

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER f: EMERGENCY SERVICES AND HIGHWAY SAFETY

PART 545
SEXUAL ASSAULT SURVIVORS
EMERGENCY TREATMENT CODE

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AUTHORITY: Implementing and authorized by the Sexual Assault Survivors Emergency Treatment Act [410 ILCS 70].

SOURCE: Filed December 30, 1977; rules repealed and new rules adopted at 5 Ill. Reg. 1139, effective January 23, 1981; codified at 8 Ill. Reg. 16334; amended at 11 Ill. Reg. 1589, effective February 1, 1987; amended at 12 Ill. Reg. 20790, effective December 1, 1988; emergency amendment at 26 Ill. Reg. 5151, effective April 1, 2002, for a maximum of 150 days; emergency expired August 28, 2002; amended at 27 Ill. Reg. 1567, effective January 15, 2003; amended at 33 Ill. Reg. 14588, effective October 9, 2009; amended at 34 Ill. Reg. 12214, effective August 4,

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2010; amended at 41 Ill. Reg. 14980, effective November 27, 2017; amended at 42 Ill. Reg. _____, effective _____.

Section 545.20 Definitions

Act – the Sexual Assault Survivors Emergency Treatment Act [410 ILCS 70].

Advanced practice nurse or APN – a person who has met the qualifications of a certified nurse midwife (CNM); certified nurse practitioner (CNP); certified registered nurse anesthetist (CRNA); or clinical nurse specialist (CNS) and has been licensed by the Department of Financial and Professional Regulation, as defined in the Nurse Practice Act. (Section 50-5 of the Nurse Practice Act)

Ambulance provider – an individual or entity that owns and operates a business or service using ambulances or emergency medical services vehicles to transport emergency patients. (Section 1a of the Act)

Areawide sexual assault treatment plan or areawide plan – 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. (Section 1a of the Act)

Caregiver – any person who is legally responsible for providing care to the patient or who renders support to the patient.

Department – the Department of Public Health. (Section 1a of the Act)

Drug-facilitated sexual assault – the use of a chemical submissive agent in the commission of a sex offense, given without consent of the victim, that produces relaxant effects, ~~including~~ blackouts, coma, impaired judgment, ~~and~~ or loss of coordination.

Emergency contraception – 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. (Section 1a of the Act)

Follow-up healthcare – healthcare services related to a sexual assault, including laboratory services and pharmacy services, rendered within 90 days after the initial visit for hospital emergency services. (Section 1a of the Act)

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Forensic services – 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. (Section 1a of the Act)

Health care professional – a physician, a physician assistant, or an advanced practice nurse. (Section 1a of the Act)

Hospital – has the meaning given to that term in the Hospital Licensing Act. (Section 1a of the Act)

Hospital emergency services – health care 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. (Section 1a of the Act)

Illinois State Police Sexual Assault Evidence Collection Kit – 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. (Section 1a of the Act)

Law enforcement agency having jurisdiction – the law enforcement agency in the jurisdiction where an alleged sexual assault or sexual abuse occurred. (Section 1a of the Act)

Nurse – a person licensed under the Nurse Practice Act. (Section 1a of the Act)

Physician – a person licensed to practice medicine in all its branches as defined in the Medical Practice Act of 1987. (Section 1a of the Act)

Physician assistant – any person not a physician who has been certified as a physician assistant by the National Commission on the Certification of Physician Assistants or equivalent successor agency and performs procedures under the supervision of a physician as defined in the Physician Assistant Practice Act of 1987. (Section 4 of the Physician Assistant Practice Act of 1987)

Sexual assault – an act of nonconsensual sexual conduct or sexual penetration, as defined in Section 11-0.1 of the Criminal Code of 2012, including, without

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limitation, acts prohibited under Sections 11-1.20 through 11-1.60 of the Criminal Code of 2012. (Section 1a of the Act)

Sexual assault nurse examiner – a registered nurse who has completed a sexual assault nurse examiner (SANE) training program that meets the Forensic Sexual Assault Nurse Examiner Education Guidelines established by the International Association of Forensic Nurses. (Section 6.4(c) of the Act)

Sexual assault survivor or survivor – a person who presents for hospital emergency services in relation to injuries or trauma resulting from a sexual assault. (Section 1a of the Act)

Sexual assault transfer plan – 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. (Section 1a of the Act)

Sexual assault treatment plan – 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. (Section 1a of the Act)

Transfer hospital – a hospital that provides only transfer services to sexual assault survivors, pursuant to an Areawide Sexual Assault Treatment Plan.

Transfer services – 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. (Section 1a of the Act)

Treatment hospital – a hospital that provides hospital emergency treatment services and forensic evidence collection to sexual assault survivors, pursuant to a sexual assault treatment plan or areawide sexual assault treatment plan.

Unauthorized personnel – all individuals whose presence in the examination room is not desired or required either by the hospital ~~and~~ or by the survivor (e.g., representatives of the media).

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Voucher – 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 to cover the cost of any follow-up healthcare.
(Section 1a of the Act)

(Source: Amended at 42 Ill. Reg. _____, effective _____)

Section 545.25 Incorporated and Referenced Materials

- a) The following materials are referenced in this Part:
- 1) State of Illinois Statutes:
 - A) Sexual Assault Survivors Emergency Treatment Act [410 ILCS 70].
 - B) Hospital Licensing Act [210 ILCS 85].
 - C) Criminal Code of ~~2012~~1961 [720 ILCS 5].
 - D) Crime Victims Compensation Act [740 ILCS 45].
 - E) Criminal Identification Act [20 ILCS 2630].
 - F) Code of Criminal Procedure of 1963 [725 ILCS 5].
 - G) Illinois Public Aid Code [305 ILCS 5].
 - H) Illinois Insurance Code [215 ILCS 5].
 - I) Medical Practice Act of 1987 [225 ILCS 60].
 - J) Emergency Medical Treatment Act [210 ILCS 70].
 - K) Nurse Practice Act [225 ILCS 65].
 - L) Consent by Minors to Medical Procedures Act [410 ILCS 210].
 - M) AIDS Confidentiality Act [410 ILCS 305].

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- N) Physician Assistant Practice Act of 1987 [225 ILCS 95].
 - 2) State of Illinois Rules
 - A) Department of Public Health, Rules of Practice and Procedure in Administrative Hearings (77 Ill. Adm. Code 100).
 - B) [Department of Public Health, Hospital Licensing Requirements \(77 Ill. Adm. Code 250\).](#)
 - CB) Healthcare and Family Services, Hospital Services (89 Ill. Adm. Code 148).
 - 3) Federal Statute
Emergency Medical Treatment and Active Labor Act (EMTALA) (42 USC 1395dd).
 - 4) Recover/Rebuild: Crime Victims Assistance, which may be obtained from the Office of the Attorney General, 500 S. Second Street, Springfield, Illinois 62706.
- b) The following materials are incorporated in this Part:
- 1) Federal Guidelines
 - A) Sexually Transmitted Diseases Treatment Guidelines, 2006, Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report (MMWR), August 4, 2006, Vol. 55 (RR 11); updated April 13, 2007; Fluoroquinolones No Longer Recommended for Treatment of Gonococcal Infections, Vol. 56, No. 14. Available from the Centers for Disease Control and Prevention, 1600 Clifton Rd., Atlanta, Georgia 30333.
 - B) Antiretroviral Postexposure Prophylaxis After Sexual, Injection Drug Use, or Other Nonoccupational Exposure to HIV in the United States, Morbidity and Mortality Weekly Report (MMWR), January 21, 2005, Vol. 54 (RR 02). Available from the Centers for Disease Control and Prevention, 1600 Clifton Rd., Atlanta, Georgia 30333.

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- 2) Association Standards
Evaluation and Management of the Sexually Assaulted or Sexually Abused Patient, American College of Emergency Physicians, June 1999. Available from the American College of Emergency Physicians, Post Office Box 619911, Dallas, Texas 75261-9911.
- c) All incorporations by reference of federal guidelines and association standards refer to the guidelines and standards in effect on the date specified and do not include any later editions or amendments.

(Source: Amended at 42 Ill. Reg. _____, effective _____)

Section 545.60 Treatment of Sexual Assault Survivors

- a) *Every hospital providing hospital emergency services and forensic services to sexual assault survivors shall comply with the federal Emergency Medical Treatment and Active Labor Act and, 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~~ who possesses clinical privileges recommended by the hospital medical staff and granted by the hospital, as authorized by the Nurse Practice Act, 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. 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.*
(Section 5(a) of the Act) Examinations and tests shall include, but not be limited to:
 - A) A general physical examination;
 - B) Evaluation and/or treatment for sexually transmitted infections in accordance with the guidelines of the Centers for Disease Control and Prevention titled Sexually Transmitted Diseases Treatment Guidelines, or the standards of the American College of

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Emergency Physicians titled Evaluation and Management of the Sexually Assaulted or Sexually Abused Patient (see Section 545.25);

- C) Evaluation and possible treatment for HIV exposure in accordance with the guidelines of the Centers for Disease Control and Prevention titled Sexually Transmitted Diseases Treatment Guidelines, or the recommendations titled Antiretroviral Postexposure Prophylaxis After Sexual, Injection Drug Use, or Other Nonoccupational Exposure to HIV in the United States, or the standards of the American College of Emergency Physicians titled Evaluation and Management of the Sexually Assaulted or Sexually Abused Patient. Testing for HIV shall be conducted in accordance with the AIDS Confidentiality Act; and
 - D) Pregnancy test for females of childbearing age;
- 2) *Appropriate oral and written information concerning the possibility of infection, sexually transmitted disease and pregnancy resulting from sexual assault* (Section 5(a) of the Act);
 - 3) *Medically and factually accurate written and oral information about emergency contraception; the indications and ~~contraindications~~^{counter-indications} and risks associated with the use of emergency contraception; and a description of how and when sexual assault survivors may be provided emergency contraception upon the written order of a physician, ~~a licensed~~^a advanced practice nurse, or a ~~licensed~~^{licensed} physician assistant* (Section 2.2(b) of the Act);
 - 4) *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* (Section 5(a) of the Act);
 - 5) *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.* (Section 5(a) of the Act);

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- 6) *An evaluation of the sexual assault survivor's risk of contracting human immunodeficiency virus (HIV) from sexual assault. 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 health care, shall be given to the survivor.* (Section 5(a) of the Act) In developing policies on risk assessment of HIV exposure and on HIV prophylaxis, hospitals shall consider the guidelines of the Centers for Disease Control and Prevention (CDC) titled Sexually Transmitted Diseases Treatment Guidelines, or the CDC recommendations titled Antiretroviral Postexposure Prophylaxis After Sexual, Injection Drug Use, or Other Nonoccupational Exposure to HIV in the United States, or the Standards of the American College of Emergency Physicians titled Evaluation and Management of the Sexually Assaulted or Sexually Abused Patient;
- 7) *Written and oral instructions indicating the need for follow-up examinations and laboratory tests one to two weeks after the sexual assault to determine the presence or absence of sexually transmitted disease* (Section 5(a) of the Act);
- 8) Appropriate referral to a physician. The survivor shall be referred for follow-up health care and ~~for~~ monitoring of medication given or prescribed at the time of the initial hospital emergency visit as may be deemed appropriate by the attending physician, advanced practice nurse, or physician assistant;
- 9) *Referral by hospital personnel for appropriate counseling.* (Section 5(a) of the Act) Initial referral should be to a community-based rape crisis center, if ~~such~~ a center is available, or referral to other counseling shall be provided;
- 10) The brochure "After Sexual Assault", published by the Illinois Coalition Against Sexual Assault and the Illinois Department of Public Health, and the pamphlet "[Crime Victim Rights in Illinois](#)~~Recover/Rebuild: Crime Victims Assistance~~", published by the Illinois Office of the Attorney General;
- 11) Information on drug-facilitated sexual assault testing, including an explanation of the comprehensive scope of a drug screen and the limited time frame within which evidence can be collected; and

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- 12) Information regarding evidence collection, and the process and use of evidence in criminal investigation/cases.
- b) *Any person who is a sexual assault survivor who seeks emergency hospital services and forensic services or follow-up healthcare under the Act shall be provided such services without the consent of any parent, guardian, custodian, surrogate, or agent.* (Section 5(b) of the Act)
- c) The hospital shall develop a *uniform system for recording results of medical examinations and all diagnostic tests performed in connection with the examination to determine the condition and necessary treatment of sexual assault survivors. The results shall be preserved in a confidential manner as part of the hospital record of the sexual assault survivor.* (Section 6.1 of the Act) The medical record shall include the information required in this subsection (c):
 - 1) The medical record shall indicate if the sexual assault survivor changed clothes, bathed or douched, defecated, urinated, ate, smoked, or performed oral hygiene between the time of the sexual assault and the time of the examination.
 - 2) The medical record shall indicate presence of all indications of trauma, major or minor, that may be used in a criminal proceeding (e.g., cuts, scratches, bruises, red marks, any minor signs of trauma). Photographs of indications of trauma may be taken for evidentiary purposes with the written consent of the sexual assault survivor or the survivor's parent or guardian if the survivor is under 13 years of age. If the survivor is under 13 years of age and the parent or guardian is not immediately available, photographs may be taken and shall be released to law enforcement personnel and State's Attorney staff with written consent of a parent, guardian, or law enforcement officer, or the Department of Children and Family Services.
 - 3) The medical record shall not reflect any conclusions regarding whether a crime (e.g., criminal sexual assault, criminal sexual abuse) occurred.
 - 4) Medical history shall include brief, general information concerning possible injury; drug allergies; and, for female patients, a detailed gynecological history, including: whether the patient knows or believes that she is pregnant, history of prior gynecological surgery such as

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hysterectomy or tubal ligation, history of contraceptive use, history of cancer, and any prior genital injury or trauma.

- 5) The medical record shall indicate the presence of any and all persons during the examination process.
 - 6) The medical record shall document the compliance with each procedure required by subsection (f) of this Section.
 - 7) The medical record shall indicate whether a report was filed with the Department of Children and Family Services, or whether the Department on Aging or the Department of Public Health was contacted.
 - 8) The medical record shall include a completed emergency department record.
 - 9) The medical record shall indicate whether the Illinois State Police Sexual Assault Evidence Collection Kit was completed.
- d) All medical records for sexual assault survivors shall be maintained through a filing system that allows for immediate accessibility during Department surveys. This filing system may be maintained electronically.
- e) ~~The Illinois State Police Sexual Assault Evidence Collection Kit shall be used in the manner prescribed by the information contained in the Evidence Collection Kit.~~
- 1) ~~With the survivor's consent, the Evidence Collection Kit shall be completed if the survivor presents himself/herself within seven days after the sexual assault.~~
 - 2) ~~If the Evidence Collection Kit is not collected by law enforcement promptly after completion, or law enforcement has not yet obtained the survivor's consent to release the Evidence Collection Kit, hospital staff shall store it in a safe location for at least two weeks.~~
- ef) Procedures to ensure the welfare and privacy of the survivor shall be followed and shall include, but not be limited to, the following:
- 1) A member of the health care team shall respond within minutes to move

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the survivor to a closed environment to ensure privacy. Health care personnel shall refer to survivors by code to avoid embarrassment.

- 2) If, for any reason, the survivor is incapable of receiving oral and written information required in subsection (a) of this Section, the information shall be given to the caregiver/guardian.
- 3) All unauthorized personnel, including law enforcement personnel, shall remain outside the examination room during the medical examination. If a survivor who is in the custody of law enforcement officers exhibits behavior that may cause physical harm to herself/himself or hospital staff, the staff shall request that law enforcement officers be posted outside the examination room door.
- 4) The hospital shall offer to call a friend or family member and a [sexual assault](#) crisis advocate, where available, to accompany the survivor.

fg) ~~When~~Where a minor is the victim of a predatory criminal sexual assault of a child, aggravated criminal sexual assault, criminal sexual assault, aggravated criminal sexual abuse or criminal sexual abuse, as provided in Sections [11-1.20 through 11-1.60](#)~~12-13 through 12-16~~ of the Criminal Code of ~~2012~~[1961](#), the consent of the minor's parent or legal guardian need not be obtained to authorize a hospital, physician or other medical personnel to furnish medical care or counseling related to the diagnosis or treatment of any disease or injury arising from such offense. The minor may consent to such counseling, diagnosis or treatment as if the minor had reached his or her age of majority. Such consent shall not be voidable, nor subject to later disaffirmance, because of minority. (Section [3\(b\)](#) of the Consent by Minors to Medical Procedures Act [410 ILCS 210/3])

h) ~~A sexual assault evidence collection kit may not be released by a hospital without the written consent of the sexual assault survivor. In the case of a survivor who is a minor 13 years of age or older, evidence and information concerning the sexual assault may be released at the written request of the minor. If the survivor is a minor who is under 13 years of age, evidence and information concerning the sexual assault may be released at the written request of the parent, guardian, investigating law enforcement officer, or Department of Children and Family Services. If the survivor is an adult who has a guardian of the person, a health care surrogate, or an agent acting under the health care power of attorney, then consent of the guardian, surrogate, or agent is not required to release evidence~~

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~~and information concerning the sexual assault. 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. Any health care professional, including any physician, advanced practice nurse, physician assistant, nurse, or sexual assault nurse examiner, and any health care institution, including any hospital, who provides evidence or information to a law enforcement officer pursuant to a written request as specified in this subsection (h) 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 the requirements of this Section and Section 6.4 of the Act are met. (Section 6.4 of the Act)~~

- gi) All hospitals that provide emergency medical services to sexual assault survivors shall comply with the Crime Victims Compensation Act, the Consent by Minors to Medical Procedures Act and any local ordinances, municipal codes, rules, or regulations that may apply to the treatment of sexual assault survivors.
- hj) All hospitals shall comply with the reporting procedures for sexual assault survivors required by Section 3.2 of the Criminal Identification Act.
- ik) *Nothing in this Section creates a physician-patient relationship that extends beyond discharge from the hospital emergency department. (Section 5(c) of the Act)*
- jl) The hospital shall take all reasonable steps to secure the patient's written informed consent to or refusal of the examination and treatment.

(Source: Amended at 42 Ill. Reg. _____, effective _____)

Section 545.61 Submitting Sexual Assault Evidence to Law Enforcement

- a) The Illinois State Police Sexual Assault Evidence Collection Kit shall be used in the manner prescribed by the information contained in the Evidence Collection Kit.
 - 1) With the survivor's consent, as prescribed by subsection (b), the Evidence Collection Kit shall be completed if the survivor presents himself or herself for hospital emergency services within seven days after the sexual assault.

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- 2) If the Evidence Collection Kit is not collected by law enforcement upon completion, the hospital shall comply with subsection (c).
- b) Written Consent to the Release of Sexual Assault Evidence for Testing
- 1) Upon the completion of hospital emergency services and forensic services, the health care professional providing the 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. The written consent shall be on a form included in the sexual assault evidence collection kit and shall include whether the survivor consents to the release of information about the sexual assault to law enforcement.
- A) A survivor 13 years of age or older may sign the written consent to release the evidence for testing.
- B) 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.
- C) 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.
- D) Any health care professional, including any physician, advanced practice nurse, physician assistant, nurse, or sexual assault nurse examiner, and any health care institution, including any hospital, who provides evidence or information to a law enforcement officer under a written consent, as specified in this subsection (b), is immune from any civil or professional liability that might arise from those actions, with the exception of willful or wanton

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misconduct. The immunity provision applies only if all of the requirements of this Section are met.

- 2) The hospital shall keep a copy of a signed or unsigned written consent form in the patient's medical record pursuant to Section 250.1510 of the Hospital Licensing Requirements.
 - 3) If a written consent to allow law enforcement to test the sexual assault evidence is not signed at the completion of hospital emergency services and forensic services, the hospital shall include the following information in its discharge instructions:
 - A) The sexual assault evidence will be stored for five years from the completion of an Illinois State Police Sexual Assault Evidence Collection Kit, or five years from the age of 18 years, whichever is longer;
 - B) 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 five-year period for an adult victim, or until a minor victim turns 23 years of age by:
 - i) Contacting the law enforcement agency having jurisdiction, or, if unknown, the law enforcement agency contacted by the hospital under Section 3.2 of the Criminal Identification Act; or
 - ii) By working with an advocate at a rape crisis center;
 - C) 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 under Section 3.2 of the Criminal Identification Act; and
 - D) The name and phone number of a local rape crisis center. (Section 6.5 of the Act)
- c) Submission of Sexual Assault Evidence

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- 1) *As soon as practicable, but in no event more than four hours after the completion of hospital emergency services and forensic services, the hospital shall make reasonable efforts to determine the law enforcement agency having jurisdiction where the sexual assault occurred. The hospital may obtain the name of the law enforcement agency with jurisdiction from the local law enforcement agency.*

- 2) *Within four hours after the completion of hospital emergency services and forensic services, the hospital shall notify the law enforcement agency having jurisdiction that the hospital is in possession of sexual assault evidence and the date and time the collection of evidence was completed. The hospital 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 requirement to contact its local law enforcement agency under Section 3.2 of the Criminal Identification Act.*

- 3) *If the law enforcement agency having jurisdiction has not taken physical custody of sexual assault evidence within five days after the first contact by the hospital, the hospital shall renotify the law enforcement agency having jurisdiction that the hospital is in possession of sexual assault evidence and the date the sexual assault evidence was collected. The hospital 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.*

- 4) *If the law enforcement agency having jurisdiction has not taken physical custody of the sexual assault evidence within 10 days after the first contact by the hospital and the hospital has provided renotification under subsection (b)(3), the hospital shall contact the State's Attorney of the county where the law enforcement agency having jurisdiction is located. The hospital shall inform the State's Attorney that the hospital is in possession of sexual assault evidence, the date the sexual assault evidence was collected, the law enforcement agency having jurisdiction, and the dates, times and names of persons notified under subsections (b)(2) and (b)(3). The notification shall be made within 14 days after the collection of the sexual assault evidence. (Section 6.6 of the Act)*

(Source: Added at 42 Ill. Reg. _____, effective _____)

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Section 545.95 Emergency Contraception

- a) *Every hospital providing services to sexual assault survivors in accordance with a plan approved under Section 545.35 of this Part must develop a protocol for providing emergency contraception information and treatment to sexual assault survivors. (Section 2.2(b) of the Act)*
- b) *The Department shall approve the protocol if it finds that the implementation of the protocol would provide sufficient protection for survivors of sexual assault and if the protocol provides for the following as soon as possible and, in any event, no later than 12 hours after the sexual assault survivor presents himself or herself at the hospital for emergency care:*
- 1) *Medically and factually accurate written and oral information about emergency contraception;*
 - 2) *The indications and counter-indications and risks associated with the use of emergency contraception;*
 - 3) *A description of how and when victims may be provided emergency contraception upon the written order of a physician, a licensed advanced practice nurse ~~who has a written collaborative agreement with a collaborating physician that authorizes prescription of emergency contraception or~~ who possesses clinical privileges recommended by the hospital medical staff and granted by the hospital as authorized by the Nurse Practice Act, or a licensed physician assistant ~~who has been delegated authority to prescribe emergency contraception~~ (Section 2.2(b) of the Act); and*
 - 4) *Appropriate referral to a physician.*
- c) *The hospital shall implement the protocol upon approval by the Department. (Section 2.2(b) of the Act)*
- d) *The Department shall produce medically and factually accurate written materials that all treatment hospitals shall provide to each female sexual assault survivor of childbearing age.*

(Source: Amended at 42 Ill. Reg. _____, effective _____)