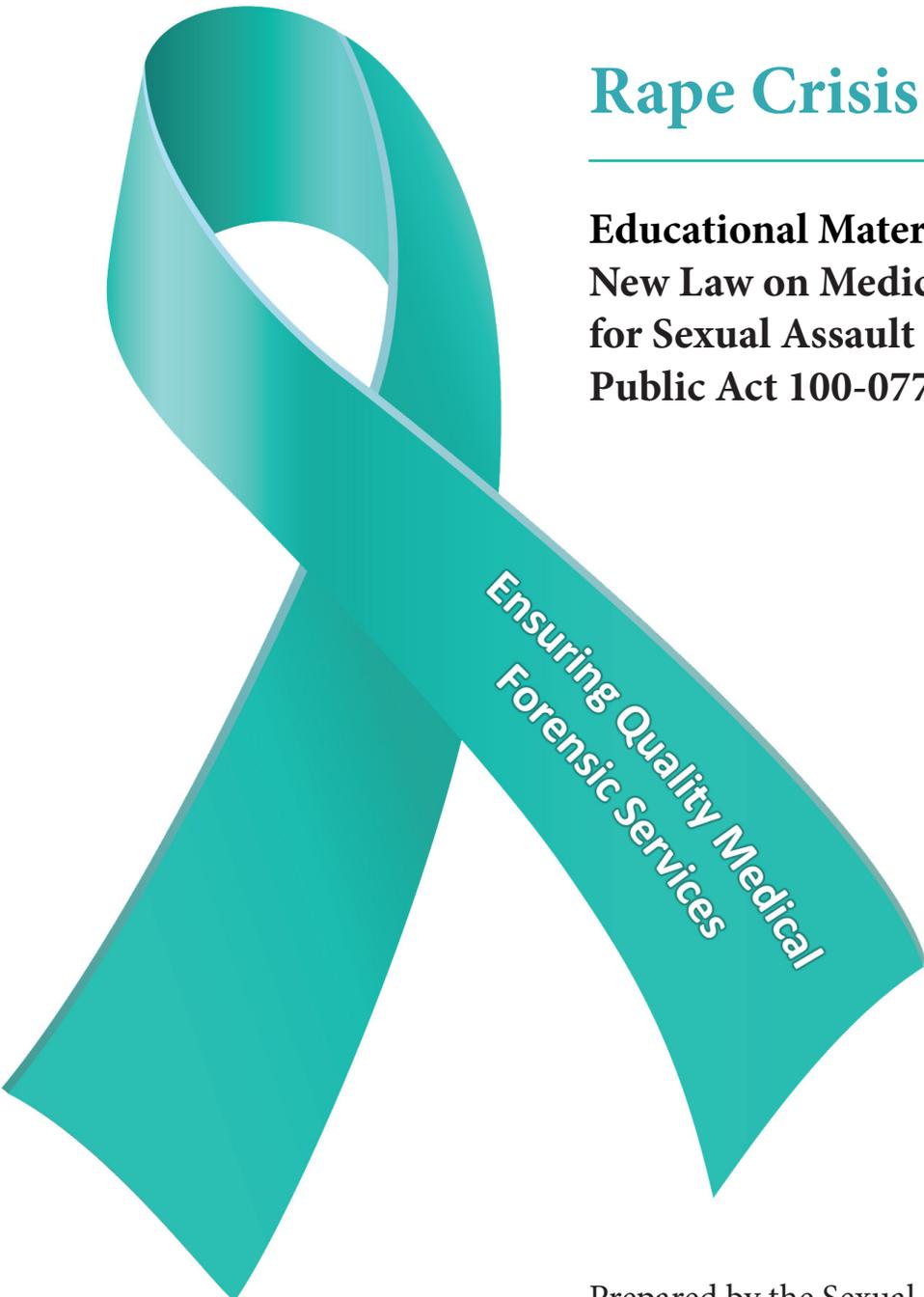


Rape Crisis Centers

**Educational Materials Regarding
New Law on Medical Forensic Services
for Sexual Assault Survivors
Public Act 100-0775**



Ensuring Quality Medical
Forensic Services

Prepared by the Sexual Assault Medical Forensic
Services Implementation Task Force



**Educational Materials for Rape Crisis Centers
Regarding New Law on Medical Forensic Services for Sexual Assault Survivors**

Prepared by the Sexual Assault Medical Forensic Services Implementation Task Force

Public Act 100-0775 expands the Sexual Assault Survivors Emergency Treatment Act (SASETA) to ensure that all survivors of sexual assault and sexual abuse are treated in a timely manner by health care professionals who are specially trained to conduct medical forensic examinations of sexual assault and sexual abuse survivors. The Act is the product of a yearlong collaboration among the Illinois Department of Public Health, the Office of the Attorney General, child abuse pediatricians, sexual assault nurse examiners, and other medical providers, rape crisis advocates, children’s advocacy centers, hospitals, state’s attorney’s offices, and state agencies.

Public Act 100-0775 established the Sexual Assault Medical Forensic Services Implementation Task Force (Implementation Task Force) and set forth numerous goals to accomplish before December 31, 2023. One of the goals is “to develop and distribute educational information regarding the implementation of this Act to hospitals, health care providers, rape crisis centers, children’s advocacy centers, [and] State’s Attorney’s offices[.]” [410 ILCS 70/9.5(c)(5)]

This document contains the educational information for rape crisis centers prepared by the Implementation Task Force to satisfy this statutory mandate. Educational information for others may be found on the website of the Office of the Attorney General at <http://www.illinoisattorneygeneral.gov/victims/saimplementationtaskforce.html>.

Please note this document is not a complete summary of Public Act 100-0775. The full text of the new law can be found at <http://ilga.gov/legislation/publicacts/100/PDF/100-0775.pdf>.

The full text of SASETA can be found at <http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1531&ChapterID=35&Print=True>.

Table of Contents

Scope of Law.....4
 Definitions.....4

Places Where Medical Forensic Services and Examinations May Be Performed5

Approved Pediatric Health Care Facilities.....6

**Memorandum of Understanding with Hospitals and Approved Pediatric Health Care
Facilities7**

Medical Advocacy Services7

Written Information for Sexual Assault Survivors8

Qualified Medical Provider Requirement8

Sexual Assault Nurse Examiner Program9
 Sexual Assault Nurse Examiner Education Guidelines10
 SANE Certification11

Medical Forensic Services11

**Consent for Medical Forensic Services and Testing of Sexual Assault Evidence
.....12**
 Medical Forensic Exam and Evidence Collection12
 Photo Documentation / Photographic Evidence13
 Reporting to Law Enforcement / Testing of Sexual Assault Evidence.....13

**Sexual Assault Treatment and Transfer Plans for the Illinois Department of Public
Health.....14**
 Hospital Treatment Plans14
 Hospital Transfer Plans15
 Approved Pediatric Health Care Facility Treatment Plans15

Transferring Pediatric Sexual Assault Survivors for Medical Forensic Services.....16
 Transferring from a Treatment Hospital16
 Transferring from a Treatment Hospital with APT or a Transfer Hospital.....16

**Transferring Sexual Assault Survivors to Out-of-State Hospitals for Medical Forensic
Services.....17**

This document has been created by the Sexual Assault Medical Forensic Services Implementation Task Force for Rape Crisis Centers pursuant to 410 ILCS 70/9.5(b)(5).

Relevant Provisions of Public Act 100-1087	18
Sexual Assault Survivor’s Use of Alcohol, Cannabis and Controlled Substances	18
Rights Before, During and After a Medical Forensic Examination	18
Consent to Test Sexual Assault Evidence	19
Copy of Police Report.....	19
Statute of Limitations.....	19
Relevant Provision of P.A. 100-0080	19
SASETA Implementation Timeline.....	21
FLOWCHART A	24
FLOWCHART B	25
Implementation Task Force Membership	26

Scope of the New Law

The amendments to SASETA apply to all sexual assault survivors (1) who present with a complaint of sexual assault that occurred within the last 7 days or (2) who have disclosed past sexual assault by a specific individual and were in the care of that individual within the last 7 days. This is considered an acute disclosure. Treatment provided within 7 days is commonly referred to as acute medical forensic services. Treatment provided after 7 days is commonly referred to as non-acute medical services.

When a sexual assault survivor presents for acute medical forensic services, the sexual assault survivor must be offered evidence collection using the Illinois State Police Sexual Assault Evidence Collection Kit. The provider of medical forensic services must give the survivor appropriate oral and written information created by the Office of the Attorney General 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. 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 96 hours after the sexual assault.

Definitions

“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 [of Public Health] under Section 2.06 [of SASETA].

“Medical forensic services” are defined as 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. Medical forensic services are specifically set forth in Section 5(a-5) of SASETA. [410 ILCS 70/5(a-5)]

“Rape Crisis Counselor” or Rape Crisis Advocate” means a medical advocate trained and supervised in accordance with Illinois Coalition Against Sexual Assault Policies and Procedures and Illinois statute 735 ILCS 5/8-802.1 “Confidentiality of Statements Made to Rape Crisis Personnel” who is available, on-call, 24-hours per day, seven days per week, to provide in-person crisis intervention counseling, medical advocacy services and victim assistance to those presenting as or determined to be survivors of sexual assault and abuse at a hospital emergency room or

This document has been created by the Sexual Assault Medical Forensic Services Implementation Task Force for Rape Crisis Centers pursuant to 410 ILCS 70/9.5(b)(5).

Approved Pediatric Health Care Facility. The terms may also apply to a legal advocate who provides services related to court proceedings, such as civil proceedings relating to domestic violence orders of protection or civil no contact orders and criminal cases.

“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 survivor” means a person who presents for medical forensic hospital emergency services in relation to injuries or trauma resulting from a sexual assault.

“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.

“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.

“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.

[410 ILCS 70/1a]

Unless otherwise noted, the provisions discussed below go into effect on January 1, 2019. [410 ILCS 70/99]

Places Where Medical Forensic Services and Examinations May Be Performed

Acute Medical forensic examinations may only be performed in four places:

1. Treatment Hospital. A licensed hospital that has a treatment plan approved by the Illinois Department of Public Health (IDPH) to provide medical forensic services to sexual assault survivors of all ages 24 hours a day 7 days a week. [410 ILCS 70/2(a)]
2. Treatment Hospital with Approved Pediatric Transfer. A licensed hospital that has a treatment plan approved by IDPH to provide medical forensic services to sexual assault survivors 13 years or older and to transfer pediatric patients to a Treatment Hospital or an Approved Pediatric Health Care Facility 24 hours a day, 7 days a week. [410 ILCS 70/2(a)]

This document has been created by the Sexual Assault Medical Forensic Services Implementation Task Force for Rape Crisis Centers pursuant to 410 ILCS 70/9.5(b)(5).

3. Approved Pediatric Health Care Facility. A health care facility, other than a hospital, with an Areawide Treatment Plan approved by IDPH to provide medical forensic services to pediatric sexual assault survivors during hours of operation. [410 ILCS 70/2(b)]
4. Out-of-State Hospital. An Out-of-State Hospital, designated as a trauma center by IDPH that consents to the jurisdiction of IDPH under SASETA and is part of an Areawide Treatment Plan, that has been approved by IDPH, with one or more licensed Illinois hospitals to provide medical forensic services to sexual assault survivors 24 hours a day, 7 days a week. [410 ILCS 70/2.06]

THESE ARE THE ONLY MEDICAL FACILITIES THAT ARE AUTHORIZED BY LAW TO PERFORM ACUTE MEDICAL FORENSIC SERVICES.

Non-acute medical forensic services may be performed at any health care facility.

Law enforcement officers and others should immediately refer sexual assault survivors with a complaint of sexual assault within the last 7 days or who have disclosed past sexual assault by a specific individual and were in the care of that individual within the last 7 days immediately to a hospital for acute medical forensic services.

Approved Pediatric Health Care Facilities (APHCFs)

An APHCF may provide the following services:

- Acute medical forensic examinations for a pediatric sexual assault survivor (age 12 or younger) instead of at a Treatment Hospital if a Qualified Medical Provider can initiate medical forensic services within 90 minutes of the child's arrival at the APHCF.
- Non-acute (more than 7 days after the assault or abuse) medical examinations for a pediatric sexual assault survivor (age 12 or younger).
- Non-acute (more than 7 days after the assault or abuse) medical examinations for children age 13 and older.
- Follow-up 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. [410 ILCS 70/1a]

An APHCF may not provide acute medical forensic services to children age 13 or older.

A pediatric health care facility must have a sexual assault treatment plan approved by the Illinois Department of Public Health before providing acute medical forensic services to pediatric sexual assault survivors.

This document has been created by the Sexual Assault Medical Forensic Services Implementation Task Force for Rape Crisis Centers pursuant to 410 ILCS 70/9.5(b)(5).

In order for a sexual assault treatment plan to be approved, the APHCF must participate in an Areawide Treatment Plan with a Treatment Hospital. Additionally, if an APHCF does not provide certain medical or surgical services that are provided by hospitals, the Areawide 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.

[410 ILCS 70/2(b) and 5.3]

Memorandum of Understanding with Hospitals and Approved Pediatric Health Care Facilities

Each Treatment Hospital, Treatment Hospital with Approved Pediatric Transfer, and Approved Pediatric Health Care Facility (APHCF) must enter into a memorandum of understanding (MOU) with a Rape Crisis Center for medical advocacy services, if these services are available to the facility. [410 ILCS 70/2(c)]

A sample template of an MOU has been created by the Sexual Assault Medical Forensic Services Implementation Task Force for use by Rape Crisis Centers, Hospitals, and APHCFs and is available on the Office of the Attorney General's website at http://www.illinoisattorneygeneral.gov/victims/saimplementationtaskforce/sample_memorandum_of_understanding.pdf.

Medical Advocacy Services

When providing medical forensic services to a sexual assault survivor, each Treatment Hospital, Treatment Hospital with Approved Pediatric Transfer, and Approved Pediatric Health Care Facility must offer to the survivor and/or non-offending caregiver “[m]edical 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.” [410 ILCS 70/5(a-5)(8)]

With the consent of the sexual assault survivor, a rape crisis advocate must remain in the exam room during the medical forensic examination and collection of forensic evidence. [410 ILCS 70/2(c) and 5(a-5)(8)] The sexual assault survivor also has the right to have a support person present during the examination. These principles have been enshrined in the Rights of Crime Victims and Witnesses Act as follows:

Sec. 4.6. Advocates; support person.

(a) A crime victim has a right to have an advocate present during any medical evidentiary or physical examination, unless no advocate can be summoned in a reasonably timely manner. The victim also has the right to have an additional person present for support during any medical evidentiary or physical examination.

This document has been created by the Sexual Assault Medical Forensic Services Implementation Task Force for Rape Crisis Centers pursuant to 410 ILCS 70/9.5(b)(5).

(b) A victim retains the rights prescribed in subsection (a) of this Section even if the victim has waived these rights in a previous examination.

[P.A. 100-1087, eff. 1/1/19; 725 ILCS 120/4.6 new]

Written Information for Sexual Assault Survivors

Each Treatment Hospital, Treatment Hospital with Approved Pediatric Transfer (APT), and Approved Pediatric Health Care Facility (APHCF) must offer written information regarding services provided by a Children's Advocacy Center (CAC) and a Rape Crisis Center (RCC), if applicable, to a sexual assault survivor and/or non-offending parent or guardian. [410 ILCS 70/5(a-5)(9)]

CACs and RCCs must make this written information regarding the specific services the CAC and RCC offer to survivors available to the Treatment Hospitals, Treatment Hospitals with APT, and APHCFs located within the CAC's and RCC's service areas.

The Implementation Task Force recommends RCCs coordinate with CACs, Treatment Hospitals, Treatment Hospitals with APT, and APHCFs to create these materials.

Qualified Medical Provider Requirement

A Qualified Medical Provider (QMP) must provide medical forensic services at an Approved Pediatric Health Care Facility. [410 ILCS 70/2(b)]

Beginning no later than January 1, 2022, a QMP must provide the medical forensic services at Treatment Hospitals and Treatment Hospitals with Approved Pediatric Transfer (APT). [410 ILCS 70/5(a)]

A QMP is a board-certified or board-eligible child abuse pediatrician, sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE), who has access to photo documentation tools and participates in peer review.

- A board-certified or board-eligible child abuse pediatrician is a physician certified by the American Board of Pediatrics in child abuse pediatrics or 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.
- A SAFE is 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 for either Pediatric/Adolescent survivors, Adult/Adolescent survivors or Pediatric/Adolescent/Adult survivors.

This document has been created by the Sexual Assault Medical Forensic Services Implementation Task Force for Rape Crisis Centers pursuant to 410 ILCS 70/9.5(b)(5).

- The Illinois Department of Public Health, in consultation with the Office of the Attorney General, must 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. [410 ILCS 70/2.05(c)]
- A SANE is 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 for either Pediatric/Adolescent survivors, Adult/Adolescent survivors or Pediatric/Adolescent/Adult survivors.
 - A SANE in Illinois who has completed the didactic and clinical components for Adult/Adolescent or Pediatric/Adolescent sexual assault survivors may conduct a medical forensic examination using the Illinois State Police Sexual Assault Evidence Collection Kit without the presence or participation of a physician for that specific population. [410 ILCS 70/5(a-5)(1-5)(B)]
 - A SANE is not required to be nationally certified by the International Association of Forensic Nurses Commission for Forensic Nursing Certification, however, the Implementation Task Force encourages SANEs to become nationally certified to ensure the highest level of care for Illinois sexual assault survivors.
 - For additional information regarding the Sexual Assault Nurse Examiner Education Guidelines and SANE Certification, please see the “Sexual Assault Nurse Examiner Program” below.

[410 ILCS 70/1a]

Sexual Assault Nurse Examiner Program

Public Act 100-0775 formally establishes the Sexual Assault Nurse Examiner (SANE) Program in the Office of the Attorney General (OAG). The SANE Program is tasked with the following:

- Create, in consultation with Qualified Medical Providers, 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 will be posted on the OAG’s website.

This document has been created by the Sexual Assault Medical Forensic Services Implementation Task Force for Rape Crisis Centers pursuant to 410 ILCS 70/9.5(b)(5).

- By March 1, 2019, develop and make available to hospitals 2 hours of online training for emergency department clinical staff to meet the training requirement in Section 2(a) of SASETA; Continuing Education and Continuing Medical Education units shall be provided for the training.
- Provide didactic and clinical SANE training opportunities that meet the Sexual Assault Nurse Examiner Education Guidelines established by the International Association of Forensic Nurses.
- 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.

[410 ILCS 70/10]

Sexual Assault Nurse Examiner Education Guidelines

The Sexual Assault Nurse Examiner Education Guidelines established by the International Association of Forensic Nurses (IAFN) help the sexual assault nurse examiner meet the medical forensic needs of those who have been affected by sexual violence, including individual patients, families, communities and systems.

- Registered nurses who perform medical forensic evaluations must receive additional and specific didactic and clinical preparation to care for adult, adolescent and pediatric patients. These guidelines specify the minimum level of instruction required to ensure competent practice.
- Clinicians should attend a didactic training that yields a minimum of 40 continuing nursing education contact hours from an accredited provider of nursing education. Separate didactic coursework exists for the Adult/Adolescent patient and the Pediatric/Adolescent patient. Clinicians may also attend a combination Adult/Adolescent and Pediatric/Adolescent training that yields a minimum of 64 continuing nursing education contact hours from an accredited provider of nursing education.
- Upon completion of the didactic coursework, clinicians must also complete clinical components, including simulated clinical experiences, which are in addition to the didactic coursework and not calculated as part of the 40-hour didactic course. The Office of the Attorney General has a clinical training log specific to Adult/Adolescent and Pediatric/Adolescent training requirements. Information about the didactic training opportunities and the clinical logs may be found on the OAG's website: <http://www.illinoisattorneygeneral.gov/victims/sane.html>.

This document has been created by the Sexual Assault Medical Forensic Services Implementation Task Force for Rape Crisis Centers pursuant to 410 ILCS 70/9.5(b)(5).

SANE Certification

The SANE Program in the Office of the Attorney General does not provide SANE Certification. The Commission for Forensic Nursing Certification (CFNC), as part of the IAFN, currently offers two professional credentials: the Sexual Assault Nurse Examiner-Adult/Adolescent (SANE-A®) and the Sexual Assault Nurse Examiner-Pediatric (SANE-P®). Both credentials are recognized by the American Nurses Credentialing Center's (ANCC) Magnet Program®. National certification is not required to practice as a SANE in Illinois. It is recommended that a clinician practice as a SANE for 3 years or 300 clinical hours before applying to sit for the National Certification Exam. Information on national certification may be found on the IAFN website at:

<https://www.forensicnurses.org/page/CertOpportunities>.

The Implementation Task Force encourages SANEs to become nationally certified to ensure the highest level of care for Illinois sexual assault survivors.

Medical Forensic Services

Section 5 of SASETA sets forth the following minimum services which must be offered to sexual assault survivors seeking medical forensic services by Treatment Hospitals, Treatment Hospitals with Approved Pediatric Transfer, Approved Pediatric Health Care Facilities, and Out-of-State Hospitals participating in an Area Wide Treatment Plan. P.A. 100-0775 amends Section 5 to revise some of the current provisions and adds additional provisions. P.A. 100-1087 also adds two new requirements. (*New Requirement)

- Provide medical forensic services without delay, in a private, age- or developmentally-appropriate space.*
- Offer to complete the Illinois Sexual Assault Evidence Collection Kit for any sexual assault survivor who presents within 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 the last 7 days.
- Provide 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.
- Provide 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.
- Provide an amount of medication, including HIV prophylaxis, for treatment at the hospital or Approved Pediatric Health Care Facility (APHCF) 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

This document has been created by the Sexual Assault Medical Forensic Services Implementation Task Force for Rape Crisis Centers pursuant to 410 ILCS 70/9.5(b)(5).

guidelines and consistent with the hospital's or APHCF's current approved protocol for sexual assault survivors.

- Beginning July 1, 2019, offer 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.*
- Provide 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.
- Make a referral for appropriate counseling.
- Provide written information regarding services provided by a children's advocacy center and rape crisis center, if applicable. Information for dissemination to be provided to hospitals by the appropriate centers.*
- Offer 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 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. The sexual assault survivor also has the right to have a support person present during the examination.* (P.A. 100-1087)
- Provide access to a shower at no cost, after a medical evidentiary or physical examination, unless showering facilities are unavailable.* (P.A. 100-1087)

[410 ILCS 70/5(a) and 5(a-5)]

Consent for Medical Forensic Services and Testing of Sexual Assault Evidence

Medical Forensic Exam and Evidence Collection

- Any person who is a sexual assault survivor who seeks medical forensic services or follow-up healthcare shall be provided services without the consent of any parent, guardian, custodian, surrogate, or agent. [410 ILCS 70/5(b)] If the sexual assault survivor consents to the exam, the healthcare professional will still ask the survivor if it is okay to proceed with each step of the exam. The patient can stop the exam at any time or decline any portion of the exam.
- 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 [410 ILCS 210/1

This document has been created by the Sexual Assault Medical Forensic Services Implementation Task Force for Rape Crisis Centers pursuant to 410 ILCS 70/9.5(b)(5).

et seq.], the Health Care Surrogate Act [755 ILCS 40/5 *et seq.*], or other applicable State and federal laws. [410 ILCS 70/5(b)]

- If a parent or guardian consents to a medical forensic exam for a child or other person, the healthcare professional will still seek the sexual assault survivor's assent to perform each part of the exam. Assent is the expressed willingness of the survivor to participate in an activity. An exam will not be forced upon a sexual assault survivor and a survivor should not be physically restrained or medicated in order for the exam to be performed.

Photo Documentation / Photographic Evidence

- A sexual assault survivor age 13 years old or older has the option to consent to or decline the collection of photographic evidence as part of the medical forensic examination. This is reflected on the Illinois State Police Patient Consent: Collect and Test Evidence or Collect and Hold Evidence form, which is part of the Illinois Sexual Assault Evidence Collection Kit. If the sexual assault survivor is under 13 years old, consent may be obtained from a parent or guardian. [77 Ill. Adm. Code 545.60(c)(2)]
- A sexual assault survivor may verbally withdraw consent for photographs and images to be taken at any time. The withdrawal of consent may apply to the rest of the examination or to a portion of the examination. If consent is withdrawn, the health care professional should document in the patient's medical record that consent was withdrawn and specify the scope of the consent withdrawal (e.g. the remainder of the examination, photos of the genitalia, or photos of a specific injury).
- If a sexual assault survivor is unable to consent to photographic evidence, the collection of photographic evidence may be provided under the Consent by Minors to Medical Procedures Act [410 ILCS 210/1 *et seq.*], the Health Care Surrogate Act [755 ILCS 40/5 *et seq.*], or other applicable State and federal laws. [410 ILCS 70/5(b)]

Reporting to Law Enforcement / Testing of Sexual Assault Evidence

- A sexual assault survivor who consents to medical forensic services is not required to report the sexual assault or sexual abuse to law enforcement. However, a sexual assault survivor may choose to speak with a law enforcement officer or to allow Qualified Medical Providers and other health care providers to provide information to law enforcement regarding the sexual assault. [725 ILCS 203(b),(e)]
- Once a medical forensic exam is completed, a survivor has two options with respect to the testing of the evidence collecting during the exam. The first option is to release the evidence to a law enforcement agency for forensic testing by a crime lab. The second option is the release the evidence to law enforcement for storage. A survivor shall have 10 years from the completion of the exam or 10 years from the age of 18 years, whichever is longer, to sign a written consent to release the sexual assault evidence to law enforcement for testing. [725 ILCS 203/30]

This document has been created by the Sexual Assault Medical Forensic Services Implementation Task Force for Rape Crisis Centers pursuant to 410 ILCS 70/9.5(b)(5).

- A sexual assault survivor 13 years of age or older may sign the written consent to release the evidence for testing. [410 ILCS 70/6.5(a)(1)]
- If the sexual assault 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. [410 ILCS 70/6.5(a)(2)]
- 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 for testing and information concerning the sexual assault or sexual abuse. If the adult is unable to provide consent for the release of evidence for testing 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 for testing. [410 ILCS 70/6.5(a)(3)]
- If a sexual assault survivor is unable to sign the consent to report to law enforcement or to release the evidence for testing, consent to report to law enforcement or to release the evidence for testing may be obtained from law enforcement, the Department of Children and Family Services, under the Consent by Minors to Medical Procedures Act [410 ILCS 210/1 *et seq.*], the Health Care Surrogate Act [755 ILCS 40/5 *et. seq.*], or other applicable State and federal laws. [410 ILCS 70/5(b)]

Sexual Assault Treatment and Transfer Plans for the Illinois Department of Public Health

Each Transfer Hospital, Treatment Hospital, Treatment Hospital with Approved Pediatric Transfer, and Approved Pediatric Health Care Facility must submit a new or updated plan to the Illinois Department of Public Health for approval after January 2, 2019. The new requirements for these plans are:

Hospital Treatment Plans - SASETA requires the following information to be included in a Treatment Hospital or Treatment Hospital with Approved Pediatric Transfer's sexual assault treatment plan. This information is in addition to that required under Section 5(a).

- Protocols for training of emergency department clinical staff as required by Section 2(a) of SASETA. [410 ILCS 70/2(a)]
- Procedures for complying with mandatory reporting requirements pursuant to the Abused and Neglected Child Reporting Act, the Abused and Neglected Long Term Care Facility Residents Reporting Act, the Adult Protective Services Act, and the Criminal Identification Act. [410 ILCS 70/2(d)]

This document has been created by the Sexual Assault Medical Forensic Services Implementation Task Force for Rape Crisis Centers pursuant to 410 ILCS 70/9.5(b)(5).

- A facility protocol limiting access to photo documentation obtained during the provision of medical forensic services. [410 ILCS 70/5.1]
- A protocol for issuing sexual assault services vouchers which must, at a minimum, include the identification of employee positions responsible for issuing sexual assault services vouchers and the identification of employee positions with access to the Medical Electronic Data Interchange or successor system. [410 ILCS 70/5.2(b)]

Hospital Transfer Plans

- Transfer Hospitals may only transfer sexual assault survivors age 13 and older to Treatment Hospitals. Pediatric sexual assault survivors may be transferred to a Treatment Hospital or an Approved Pediatric Health Care Facility.
- IDPH may not approve a 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, IDPH 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 IDPH within a 20-mile radius of the 4-year public university.

[410 ILCS 70/2(a)]

Approved Pediatric Health Care Facility (APHCF) Treatment Plans - SASETA requires the following information to be included for an APHCF sexual assault treatment plan. This information is in addition to that required under Section 5(a) of SASETA.

- Medical forensic services for pediatric sexual assault survivors must be provided by a Qualified Medical Provider.
- The pediatric health care facility must participate in or submit an Areawide Treatment Plan that includes a Treatment Hospital. The Areawide Treatment Plan may also include a Treatment Hospital with Approved Pediatric Transfer.
- If the health care facility does not provide certain medical or surgical services that are provided by hospitals, the Areawide Treatment Plan must include a procedure for ensuring a sexual assault survivor in need of those services receive the services at the Treatment Hospital.
- If the facility is not open 24 hours a day, 7 days a week, the facility include signage to be posted at each public entrance to the facility directing those seeking services to call 911 for

This document has been created by the Sexual Assault Medical Forensic Services Implementation Task Force for Rape Crisis Centers pursuant to 410 ILCS 70/9.5(b)(5).

service or to go to the closest hospital emergency department and specify the location. The signage must be lighted and be at least 14' by 14' in size with white bold capital lettering on a black background and posted clearly and conspicuously on or adjacent to each entrance.

[410 ILCS 70/2(b)]

Transferring Pediatric Sexual Assault Survivors for Medical Forensic Services

1. See *FLOWCHART A* on page 24 for a visual representation of the information below.

A Treatment Hospital may transfer a pediatric sexual assault survivor to an Approved Pediatric Health Care Facility (APHCF) for acute medical forensic services only if:

- the Treatment Hospital participates in an Areawide Treatment Plan with an APHCF;
- the Treatment Hospital contacts the APHCF and confirms a Qualified Medical Provider (QMP) is available to initiate medical forensic services within 90 minutes of the survivor's arrival to the APHCF; and
- the survivor/non-offending caregiver chooses to be transferred in order to receive medical forensic services at the APHCF.

If (1) the Treatment Hospital does not participate in an Areawide Treatment Plan with an APHCF, (2) a QMP is not available within 90 minutes of the survivor's arrival at the APHCF, (3) the survivor/non-offending caregiver chooses not to be transferred to the APHCF or (4) the survivor/non-offending caregiver was already transferred to the Treatment Hospital from another facility, the Treatment Hospital must provide the medical forensic services.

The patient may be transported by ambulance, law enforcement or personal vehicle.

[410 ILCS 70/5.3(c)]

2. See *FLOWCHART B* on page 25 for a visual representation of the information below.

A Treatment Hospital with Approved Pediatric Transfer (APT) or Transfer Hospital may transfer a pediatric sexual assault survivor to an APHCF for acute medical forensic services only if:

- the Treatment Hospital with APT or Transfer Hospital participates in an Areawide Treatment Plan with an APHCF;
- the Treatment Hospital with APT or Transfer Hospital contacts the APHCF and confirms a QMP is available to initiate medical forensic services within 90 minutes of the survivor's arrival to the facility; and

This document has been created by the Sexual Assault Medical Forensic Services Implementation Task Force for Rape Crisis Centers pursuant to 410 ILCS 70/9.5(b)(5).

- the survivor/non-offending caregiver chooses to be transferred in order to receive medical forensic services at the APHCF.

If (1) the Treatment Hospital with APT or Transfer Hospital does not participate in an Areawide Treatment Plan with an APHCF, (2) a QMP is not available within 90 minutes of the survivor's arrival at the APHCF, or (3) the survivor/non-offending caregiver chooses not to be transferred to the APHCF, the Treatment Hospital with APT or Transfer Hospital must transfer the pediatric sexual assault survivor to the Treatment Hospital designated in the facility's approved sexual assault plan in order to receive medical forensic services.

The patient may be transported by ambulance, law enforcement or personal vehicle.

[410 ILCS 70/5.3(b)]

Transferring Sexual Assault Survivors to Out-of-State Hospitals for Medical Forensic Services

A Transfer Hospital, Treatment Hospital with Approved Pediatric Transfer, or an Approved Pediatric Health Care Facility may transfer sexual assault survivors to Out-of-State Hospitals which have been designated as trauma centers by the Illinois Department of Public Health (IDPH) if the Out-of-State Hospital participates in an Areawide Treatment Plan and certifies that it will:

- Consent to IDPH's jurisdiction for the purposes of enforcing SASETA;
- Comply with all provisions of SASETA;
- Use an Illinois State Police Sexual Assault Evidence Collection Kit when collecting evidence from Illinois survivors;
- Ensure its staff cooperate with Illinois law enforcement agencies and are responsive to subpoenas issued by Illinois courts; and
- Provide appropriate transportation upon the completion of medical forensic services, back to the hospital where the sexual assault survivor initially presented seeking medical forensic services, unless the sexual assault survivor chooses to arrange his or her own transportation.

As of December 20, 2018, the following Out-of-State Hospitals have been designated as trauma centers by IDPH:

- Mercy Medical Center, Dubuque, IA
- St. Louis University Hospital, St. Louis, MO
- Barnes-Jewish Hospital, St. Louis, MO
- SSM-Cardinal Glennon Children's Medical Center, St. Louis, MO
- St. Louis Children's Hospital, St. Louis, MO

This document has been created by the Sexual Assault Medical Forensic Services Implementation Task Force for Rape Crisis Centers pursuant to 410 ILCS 70/9.5(b)(5).

- Deaconess Hospital, Evansville, IN
- St. Vincent Evansville, Evansville, IN
- Froedert South St. Catherine’s Medical Center Pleasant, Prairie, WI

Transfers to Out-of-State Hospitals are not allowed on and after January 1, 2024.

[410 ILCS 70/5.4]

Relevant Provisions of Public Act 100-1087

Public Act 100-1087, also effective January 1, 2019, contains changes to the laws which directly relate to survivors of sexual assault.

Sexual Assault Survivor’s Use of Alcohol, Cannabis and Controlled Substances

At the time of first contact with law enforcement, a sexual assault survivor shall be advised that “...sexual assault forensic evidence collected will not be used to prosecute the victim for any offense related to the use of alcohol, cannabis, or a controlled substance.” [725 ILCS 203/25(c-5)]

A person reporting that he or she has been sexually assaulted or a person reporting a sexual assault of another person or requesting emergency medical assistance or medical forensic services for another person who had been sexually assaulted may not be charged based solely on the commission of an offense that

- 1) involves alcohol and violates subsection (d) or (e) of Section 20 of the Liquor Control Act of 1934; or
- 2) is a Class 4 felony possession of a controlled, counterfeit, or look-alike substance or a controlled substance analog, provided the amount of the substance falls under specified amounts in statute.

[See 235 ILCS 5/6-20(I-5) and 720 ILCS 570/415 for additional requirements/limitations.]

All higher education institutions (colleges and universities) must revise their comprehensive policies concerning sexual violence, domestic violence, dating violence, and stalking consistent with governing federal and state law to include an amnesty provision for possession or consumption of alcohol or controlled substances.

[Preventing Sexual Violence in Higher Education Act, 110 ILCS 155/10(10)]

Rights Before, During and After a Medical Forensic Examination

A sexual assault survivor has the right to retain an attorney who may be present during all stages of any interview, investigation, or other interaction with representatives of the criminal justice

This document has been created by the Sexual Assault Medical Forensic Services Implementation Task Force for Rape Crisis Centers pursuant to 410 ILCS 70/9.5(b)(5).

system. The treatment of the sexual assault survivor should not be affected or altered in any way as a result of the survivor's decision to exercise this right. [725 ILCS 120/4(d)]

A sexual assault survivor has a right to have an advocate present during any medical evidentiary or physical examination, unless no advocate can be summoned in a reasonably timely manner. The survivor also has the right to have an additional person present for support during any medical evidentiary or physical examination. A sexual assault survivor retains these rights even if the survivor has waived these rights in a previous examination. [725 ILCS 120/4.6]

A hospital or Approved Pediatric Health Care Facility providing medical forensic services to a sexual assault survivor must provide the survivor access to a shower at no cost, after a medical evidentiary or physical examination unless showering facilities are unavailable. [410 ILCS 70/5(a)(3.5)]

A sexual assault survivor has a right, upon request, to a free copy of the police report as soon as practicable, but in no event, more than 5 days after the request. [725 ILCS 120/4(b-5)]

Consent to Test Sexual Assault Evidence

A sexual assault survivor has 10 years from the completion of an Illinois State Police Sexual Assault Evidence Collection Kit, or 10 years from the date a minor sexual assault survivor turns 18 years of age, whichever is longer, to sign a written consent to release the sexual assault evidence to law enforcement for testing. [725 ILCS 203/30(d)]

Copy of Police Report

A sexual assault survivor may request a copy of the police report from the law enforcement agency having jurisdiction of the offense. The law enforcement agency must provide a free copy of the police report concerning the victim's incident, as soon as practicable, but in no event later than 5 business days from the request. [725 ILCS 120/4.5(b-5)]

Statute of Limitations

Existing law allows a prosecution for criminal sexual assault, aggravated criminal sexual assault, or aggravated criminal sexual abuse to be commenced within 10 years of the commission of the offense if the sexual assault survivor reported the offense to law enforcement authorities within 3 years after the commission of the offense.

Public Act 100-1087 provides that the consent of a sexual assault survivor to the collection of evidence using an Illinois State Police Sexual Assault Evidence Collection Kit under the SASETA shall constitute reporting for purposes of this extension to the statute of limitations. [720 ILCS 5/3-6(i)]

Relevant Provision of P.A. 100-0080

P.A. 100-0800, effective August 11, 2017, amended the statute of limitations for various sexual offenses involving minor victims. Section 5/3-6(j) of the Criminal Code of 2012 now provide that

This document has been created by the Sexual Assault Medical Forensic Services Implementation Task Force for Rape Crisis Centers pursuant to 410 ILCS 70/9.5(b)(5).

a prosecution for criminal sexual assault, aggravated criminal sexual assault, predatory criminal sexual assault of a child, aggravated criminal sexual abuse, or felony criminal sexual abuse may be commenced at any time when the victim is under 18 years of age at the time of the offense.
[720 ILCS 5/3-6(j)]

SASETA IMPLEMENTATION TIMELINE

SASETA Provision	Date	Assistance to be Made Available
Sexual Assault Treatment and Transfer Plans for the Illinois Department of Public Health: Transfer Hospitals, Treatment Hospitals, Treatment Hospitals with Approved Pediatric Transfer, and Approved Pediatric Health Care Facilities	New or updated plans to be submitted to IDPH after 1/2/2019.	<ul style="list-style-type: none"> Task Force: Educational Materials for Hospitals and Approved Pediatric Health Care Facilities IDPH: IDPH Plan Forms will be available at http://www.dph.illinois.gov/forms-publications IDPH: Emergency Administrative Rules to be published in January 2019
Areawide Treatment Plans	Areawide Treatment Plans to be submitted to IDPH after 1/2/2019.	<ul style="list-style-type: none"> Task Force: Will form Committees to facilitate the development of Areawide Treatment Plans among hospitals and pediatric health care facilities.
Transferring of Pediatric Sexual Assault Survivors	Only after Areawide Treatment Plan is approved by IDPH.	<ul style="list-style-type: none"> Task Force: Will form Committees to facilitate the development of Areawide Treatment Plans among hospitals and pediatric health care facilities.
Transferring of Sexual Assault Survivors to Out-of-State Hospitals	Only after Areawide Treatment Plan is approved by IDPH.	<ul style="list-style-type: none"> Task Force: Will form Committees to facilitate the development of Areawide Treatment Plans among hospitals and pediatric health care facilities.
Medical Forensic Services:		
Provide medical forensic services without delay, in a private, age- or developmentally-appropriate space.	1/1/2019	
After a medical evidentiary or physical examination, provide access to a shower at no cost, unless showering facilities are unavailable. (PA 100-1087)	1/1/2019	
Provide written information regarding services provided by a children's advocacy center and rape crisis center, if applicable.	1/1/2019	<ul style="list-style-type: none"> Rape Crisis Centers and Children's Advocacy Centers: Will provide written information to Hospitals and APHCFs in Center's service area.

This document has been created by the Sexual Assault Medical Forensic Services Implementation Task Force for Rape Crisis Centers pursuant to 410 ILCS 70/9.5(b)(5).

Offer medical advocacy services provided by a rape crisis counselor, if there is a memorandum of understanding (MOU) between the hospital 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.	1/1/2019	<ul style="list-style-type: none"> Task Force: Sample Memorandum of Understanding for Use by Rape Crisis Centers and Hospitals or Approved Pediatric Health Care Facilities
Medical Forensic Services: Offer Photo Documentation to Sexual Assault Survivor	7/1/2019	<ul style="list-style-type: none"> Task Force: Photo Documentation and Sample Digital Photography Policy
Retention of Patient Medical Records Pertaining to Medical Forensic Services	1/1/2019	<ul style="list-style-type: none"> Task Force: Educational Materials for Hospitals and Approved Pediatric Health Care Facilities
Directly Billing a Survivor is Expressly Prohibited: APHCFs and entities not previously providing medical forensic services	1/1/2019	<ul style="list-style-type: none"> Task Force: Educational Materials for Hospitals and Approved Pediatric Health Care Facilities
Billing Protocol Requirement: APHCFs and entities that bill separate from the hospital	<p>APHCFs – Submit protocol to OAG within 60 days of approval of facility’s sexual assault treatment plan by IDPH.</p> <p>QMPs and other health care professionals who are not employees of hospitals or APHCFs and do not bill separately – Submit protocol to OAG within 60 days of the commencement of medical forensic services.</p>	<ul style="list-style-type: none"> Task Force: Educational Materials for Hospitals and Approved Pediatric Health Care Facilities OAG: Sample Template Billing Protocol Healthcare Professionals and Physicians OAG: A Guide for Ambulance, Laboratory, and Follow-Up Healthcare Services
Submission of Data to the Illinois Department of Public Health required every 6 months	<p>First submission due 7/1/2019.</p> <p>A Treatment Hospital should begin collecting data as January 1, 2019.</p>	<ul style="list-style-type: none"> Task Force: Educational Materials for Hospitals and Approved Pediatric Health Care Facilities IDPH: Excel Template will be available at http://www.dph.illinois.gov/forms-publications

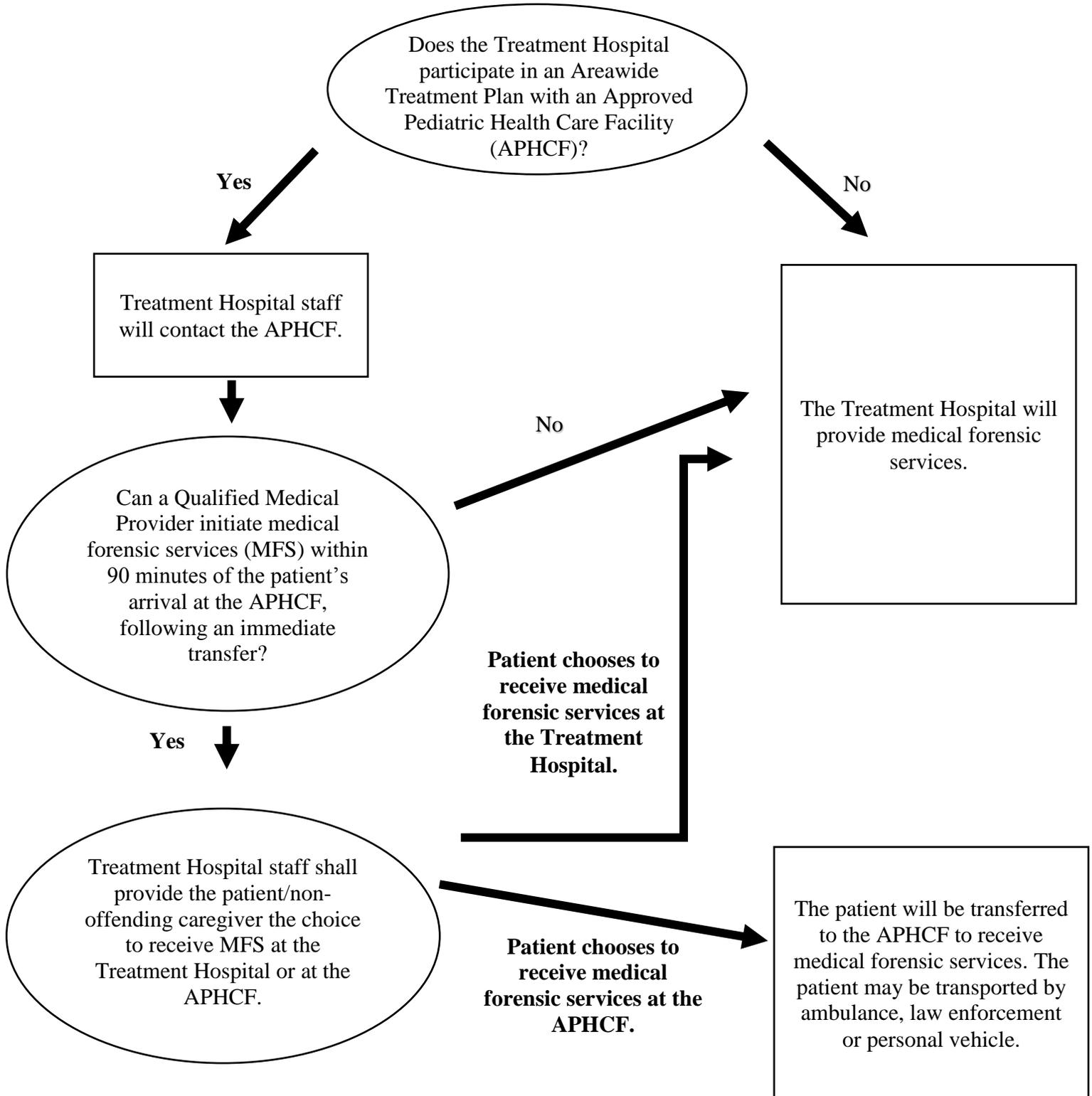
This document has been created by the Sexual Assault Medical Forensic Services Implementation Task Force for Rape Crisis Centers pursuant to 410 ILCS 70/9.5(b)(5).

	A Treatment Hospital with APT or an APHCF should begin collecting data once its sexual assault treatment plan is approved by IDPH.	
Sexual Assault Training Requirements for Emergency Department Clinical Staff	Initial 2 hours of training by 7/1/2020.	<ul style="list-style-type: none"> • Task Force: Educational Materials for Hospitals and Approved Pediatric Health Care Facilities • OAG: A 2-hour training that may be (but is not required to be) used to satisfy this requirement, in part, will be made available to hospitals by 3/1/2019.
Qualified Medical Provider Requirement	<p>APHCFs – 1/1/2019</p> <p>Treatment Hospitals, Treatment Hospitals with APT, and Out-of-State Hospitals – 1/1/2022</p>	<ul style="list-style-type: none"> • Task Force: Will form Committee to facilitate the development of on-call systems of QMPs and assist hospitals with the development of plans to employ or contract with QMPs as required by Section 5(a-7) of SASETA. • Note: It takes approximately 1 year become a SANE.

FLOWCHART A

SEXUAL ASSAULT SURVIVOR UNDER THE AGE OF 13 ARRIVES AT A TREATMENT HOSPITAL

with a complaint of sexual assault within the last 7 days or has disclosed past sexual assault by a specific individual and was in the care of that individual within the last 7 days.



This document has been created by the Sexual Assault Medical Forensic Services Implementation Task Force for Rape Crisis Centers pursuant to 410 ILCS 70/9.5(b)(5).

FLOWCHART B

SEXUAL ASSAULT SURVIVOR UNDER THE AGE OF 13 ARRIVES AT A TREATMENT HOSPITAL WITH APPROVED PEDIATRIC TRANSFER (APT) OR TRANSFER HOSPITAL with a complaint of sexual assault within the last 7 days or has disclosed past sexual assault by a specific individual and was in the care of that individual within the last 7 days.

Does the Treatment Hospital with APT's or Transfer Hospital's approved plan include an Approved Pediatric Health Care Facility (APHCF)?

Yes

No

Can a Qualified Medical Provider (QMP) initiate medical forensic services within 90 minutes of the patient's arrival at the APHCF, following an immediate transfer?

No

The patient will be transferred to a Treatment Hospital designated in the Treatment Hospital with APT's or Transfer Hospital's approved plan in order to receive medical forensic services. The patient may be transported by ambulance, law enforcement or personal vehicle. The patient may not be transferred again after arriving at the Treatment Hospital.

Patient chooses to receive medical forensic services at the Treatment Hospital.

Yes

Treatment Hospital with APT staff or Transfer Hospital staff shall provide the patient/non-offending caregiver the choice to receive medical forensic services at the Treatment Hospital or at the APHCF.

Patient chooses to receive medical forensic services at the APHCF.

The patient will be transferred to the APHCF to receive medical forensic services. The patient may be transported by ambulance, law enforcement or personal vehicle.

This document has been created by the Sexual Assault Medical Forensic Services Implementation Task Force for Rape Crisis Centers pursuant to 410 ILCS 70/9.5(b)(5).

SEXUAL ASSAULT MEDICAL FORENSIC SERVICES IMPLEMENTATION
TASK FORCE MEMBERSHIP

Ann Adlington, MS, BSN, RN, SANE-A, SANE-P

Regional SANE Coordinator, South Region SANE Program, Advocate South Suburban Hospital
Representing sexual assault nurse examiners

Christy Alexander, BSN, RN, TNS, CPEN, SANE-A, SANE-P

SANE/Forensic Program Coordinator, Pediatric Emergency Care Specialist, AMITA Health St. Mary's
Hospital Kankakee
Representing sexual assault nurse examiners

Brenda Beshears, PhD, RN

President/CEO, Blessing-Rieman College of Nursing
Representing hospitals

Nancee Brown

Legal/Medical Advocacy Coordinator, Center for Prevention of Abuse
Representing sexual assault survivors and rural rape crisis centers

Scott A. Cooper, M.D.

Practicing Emergency Physician, Perry Memorial Hospital
Representing physicians

Donna Cruz

Assistant State's Attorney, Felony Division, Peoria County State's Attorney's Office
Representing State's Attorneys

Brenda L. W. Danosky

FB/DNA Program Manager, Illinois State Police - Division of Forensic Services
Representing the Illinois State Police

Marjorie Fujara, MD, FAAP

Acting Chair, Division of Child Family Wellness, Department of Pediatrics, John H. Stroger Jr. Hospital of
Cook County
Medical Director, Chicago Children's Advocacy Center
Representing child abuse pediatricians providing medical forensic services in urban locations

Representative Robyn Gabel

Representing the Illinois House of Representatives

Marites Gonzaga Reardon, DNP, APRN, CCNS, CEN

Rush University Medical Center
Representing nurses

James Hildebrandt, D.O., FACOI

Vice President, Medical Affairs, Sarah Bush Lincoln Health Center
Representing hospitals

Eva Hopp, RN, BSN, CNE

Chief Nursing Officer, Pinckneyville Community Hospital
Representing hospitals

Cynthia Hora, Task Force Co-Chair

Division Chief, Crime Victim Services
Representing the Office of the Illinois Attorney General

Heather Keirnan, MS, RN, NE-BC

Vice President, Operations, Immediate Care Division, Northwestern Medicine
Representing hospitals

Sandy Kraiss

Vice President, Health Policy and Finance, Illinois Health and Hospital Association
Representing hospitals

Kim Mangiaracino

Executive Director, Children's Advocacy Centers of Illinois
Representing children's advocacy centers

Lisa Mathey APRN, FNP-BC, SANE-A, SANE-P

APP Manager-Emergency Medicine, Nurse Practitioner-Dept. of Emergency Medicine, SANE Coordinator,
Ann & Robert H. Lurie Children's Hospital
Representing hospitals

Senator Julie Morrison

Representing the Illinois Senate

Debra Perry

Director, Advocacy & Crisis Intervention Services, YWCA Metropolitan Chicago
Representing sexual assault survivors and urban rape crisis centers

Channing Petrak MD, FAAP

Medical Director, Pediatric Resource Center, University of Illinois College of Medicine – Peoria
Representing child abuse pediatricians providing medical forensic services in rural locations

Monika Pitzele, M.D., Ph.D.

Attending Physician, Mount Sinai Hospital, Chicago
Representing emergency physicians

Polly Poskin

Executive Director, Illinois Coalition Against Sexual Assault
Representing sexual assault survivors and rape crisis centers

Senator Sue Rezin

Representing the Illinois Senate

Jaelyn Rodriguez, BSN, BS, RN, SANE-A

SANE Coordinator

Representing the Office of the Illinois Attorney General

Karen Senger, Task Force Co-Chair

Division Chief, Division of Health Care Facilities and Programs

Representing the Illinois Department of Public Health

Representative Mike Unes

Representing the Illinois House of Representatives