a plan for educational efforts to understand, address, and dismantle systemic racism in government actions.

(4) Recommending and advocating for policies that improve health in Black and Brown people and support local, State, regional, and federal initiatives that advance efforts to dismantle systemic racism.

(5) Working to build alliances and partnerships with organizations that are confronting racism and encouraging other local, State, regional, and national entities to

recognize racism as a public health crisis.

(6) Promoting community engagement, actively engaging citizens on issues of racism and assisting in providing tools to engage actively and authentically with Black and Brown people.

(7) Reviewing all portions of codified State laws through the lens of racial equity.

(8) Working with the Department of Central Management Services to update policies that encourage diversity in human resources, including hiring, board appointments, and vendor selection by agencies, and to review all grant management activities with an eye toward equity and workforce development.

(9) Recommending policies that promote racially equitable economic and workforce development practices.

(10) Promoting and supporting all policies that prioritize the health of all people, especially people of color, by mitigating exposure to adverse childhood experiences and trauma in childhood and ensuring implementation of health and equity in all policies.

(11) Encouraging community partners and stakeholders in the education, employment, housing, criminal justice, and safety arenas to recognize racism as a public health crisis and to implement policy recommendations.

(12) Identifying clear goals and objectives, including specific benchmarks, to assess progress.

(13) Holding public hearings across Illinois to continue to explore and to recommend needed action by the General Assembly.

(14) Working with the Governor and the General Assembly to identify the necessary funds to support the Anti-Racism Commission and its endeavors.

(15) Identifying resources to allocate to Black and Brown communities on an annual basis.

(16) Encouraging corporate investment in anti-racism policies in Black and Brown communities.

(e) The Commission shall submit its final report to the Governor and the General Assembly no later than December 31, 2022 ~~2021~~. The Commission is dissolved upon the filing of its report.

(Source: P.A. 102-4, eff. 4-27-21.)

Section 25. The University of Illinois Hospital Act is amended by changing Section 8d as follows:

(110 ILCS 330/8d)

(Section scheduled to be repealed on December 31, 2021)

Sec. 8d. N95 masks. Pursuant to and in accordance with applicable local, State, and federal policies, guidance and recommendations of public health and infection control authorities, and taking into consideration the limitations on access to N95 masks caused by disruptions in local, State,

national, and international supply chains, the University of Illinois Hospital shall provide N95 masks to physicians licensed under the Medical Practice Act of 1987, registered nurses and advanced practice registered nurses licensed under the Nurse Licensing Act, and any other employees or contractual workers who provide direct patient care and who, pursuant to such policies, guidance, and recommendations, are recommended to have such a mask to safely provide such direct patient care within a hospital setting. Nothing in this Section shall be construed to impose any new duty or obligation on the University of Illinois Hospital or employee that is greater than that imposed under State and federal laws in effect on the effective date of this amendatory Act of the 102nd General Assembly.

This Section is repealed on December 31, 2022 ~~2021~~.

(Source: P.A. 102-4, eff. 4-27-21.)

Section 30. The Hospital Licensing Act is amended by changing Section 6.28 as follows:

(210 ILCS 85/6.28)

(Section scheduled to be repealed on December 31, 2021)

Sec. 6.28. N95 masks. Pursuant to and in accordance with applicable local, State, and federal policies, guidance and recommendations of public health and infection control authorities, and taking into consideration the limitations on

access to N95 masks caused by disruptions in local, State, national, and international supply chains, a hospital licensed under this Act shall provide N95 masks to physicians licensed under the Medical Practice Act of 1987, registered nurses and advanced practice registered nurses licensed under the Nurse Licensing Act, and any other employees or contractual workers who provide direct patient care and who, pursuant to such policies, guidance, and recommendations, are recommended to have such a mask to safely provide such direct patient care within a hospital setting. Nothing in this Section shall be construed to impose any new duty or obligation on the hospital or employee that is greater than that imposed under State and federal laws in effect on the effective date of this amendatory Act of the 102nd General Assembly.

This Section is repealed on December 31, 2022 ~~2021~~.

(Source: P.A. 102-4, eff. 4-27-21.)

Section 33. The Illinois Public Aid Code is amended by changing Section 5-5.05 as follows:

(305 ILCS 5/5-5.05)

Sec. 5-5.05. Hospitals; psychiatric services.

(a) On and after July 1, 2008, the inpatient, per diem rate to be paid to a hospital for inpatient psychiatric services shall be \$363.77.

(b) For purposes of this Section, "hospital" means the

following:

- (1) Advocate Christ Hospital, Oak Lawn, Illinois.
- (2) Barnes-Jewish Hospital, St. Louis, Missouri.
- (3) BroMenn Healthcare, Bloomington, Illinois.
- (4) Jackson Park Hospital, Chicago, Illinois.
- (5) Katherine Shaw Bethea Hospital, Dixon, Illinois.
- (6) Lawrence County Memorial Hospital, Lawrenceville, Illinois.
- (7) Advocate Lutheran General Hospital, Park Ridge, Illinois.
- (8) Mercy Hospital and Medical Center, Chicago, Illinois.
- (9) Methodist Medical Center of Illinois, Peoria, Illinois.
- (10) Provena United Samaritans Medical Center, Danville, Illinois.
- (11) Rockford Memorial Hospital, Rockford, Illinois.
- (12) Sarah Bush Lincoln Health Center, Mattoon, Illinois.
- (13) Provena Covenant Medical Center, Urbana, Illinois.
- (14) Rush-Presbyterian-St. Luke's Medical Center, Chicago, Illinois.
- (15) Mt. Sinai Hospital, Chicago, Illinois.
- (16) Gateway Regional Medical Center, Granite City, Illinois.

- (17) St. Mary of Nazareth Hospital, Chicago, Illinois.
- (18) Provena St. Mary's Hospital, Kankakee, Illinois.
- (19) St. Mary's Hospital, Decatur, Illinois.
- (20) Memorial Hospital, Belleville, Illinois.
- (21) Swedish Covenant Hospital, Chicago, Illinois.
- (22) Trinity Medical Center, Rock Island, Illinois.
- (23) St. Elizabeth Hospital, Chicago, Illinois.
- (24) Richland Memorial Hospital, Olney, Illinois.
- (25) St. Elizabeth's Hospital, Belleville, Illinois.
- (26) Samaritan Health System, Clinton, Iowa.
- (27) St. John's Hospital, Springfield, Illinois.
- (28) St. Mary's Hospital, Centralia, Illinois.
- (29) Loretto Hospital, Chicago, Illinois.
- (30) Kenneth Hall Regional Hospital, East St. Louis, Illinois.
- (31) Hinsdale Hospital, Hinsdale, Illinois.
- (32) Pekin Hospital, Pekin, Illinois.
- (33) University of Chicago Medical Center, Chicago, Illinois.
- (34) St. Anthony's Health Center, Alton, Illinois.
- (35) OSF St. Francis Medical Center, Peoria, Illinois.
- (36) Memorial Medical Center, Springfield, Illinois.
- (37) A hospital with a distinct part unit for psychiatric services that begins operating on or after July 1, 2008.

For purposes of this Section, "inpatient psychiatric

services" means those services provided to patients who are in need of short-term acute inpatient hospitalization for active treatment of an emotional or mental disorder.

(b-5) Notwithstanding any other provision of this Section, and subject to appropriation, the inpatient, per diem rate to be paid to all safety-net hospitals for inpatient psychiatric services on and after January 1, 2021 shall be at least \$630.

(b-10) Notwithstanding any other provision of this Section, effective with dates of service on and after January 1, 2022, any general acute care hospital with more than 9,500 inpatient psychiatric Medicaid days in any calendar year shall be paid the inpatient per diem rate of no less than \$630.

(c) No rules shall be promulgated to implement this Section. For purposes of this Section, "rules" is given the meaning contained in Section 1-70 of the Illinois Administrative Procedure Act.

(d) This Section shall not be in effect during any period of time that the State has in place a fully operational hospital assessment plan that has been approved by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services.

(e) 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 Code to reduce any rate of reimbursement for services or other payments in accordance with Section 5-5e.

(Source: P.A. 102-4, eff. 4-27-21.)

Section 35. The Community Health Worker Certification and Reimbursement Act is amended by adding Section 5-17 as follows:

(410 ILCS 67/5-17 new)

Sec. 5-17. Community Health Workers Review Board.

(a) A Community Health Workers Review Board shall be established to advise the Department of Public Health as it seeks to develop an Illinois Community Health Worker Certification Program. The scope includes rules certifying both individuals, including those being grandfathered in, and academic and community-based training programs.

The Board shall recommend standards, review proposed regulations, and provide feedback about training programs and reimbursement schedules.

The Board shall submit an annual report to the Office of the Governor and the General Assembly about the progress of the Program.

The Board shall be co-chaired by a representative of the Department of Public Health and a representative from a statewide association of community health workers. Other members of the Board shall include:

(1) The Director of Public Health or his or her designee.

(2) The Director of Healthcare and Family Services or his or her designee.

(3) The Secretary of Human Services or his or her designee.

(4) The Secretary of Financial and Professional Regulation or his or her designee.

(5) A member from the Governor's Office appointed by the Governor.

(6) Three members appointed by the Senate President.

(7) A member appointed by the Senate Minority Leader.

(8) Three members appointed by the Speaker of the House of Representatives.

(9) A member appointed by the Minority Leader of the House of Representatives.

(10) A member from a statewide association of community health workers appointed by the Speaker of the House of Representatives.

(11) A member from a statewide association of community health workers appointed by the Senate President.

As appointed by the Director of Public Health, in addition to the members specified in this subsection, the Board shall have balanced representation from the community health workers workforce, community health worker employers, community health workers training and educational institutions, and community members who are recipients of services.

The Board shall meet quarterly and may do so either in person or remotely.

The Department of Public Health shall provide administrative support.

The first annual report of the Board shall be submitted to the Governor and the General Assembly one year after the Board's first meeting. A report shall be submitted to the Governor and the General Assembly every year thereafter for each year the Board remains active.

(b) There is created within the Department of Public Health the Illinois Community Health Worker Certification Program. The Department shall serve as the Program's regulatory body with the advice and recommendation of the Community Health Workers Review Board. This includes the development and oversight of initial community health worker certification and certification renewals for both individuals and community-based and academic training programs. The Board shall advise on a certification process and may advise on training from community-based organizations, in conjunction with a statewide association of community health workers, and academic institutions, in consultation with the Illinois State Board of Education, the Illinois Community College Board, and the Illinois Board of Higher Education. The Department shall provide administrative support to the Board.

(c) The Board shall advise and recommend a certification process for and be authorized to approve training from

community-based organizations, in conjunction with a statewide association of community health workers, and academic institutions, in consultation with the Illinois State Board of Education, the Illinois Community College Board, and the Illinois Board of Higher Education. The Program shall base training approval on core competencies, best practices, and affordability. In addition, the Program shall maintain a registry of certification records for individually certified community health workers and a registry of certified training and educational programs. All training programs that are deemed certifiable shall undergo a renewal process, which shall be determined by administrative rule. The Program shall establish criteria to grandfather in any community health workers who were practicing prior to the establishment of the Program.

(d) To ensure high-quality service, the Program may examine and consider for adoption best practices from other states that have implemented policies to allow for alternative opportunities to demonstrate competency in core skills and knowledge in addition to certification.

(e) The Department of Public Health, with the advice and recommendation of the Board, shall set fees by administrative rule for Illinois Community Health Worker Program certification, community health worker certification, and certification renewals.

(f) The Department of Public Health, with the advice and

recommendation of the Board, shall have administrative authority to adopt rules and establish administrative procedures for denying, granting, suspending, and revoking any certification issued pursuant to this Act.

(g) The Director of Public Health, after notice and opportunity for hearing, may deny, suspend, or revoke a certification or fine a certificate holder or any other person who has violated this Act or the rules adopted under this Act. Notice shall be provided by certified mail, return receipt requested, or by personal service, fixing a date, not less than 15 days from the date of such mailing or service, at which time the person shall be given an opportunity to request a hearing. Failure to request a hearing within that time period constitutes a waiver of the right to a hearing. The hearing shall be conducted by the Director or by an individual designated in writing by the Director as a hearing officer to conduct the hearing. On the basis of any such hearing or upon default of the respondent, the Director shall make a determination specifying his or her findings and conclusions. A copy of the determination shall be sent by certified mail, return receipt requested, or served personally upon the respondent.

(h) The procedure governing hearings authorized by this Section shall be in accordance with rules adopted by the Department of Public Health. A full and complete record shall be kept of all proceedings, including the notice of hearing,

complaint, and all other documents in the nature of pleadings, written motions filed in the proceedings, and the report and orders of the Director of Public Health and hearing officer. All testimony shall be reported, but need not be transcribed unless the decision is sought to be reviewed under the Administrative Review Law of the Code of Civil Procedure. A copy or copies of the transcript shall be provided to the Board by request, and others interested in a copy or copies of the transcript may be obtained on payment of the cost of preparing the copy or copies. The Director or hearing officer shall, upon his or her own motion or on the written request of any party to the proceeding, issue subpoenas requiring the attendance and the giving of testimony by witnesses and subpoenas duces tecum requiring the production of books, papers, records, or memoranda. All subpoenas and subpoenas duces tecum issued under this Act may be served by any person of legal age. The fees of witnesses for attendance and travel shall be the same as the fees of witnesses before the courts of this State, such fees to be paid when the witness is excused from further attendance. When the witness is subpoenaed at the instance of the Director or hearing officer, the fees shall be paid in the same manner as other expenses of the Department, and when the witness is subpoenaed at the instance of any other party to any such proceeding the Department may require that the cost of service of the subpoena or subpoena duces tecum and the fee of the witness be borne by the party at whose instance

the witness is summoned. In such case, the Department in its discretion may require a deposit to cover the cost of such service and witness fees. A subpoena or subpoena duces tecum so issued pursuant to this subsection shall be served in the same manner as a subpoena issued by a circuit court.

(i) Any circuit court of this State, upon the application of the Director of Public Health or upon the application of any other party to the proceeding, may, in its discretion, compel the attendance of witnesses, the production of books, papers, records, or memoranda, and the giving of testimony before the Director or hearing officer conducting an investigation or holding a hearing authorized by this Act, by an attachment for contempt or otherwise, in the same manner as production of evidence may be compelled before the court.

(j) All final administrative decisions of the Department of Public Health under this Act shall be subject to judicial review pursuant to the provisions of the Administrative Review Law of the Code of Civil Procedure and the rules adopted under it. "Administrative decision" has the meaning ascribed to it in Section 3-101 of the Code of Civil Procedure. The Department is not required to certify any record or file any answer or otherwise appear in any proceeding for judicial review unless the party filing the complaint deposits with the clerk of the court the sum of \$2 per page representing the costs of the certification. Failure on the part of the plaintiff to make such deposit shall be grounds for dismissal

of the action.

(k) The State's Attorney of the county in which the violation occurred or the Attorney General shall bring such actions in the name of the people of the State of Illinois and may, in addition to other remedies provided in this Act, bring action for an injunction to restrain such violation, impose civil penalties, and enjoin the operation of any such person or establishment.

(l) The State's Attorney of the county in which the violation occurred or the Attorney General shall bring such actions in the name of the people of the State of Illinois and may, in addition to other remedies provided in this Act, bring action for an injunction to restrain such violation, impose civil penalties, and enjoin the operation of any such person or establishment.

(m) The provisions of the Illinois Administrative Procedure Act are adopted and shall apply to all administrative rules and procedures of the Department of Public Health under this Act, except that in cases of conflict between the Illinois Administrative Procedure Act and this Act, the provisions of this Act shall control. Section 5-35 of the Illinois Administrative Procedure Act relating to procedures for rulemaking does not apply to the adoption of any rule required by federal law in connection with which the Department is precluded by law from exercising any discretion.

(n) Subject to appropriation, the Department of Public

Health shall waive or pay for any administrative fees charged to a community health worker certificate holder under this Act.

(o) The Board may explore ways to compensate members of the Board.

(p) The Department is authorized to adopt rules for the implementation of this Section.

(410 ILCS 67/5-15 rep.)

Section 40. The Community Health Worker Certification and Reimbursement Act is amended by repealing Section 5-15.

Section 43. The Sexual Assault Survivors Emergency Treatment Act is amended by changing Sections 1a, 1a-1, 2, 2-1, 2.05, 2.05-1, 2.06, 2.06-1, 2.1, 2.1-1, 2.2, 2.2-1, 3, 3-1, 5, 5-1, 5.1, 5.1-1, 5.2, 5.2-1, 5.3, 5.3-1, 5.5, 5.5-1, 6.1, 6.1-1, 6.2, 6.2-1, 6.4, 6.4-1, 6.5, 6.5-1, 6.6, 6.6-1, 7, 7-1, 7.5, 7.5-1, 8, 8-1, 10, and 10-1 as follows:

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

Sec. 1a. Definitions.

(a) 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.

(b) This Section is effective on and after January 1, 2024 ~~July 1, 2021~~.

(Source: P.A. 100-513, eff. 1-1-18; 100-775, eff. 1-1-19; 101-81, eff. 7-12-19; 101-634, eff. 6-5-20.)

(410 ILCS 70/1a-1)

(Section scheduled to be repealed on December 31, 2021)

Sec. 1a-1. Definitions.

(a) 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.

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

"Areawide sexual assault treatment plan" means a plan, developed by hospitals or by hospitals, approved pediatric health care facilities, and approved federally qualified health centers 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.

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

"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 2.06-1.

"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, approved pediatric health care facility, or an approved federally qualified health centers.

"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.

(b) This Section is repealed on December 31, 2023 ~~2021~~.
(Source: P.A. 101-634, eff. 6-5-20; 102-22, eff. 6-25-21.)

(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 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, 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.

(f) This Section is effective on and after January 1, 2024
~~2022~~.

(Source: P.A. 101-73, eff. 7-12-19; 101-634, eff. 6-5-20;
102-22, eff. 6-25-21.)

(410 ILCS 70/2-1)

(Section scheduled to be repealed on December 31, 2021)

Sec. 2-1. Hospital, approved pediatric health care facility, and approved federally qualified health center 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 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 3-1 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 3-1 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, 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-1 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 5-1, 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 5-1, 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-1 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 10-1 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 3-1 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 5-1 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.

(b-5) An approved federally qualified health center may provide medical forensic services, in accordance with rules adopted by the Department, to all sexual assault survivors 13 years old or older who present for medical forensic services

in relation to injuries or trauma resulting from a sexual assault during the duration, and 90 days thereafter, of a proclamation issued by the Governor declaring a disaster, or a successive proclamation regarding the same disaster, in all 102 counties due to a public health emergency. These services shall be provided by (i) a qualified medical provider, physician, physician assistant, or advanced practice registered nurse who has received a minimum of 10 hours of sexual assault training provided by a qualified medical provider on current Illinois legislation, how to properly perform a medical forensic examination, evidence collection, drug and alcohol facilitated sexual assault, and forensic photography and has all documentation and photos peer reviewed by a qualified medical provider or (ii) until the federally qualified health care center 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 5-1, whichever occurs first.

A federally qualified health center must participate in or submit an areawide treatment plan under Section 3-1 of this Act that includes a treatment hospital. If a federally qualified health center 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 or an approved pediatric health care facility.

The Department shall review a proposed sexual assault treatment plan submitted by a federally qualified health center within 14 days after receipt of the plan. If the Department finds that the proposed plan meets the minimum requirements set forth in Section 5-1 and that implementation of the proposed plan would provide medical forensic services for sexual assault survivors 13 years old or older, then the Department shall approve the plan. If the Department does not approve a plan, then the Department shall notify the federally qualified health center that the proposed plan has not been approved. The federally qualified health center shall have 14 days to submit a revised plan. The Department shall review the revised plan within 14 days after receipt of the plan and notify the federally qualified health center whether the revised plan is approved or rejected. A federally qualified health center may not (i) 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 previous 7 days or (ii) who have disclosed past sexual assault by a specific individual and were in the care of that individual within a minimum of the previous 7 days until the Department has approved a treatment plan.

If an approved federally qualified health center 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 federally qualified health center'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 federally

qualified health center's sexual assault treatment plan.

(c) Each treatment hospital, treatment hospital with approved pediatric transfer, approved pediatric health care facility, and approved federally qualified health center 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, approved pediatric health care facility, or approved federally qualified health center. 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, approved pediatric health care facility, and approved federally qualified health center'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, approved pediatric health care facility, and approved federally qualified health center 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 5-1;

(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.

(f) This Section is repealed on December 31, 2023 ~~2021~~.

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

(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.

(d) This Section is effective on and after January 1, 2024 ~~2022~~.

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

(410 ILCS 70/2.05-1)

(Section scheduled to be repealed on December 31, 2021)

Sec. 2.05-1. Department requirements.

(a) The Department shall periodically conduct on-site reviews of approved sexual assault treatment plans with hospital, approved pediatric health care facility, and approved federally qualified health care 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, pediatric health care facilities, and federally qualified health centers 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, pediatric care facility, and federally qualified health center 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 2-1.

(3) Each hospital, approved pediatric care facility, and federally qualified health center that has to submit an acceptable Plan of Correction within the time required by Section 2.1-1, including the date the Plan of Correction was required to be submitted. Once a hospital, approved pediatric health care facility, or approved federally qualified health center submits and implements

the required Plan of Correction, the Department shall immediately update the report on its Internet website to reflect that hospital, approved pediatric health care facility, or federally qualified health center's compliance.

(4) Each hospital, approved pediatric care facility, and federally qualified health center at which the periodic on-site review required by Section 2.05-1 of this Act has been conducted, including the date of the on-site review and whether the hospital, approved pediatric care facility, and federally qualified health center was found to be in compliance with its approved plan.

(5) Each areawide treatment plan submitted to the Department pursuant to Section 3-1 of this Act, including which treatment hospitals, treatment hospitals with approved pediatric transfer, transfer hospitals, approved pediatric health care facilities, and approved federally qualified health centers are identified in each areawide treatment plan.

(6) During the duration, and 90 days thereafter, of a proclamation issued by the Governor declaring a disaster, or a successive proclamation regarding the same disaster, in all 102 counties due to a public health emergency, the Department shall immediately update the report on its website to reflect each federally qualified health center that has submitted a plan, including the submission date

of the plan, type of plan submitted, and the date the plan was approved.

(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.

(d) This Section is repealed on December 31, 2023 ~~2021~~.
(Source: P.A. 101-634, eff. 6-5-20; 102-22, eff. 6-25-21.)

(410 ILCS 70/2.06)

Sec. 2.06. Consent to jurisdiction.

(a) 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.

(b) This Section is effective on and after January 1, 2024 ~~2022~~.

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

(410 ILCS 70/2.06-1)

(Section scheduled to be repealed on December 31, 2021)

Sec. 2.06-1. Consent to jurisdiction.

(a) A pediatric health care facility or federally qualified health center that submits a plan to the Department for approval under Section 2-1 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 or federally qualified health center that submits a plan to the Department for approval under Section 2-1 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, federally qualified health center, 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, federally qualified health center, 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.

(b) This Section is repealed on December 31, 2023 ~~2021~~.

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

(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.

(d) This Section is effective on and after January 1, 2024
~~2022~~.

(Source: P.A. 101-81, eff. 7-12-19; 101-634, eff. 6-5-20; 102-22, eff. 6-25-21.)

(410 ILCS 70/2.1-1)

(Section scheduled to be repealed on December 31, 2021)

Sec. 2.1-1. Plan of correction; penalties.

(a) If the Department surveyor determines that the hospital, approved pediatric health care facility, or approved federally qualified health center is not in compliance with its approved plan, the surveyor shall provide the hospital, approved pediatric health care facility, or approved federally qualified health center with a written list of the specific items of noncompliance within 10 working days after the conclusion of the on-site review. The hospital, approved pediatric health care facility, or approved federally

qualified health center shall have 10 working days to submit to the Department a plan of correction which contains the hospital's, approved pediatric health care facility's, or approved federally qualified health center's specific proposals for correcting the items of noncompliance. The Department shall review the plan of correction and notify the hospital, approved pediatric health care facility, or approved federally qualified health center 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, approved pediatric health care facility, or approved federally qualified health center shall have 10 working days to resubmit an acceptable Plan of Correction. Upon notification that its Plan of Correction is acceptable, a hospital, approved pediatric health care facility, or approved federally qualified health center 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 or approved federally qualified health center 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 or approved federally qualified health center that the approved pediatric health care facility or approved federally qualified health center 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, or approved federally qualified health center 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.

(d) This Section is repealed on December 31, 2023 ~~2021~~.

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

(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.

(c) This Section is effective on and after January 1, 2024 ~~2022~~.

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

(410 ILCS 70/2.2-1)

(Section scheduled to be repealed on December 31, 2021)

Sec. 2.2-1. 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, approved pediatric health care facility, or approved federally qualified health center providing services to sexual assault survivors in accordance with a plan approved under Section 2-1 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, approved pediatric health care facility, or approved federally qualified health center 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.

(c) This Section is repealed on December 31, 2023 ~~2021~~.

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

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

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

(a) 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.

(b) This Section is effective on and after January 1, 2024
~~2022~~.

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

(410 ILCS 70/3-1)

(Section scheduled to be repealed on December 31, 2021)

Sec. 3-1. Areawide sexual assault treatment plans; submission.

(a) Hospitals, approved pediatric health care facilities, and approved federally qualified health centers 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, approved pediatric health care facility, and approved federally qualified health centers has agreed to make available. Each hospital, approved pediatric health care facility, and approved federally qualified health center 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, approved federally qualified health

centers, 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 5-1 and implementation of the plan would provide for appropriate medical forensic services for the people of the area to be served.

(b) This Section is repealed on December 31, 2023 ~~2021~~.

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

(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.

(d) This Section is effective on and after January 1, 2024
~~July 1, 2021~~.

(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; 101-634, eff. 6-5-20.)

(410 ILCS 70/5-1)

(Section scheduled to be repealed on December 31, 2021)

Sec. 5-1. Minimum requirements for medical forensic

services provided to sexual assault survivors by hospitals, approved pediatric health care facilities, and approved federally qualified health centers.

(a) Every hospital, approved pediatric health care facility, and approved federally qualified health center 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, 2023, 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, or an approved federally qualified health center 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 6.5-1 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, 2023, 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, 2023, 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 10-1 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.

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

(a-7) By January 1, 2023, 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, approved pediatric health care

facility, or approved federally qualified health center 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 5.2-1 of this Act. The hospital, approved pediatric health care facility, or approved federally qualified health center shall make a copy of the voucher and place it in the medical record of the sexual assault survivor. The hospital, approved pediatric health care facility, or approved federally qualified health center 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, or approved federally qualified health center.

(d) This Section is repealed on December 31, 2023 ~~2021~~.
(Source: P.A. 101-634, eff. 6-5-20; 102-22, eff. 6-25-21.)

(410 ILCS 70/5.1)

Sec. 5.1. Storage, retention, and dissemination of photo documentation relating to medical forensic services.

(a) 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.

(b) This Section is effective on and after January 1, 2024
~~2022~~.

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

(Section scheduled to be repealed on December 31, 2021)

Sec. 5.1-1. Storage, retention, and dissemination of photo documentation relating to medical forensic services.

(a) Photo documentation taken during a medical forensic examination shall be maintained by the hospital, approved pediatric health care facility, or approved federally qualified health center 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.

(b) This Section is repealed on December 31, 2023 ~~2021~~.

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

(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.

(e) This Section is effective on and after January 1, 2024
~~2022~~.

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

(410 ILCS 70/5.2-1)

(Section scheduled to be repealed on December 31, 2021)

Sec. 5.2-1. Sexual assault services voucher.

(a) A sexual assault services voucher shall be issued by a treatment hospital, treatment hospital with approved pediatric transfer, approved pediatric health care facility, or approved federally qualified health center at the time a sexual assault

survivor receives medical forensic services.

(b) Each treatment hospital, treatment hospital with approved pediatric transfer, approved pediatric health care facility, and approved federally qualified health center must include in its sexual assault treatment plan submitted to the Department in accordance with Section 2-1 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 or approved federally qualified health center 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, approved federally qualified health center, 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, approved pediatric health care facility, or approved federally qualified health center, 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.

(e) This Section is repealed on December 31, 2023 ~~2021~~.

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

(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.

(e) This Section is effective on and after January 1, 2024 ~~2022~~.

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

(410 ILCS 70/5.3-1)

(Section scheduled to be repealed on December 31, 2021)

Sec. 5.3-1. 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, treatment hospital with approved pediatric transfer, or an approved federally qualified health center that has a plan approved by the Department requesting medical forensic services, then the hospital emergency department staff or approved federally qualified health center staff shall contact an approved pediatric health care facility, if one is designated in the hospital's or an approved federally qualified health center's plan.

If the transferring hospital or approved federally qualified health center 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 or approved federally qualified health center 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 or approved federally qualified health center'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 or approved federally qualified health center's plan, or the patient or non-offending parent or legal guardian chooses to be transferred to a treatment hospital, the hospital emergency department or approved federally qualified health center staff shall contact a treatment hospital designated in the hospital's or approved federally qualified health center'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.

(e) This Section is repealed on December 31, 2023 ~~2021~~.

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

(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.

(d) This Section is effective on and after January 1, 2024 ~~2022~~.

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

(410 ILCS 70/5.5-1)

(Section scheduled to be repealed on December 31, 2021)

Sec. 5.5-1. Minimum reimbursement requirements for

follow-up healthcare.

(a) Every hospital, pediatric health care facility, federally qualified health center, 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, federally qualified health center, health care professional, laboratory, or pharmacy to provide follow-up healthcare to a sexual assault survivor.

(d) This Section is repealed on December 31, 2023 ~~2021~~.

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

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

Sec. 6.1. Minimum standards.

(a) 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.

(b) This Section is effective on and after January 1, 2024
~~2022~~.

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

(410 ILCS 70/6.1-1)

(Section scheduled to be repealed on December 31, 2021)

Sec. 6.1-1. Minimum standards.

(a) The Department shall prescribe minimum standards, rules, and regulations necessary to implement this Act and the

changes made by this amendatory Act of the 101st 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 and approved federally qualified health center. 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, approved pediatric health care facility's, or approved federally qualified health center's record of the sexual assault survivor.

(b) This Section is repealed on December 31, 2023 ~~2021~~.

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

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

Sec. 6.2. Assistance and grants.

(a) 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.

(b) This Section is effective on and after January 1, 2024 ~~2022~~.

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

(410 ILCS 70/6.2-1)

(Section scheduled to be repealed on December 31, 2021)

Sec. 6.2-1. Assistance and grants.

(a) 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, approved pediatric health care facilities, and approved federally qualified health centers for this purpose.

(b) This Section is repealed on December 31, 2023 ~~2021~~.

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

(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).

(d) This Section is effective on and after January 1, 2024
~~July 1, 2021~~.

(Source: P.A. 100-775, eff. 1-1-19; 101-634, eff. 6-5-20.)

(410 ILCS 70/6.4-1)

(Section scheduled to be repealed on December 31, 2021)

Sec. 6.4-1. 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, approved pediatric health care facilities, and approved federally qualified health centers 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, and approved federally qualified health center 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).

(d) This Section is repealed on December 31, 2023 ~~2021~~.

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

(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.

(d) This Section is effective on and after January 1, 2024
~~2022~~.

(Source: P.A. 101-81, eff. 7-12-19; 101-634, eff. 6-5-20; 102-22, eff. 6-25-21.)

(410 ILCS 70/6.5-1)

(Section scheduled to be repealed on December 31, 2021)

Sec. 6.5-1. 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, approved pediatric health care facility, or approved federally qualified health center, 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, approved pediatric health care facility, or approved federally qualified health center 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, approved pediatric health care facility, or approved federally qualified health center 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, approved pediatric health care facility, or approved federally qualified health center 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.

(d) This Section is repealed on December 31, 2023 ~~2021~~.

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

(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.

(e) This Section is effective on and after January 1, 2024 ~~2022~~.

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

(410 ILCS 70/6.6-1)

(Section scheduled to be repealed on December 31, 2021)

Sec. 6.6-1. 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, approved pediatric health care facility, or approved federally qualified health center 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, approved pediatric health care facility, or approved federally qualified health center 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, approved pediatric health care facility, or approved federally qualified health center shall notify the law enforcement agency having jurisdiction that the hospital, approved pediatric health care facility, or approved federally qualified health center is in possession of

sexual assault evidence and the date and time the collection of evidence was completed. The hospital, approved pediatric health care facility, or approved federally qualified health center 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, approved pediatric health care facility's, or approved federally qualified health center'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, approved pediatric health care facility, or approved federally qualified health center, the hospital, approved pediatric health care facility, or approved federally qualified health center shall renotify the law enforcement agency having jurisdiction that the hospital, approved pediatric health care facility, or approved federally qualified health center is in possession of sexual assault evidence and the date the sexual assault evidence was collected. The hospital, approved pediatric health care facility, or approved federally qualified health center 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, approved pediatric health care facility, or approved federally qualified health center and the hospital, approved pediatric health care facility, or approved federally qualified health center has provided renotification under subsection (c) of this Section, the hospital, approved pediatric health care facility, or approved federally qualified health center shall contact the State's Attorney of the county where the law enforcement agency having jurisdiction is located. The hospital, approved pediatric health care facility shall inform the State's Attorney that the hospital, approved pediatric health care facility, or approved federally qualified health center 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.

(e) This Section is repealed on December 31, 2023 ~~2021~~.
(Source: P.A. 101-634, eff. 6-5-20; 102-22, eff. 6-25-21.)

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 Illinois 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.

(f) This Section is effective on and after January 1, 2024 ~~2022~~.

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

(410 ILCS 70/7-1)

(Section scheduled to be repealed on December 31, 2021)

Sec. 7-1. Reimbursement

(a) A hospital, approved pediatric health care facility, approved federally qualified health center, 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, approved federally qualified health center, 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, approved federally qualified health center, 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, approved federally qualified health center, 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 Illinois 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, approved federally qualified health center, 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, federally qualified health center, 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 or approved federally qualified health centers 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.

(f) This Section is repealed on December 31, 2023 ~~2021~~.
(Source: P.A. 101-634, eff. 6-5-20; 102-22, eff. 6-25-21.)

(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, 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 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 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 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 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 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 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 Office of the Illinois Attorney General.

(e) This Section is effective on and after January 1, 2024 ~~2022~~.

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

(410 ILCS 70/7.5-1)

(Section scheduled to be repealed on December 31, 2021)

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

(a) A hospital, approved pediatric health care facility, approved federally qualified health center, 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, approved pediatric health care facility, and approved federally qualified health center providing treatment services to sexual assault survivors in accordance with a plan approved under Section 2-1 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, approved federally qualified health center, health care

professional, laboratory, or pharmacy for the services the sexual assault survivor received as an outpatient at the hospital, approved pediatric health care facility, or approved federally qualified health center;

(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, approved pediatric health care facility, or approved federally qualified health center, the hospital, approved pediatric health care facility, or approved federally qualified health center 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-1 of this Act;

(5) a phone number the sexual assault survivor may call should the sexual assault survivor receive a bill from the hospital, approved pediatric health care facility, or approved federally qualified health center 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, approved federally qualified health center, 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-1 of this Act.

(d) Within 60 days after the effective date of this amendatory Act of the 101st 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.

Within 14 days after the Department's approval of a treatment plan, an approved federally qualified health center and any health care professional employed by an approved federally qualified health center 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, approved pediatric health care facility, or approved federally qualified health center 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, approved pediatric health care facility, or approved federally qualified health center shall implement the revised or modified billing protocol upon approval by the Crime Victim Services Division of the Office of the Illinois Attorney General.

(e) This Section is repealed on December 31, 2023 ~~2021~~.

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

(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.

(c) This Section is effective on and after January 1, 2024 ~~2022~~.

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

(410 ILCS 70/8-1)

(Section scheduled to be repealed on December 31, 2021)

Sec. 8-1. Penalties.

(a) Any hospital, approved pediatric health care facility, or approved federally qualified health center violating any provisions of this Act other than Section 7.5-1 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, approved pediatric health care facility, or approved federally qualified health center 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, approved federally qualified health center, health care professional, ambulance provider, laboratory, or pharmacy knowingly violates Section 7.5-1 of the Act:

(1) For willful violations of paragraphs (1), (2), (4), or (5) of subsection (a) of Section 7.5-1 or subsection (c) of Section 7.5-1, 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 7.5-1 or subsection (c) of Section 7.5-1 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 7.5-1, 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 7.5-1, 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 7.5-1.

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

(c) This Section is repealed on December 31, 2023 ~~2021~~.

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

(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.

(d) This Section is effective on and after January 1, 2024
~~2022~~.

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

(410 ILCS 70/10-1)

(Section scheduled to be repealed on December 31, 2021)

Sec. 10-1. 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 2-1. 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 5-1.

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, approved pediatric health care facilities, and approved federally qualified health centers 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, approved pediatric health care facilities, and approved federally qualified health centers on the Office of the Attorney General's website.

(d) This Section is repealed on December 31, 2023 ~~2021~~.

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

Section 45. The Underlying Causes of Crime and Violence Study Act is amended by changing Section 72-15 as follows:

(410 ILCS 165/72-15)

Sec. 72-15. Report. The Department of Public Health and the Department of Human Services are required to report their findings to the General Assembly by December 31, 2022 ~~2021~~.

(Source: P.A. 102-4, eff. 4-27-21.)

Section 99. Effective date. This Act takes effect upon becoming law.