

AN ACT concerning public health.

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

Section 10. The Sexual Assault Survivors Emergency Treatment Act is amended by changing Sections 1a, 5, 7, and 8 and by adding Section 7.5 as follows:

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

Sec. 1a. Definitions. In this 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.

"Areawide sexual assault treatment plan" means a plan, developed by the hospitals in the community or area to be served, which provides for hospital emergency services to sexual assault survivors that shall be made available by each of the participating hospitals.

"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 hospital emergency services.

"Forensic services" means the collection of evidence pursuant to a statewide sexual assault evidence collection program administered by the Department of State Police, using the Illinois State Police Sexual Assault Evidence Collection Kit.

"Health care professional" means a physician, a physician assistant, or an advanced practice nurse.

"Hospital" has the meaning given to that term in the Hospital Licensing Act.

"Hospital emergency services" means healthcare delivered to outpatients within or under the care and supervision of personnel working in a designated emergency department of a hospital, including, but not limited to, care ordered by such personnel for a sexual assault survivor in the emergency department.

"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.

"Nurse" means a nurse licensed under the Nurse Practice Act.

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

"Sexual assault" means an act of nonconsensual sexual conduct or sexual penetration, as defined in Section 11-0.1 of the Criminal Code of 2012, including, without limitation, acts prohibited under Sections 11-1.20 through 11-1.60 of the Criminal Code of 2012.

"Sexual assault survivor" means a person who presents for hospital emergency 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 in order to receive emergency treatment.

"Sexual assault treatment plan" means a written plan developed by a hospital that describes the hospital's procedures and protocols for providing hospital emergency services and forensic services to sexual assault survivors who present themselves for such services, either directly or through transfer from another hospital.

"Transfer services" means the appropriate medical screening examination and necessary stabilizing treatment prior to the transfer of a sexual assault survivor to a hospital that provides hospital emergency services and forensic services to sexual assault survivors pursuant to a

sexual assault treatment plan or areawide sexual assault treatment plan.

"Voucher" means a document generated by a hospital at the time the sexual assault survivor receives hospital emergency and forensic services that a sexual assault survivor may present to providers for follow-up healthcare.

(Source: P.A. 96-328, eff. 8-11-09; 96-1551, eff. 7-1-11; 97-1150, eff. 1-25-13.)

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

Sec. 5. Minimum requirements for hospitals providing hospital emergency services and forensic services to sexual assault survivors.

(a) Every hospital providing hospital emergency services and 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 nurse who has a written collaborative agreement with a collaborating physician that authorizes provision of emergency services, or a physician assistant who has been delegated authority to provide hospital emergency services and forensic services, the following:

- (1) appropriate medical examinations and laboratory tests required to ensure the health, safety, and welfare of a sexual assault survivor or which may be used as evidence

in a criminal proceeding against a person accused of the sexual assault, or both; and records of the results of such examinations and tests shall be maintained by the hospital and made available to law enforcement officials upon the request of the sexual assault survivor;

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

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

(4) an amount of medication for treatment at the hospital and after discharge as is deemed appropriate by the attending physician, an advanced practice nurse, or a physician assistant and consistent with the hospital's current approved protocol for sexual assault survivors;

(5) an evaluation of the sexual assault survivor's risk of contracting human immunodeficiency virus (HIV) from the sexual assault;

(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 disease;

(7) referral by hospital personnel for appropriate counseling; and

(8) when HIV prophylaxis is deemed appropriate, an initial dose or doses of HIV prophylaxis, along with written and oral instructions indicating the importance of timely follow-up healthcare.

(b) Any person who is a sexual assault survivor who seeks emergency hospital services and 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.

(b-5) Every treating hospital providing hospital emergency and forensic services to sexual assault survivors shall issue a voucher to any sexual assault survivor who is eligible to receive one. 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 emergency department.

(Source: P.A. 95-432, eff. 1-1-08; 96-318, eff. 1-1-10.)

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

Sec. 7. Reimbursement.

(a) A hospital or health care professional furnishing

hospital emergency services or 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, 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, 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, health care professional, laboratory, or pharmacy shall accept the amounts paid by the insurance company or health coverage program and the Illinois Sexual Assault Treatment Program as full payment.

(3) If a sexual assault survivor is neither eligible to receive benefits under the medical assistance program under Article V of the Public Aid Code nor covered by a policy of insurance or a public or private health coverage program, the ambulance provider, hospital, 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 voucher for follow-up healthcare, the healthcare professional 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, 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 from providing follow-up healthcare and receiving reimbursement under this Section.

~~When any ambulance provider furnishes transportation, hospital provides hospital emergency services and forensic services, hospital or health care professional or laboratory provides follow-up healthcare, or pharmacy dispenses prescribed medications to any sexual assault survivor, as defined by the Department of Healthcare and Family Services, who is neither eligible to receive such services under the Illinois Public Aid Code nor covered as to such services by a policy of insurance, the ambulance provider, hospital, health care professional, pharmacy, or laboratory shall furnish such services to that person without charge and shall be entitled to be reimbursed for providing such services by the Illinois Sexual Assault Emergency Treatment Program under the Department of Healthcare and Family Services and at the Department of Healthcare and Family Services' allowable rates under the Illinois Public Aid Code.~~

(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. The hospital is responsible for submitting the request for reimbursement for ambulance services, hospital emergency services, and forensic services to the Illinois Sexual Assault Emergency Treatment Program. Nothing in this Section precludes hospitals from providing follow up healthcare and receiving reimbursement under this Section.~~

(c) ~~(Blank). The health care professional who provides follow up healthcare and the pharmacy that dispenses prescribed medications to a sexual assault survivor are responsible for submitting the request for reimbursement for follow up healthcare or pharmacy services to the Illinois Sexual Assault Emergency Treatment Program.~~

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

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

(Source: P.A. 97-689, eff. 6-14-12; 98-463, eff. 8-16-13.)

(410 ILCS 70/7.5 new)

Sec. 7.5. Prohibition on billing sexual assault survivors

directly for certain services; written notice; billing protocols.

(a) A hospital, health care professional, ambulance provider, laboratory, or pharmacy furnishing hospital emergency services, 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) Within 60 days after the effective date of this amendatory Act of the 99th General Assembly, every hospital 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, health care professional, laboratory, or pharmacy for the services the sexual assault survivor received as an outpatient at the hospital;

(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 emergency department of the treating facility, the hospital will give the sexual assault survivor a voucher for follow-up healthcare if the sexual assault survivor is eligible to receive a 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 for hospital emergency services and 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, 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 hospital emergency services or forensic services must develop a billing protocol that ensures that no survivor of sexual assault will be sent a bill for any hospital emergency services or 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.

The billing protocol must include at a minimum:

(1) a description of training for persons who prepare bills for hospital emergency services 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 hospital emergency services or 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 hospital emergency services or 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 hospital emergency services or forensic services, the Office of the Attorney General shall provide the health care professional with a written statement of the deficiencies in the protocol. The health care professional shall have 30 days to submit a revised billing protocol addressing the deficiencies to the Office of the Attorney General. The health care professional shall implement the protocol upon approval by the Crime Victim Services Division of the Office of the Attorney General.

The health care professional 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 shall implement the revised or modified billing protocol upon approval by the Crime Victim Services Division of the Office of the Illinois Attorney General.

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

Sec. 8. Penalties.

(a) Any hospital 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 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, 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 complies with subsection (d) of Section 7.5.

All civil monetary penalties shall be deposited into the

Public Act 099-0454

HB3848 Enrolled

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Violent Crime Victims Assistance Fund.

(Source: P.A. 79-564.)