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DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY 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

Section

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545.APPENDIX C Emergency Contraception Protocols

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SOURCE: Filed December 30, 1977; rules repealed and new rules adopted at 5 Ill.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, 2010; amended at 41 Ill. Reg. 14980, effective November 27, 2017; amended at 42 Ill. Reg. 16036, effective August 2, 2018; emergency amended at 43 Ill. Reg. \_\_\_\_\_; effective \_\_\_\_\_ for a maximum of 150 days.

**Section 545.20 Definitions**

**EMERGENCY**

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

Advanced practice registered nurse – has the meaning provided in Section 50-10 of the Nurse Practice Act. (Section 1a of the Act)

Alcohol-facilitated sexual assault – the use of any alcoholic beverage in the commission of a sexual assault.

~~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)

Approved pediatric health care facility – a health care facility, other than a hospital, with a sexual assault treatment plan approved by the Department to provide medical forensic services to pediatric sexual assault survivors who

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present with a complaint of sexual assault within a minimum of the last 7 days or who have disclosed past sexual assault by a specific individual and were in the care of that individual within a minimum of the last 7 days. (Section 1a of the Act)

Areawide sexual assault treatment plan or areawide plan ~~or areawide plan~~ – a plan, developed by ~~the hospitals~~ or by hospitals and approved pediatric health care facilities in a the community or area to be served, which provides for medical forensic hospital emergency services to sexual assault survivors that shall be made available by each of the participating hospitals and approved pediatric health care facilities. (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 sexual assault sex offense, given without consent of the victim, that produces relaxant effects, blackouts, coma, impaired judgment, 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 medical forensic hospital emergency services. (Section 1a of the Act)

~~*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, a sexual assault forensic examiner, ~~or an advanced practice nurse,~~ a registered professional nurse, a licensed practical nurse, or a sexual assault nurse examiner. (Section 1a

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of the Act)

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

*Licensed practical nurse – has the meaning provided in Section 50-10 of the Nurse Practice Act. (Section 1a of the Act)*

*Medical forensic services – 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),*

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pregnancy risk evaluation and care, and discharge and follow-up healthcare planning. (Section 1a of the Act)

Pediatric health care facility – a clinic or physician's office that provides medical services to pediatric patients. (Section 1a of the Act)

Pediatric sexual assault survivor – a person under the age of 13 who presents for medical forensic services in relation to injuries or trauma resulting from a sexual assault. (Section 1a of the Act)

Photo documentation – digital photographs or colposcope videos stored and backed-up securely in the original file format. (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 – has the meaning provided in Section 4 of the Physician Assistant Practice Act of 1987. (Section 1a of the Act) ~~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 1a of the Act 4 of the Physician Assistant Practice Act of 1987)

Registered Professional Nurse – has the meaning provided in Section 50-10 of the Nurse Practice Act. (Section 1a of the Act)

Sexual assault;–

An act of ~~nonconsensual~~ sexual conduct; as used in this Part, “sexual conduct” has the meaning provided under Section 11-0.1 of the Criminal Code of 2012; or

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, ~~or sexual penetration, as defined in Section 11-0.1 of the Criminal Code of 2012, including, without limitation,~~

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

*Sexual assault forensic examiner – 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. (Section 1a of the Act)*

*Sexual assault nurse examiner – an advanced practice registered nurse or a registered professional nurse who has completed a sexual assault nurse examiner (SANE) ~~(SANE)~~ training program that meets the Forensic Sexual Assault Nurse Examiner Education Guidelines established by the International Association of Forensic Nurses. (Section 1a ~~6.4(e)~~ of the Act)*

*Sexual assault services voucher – a document generated by a hospital or approved pediatric health care facility at the time the sexual assault survivor receives outpatient medical forensic services that may be used to seek payment for any ambulance services, medical forensic services, laboratory services, pharmacy services, and follow-up healthcare provided as a result of the sexual assault. (Section 1a of the Act)*

*Sexual assault survivor or survivor – a person who presents for medical forensic 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, and an approved pediatric health care facility, if applicable, in order to receive forensic medical services ~~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 medical hospital emergency services and forensic services to sexual assault survivors who present themselves for such services, either directly or through transfer from a another hospital or an approved pediatric health care facility. (Section 1a of the Act)*

*Transfer hospital – a hospital with a sexual assault transfer plan approved by the Department. (Section 1a of the Act)* ~~Transfer hospital – a hospital that provides~~

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~~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 or an approved pediatric health care facility that provides medical 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 with a sexual assault treatment plan approved by the Department to provide medical forensic services to all sexual assault survivors who present with a complaint of sexual assault within a minimum of the last 7 days or who have disclosed past sexual assault by a specific individual and were in the care of that individual within a minimum of the last 7 days. (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.~~

*Treatment hospital with approved pediatric transfer – a hospital with a treatment plan approved by the Department to provide medical forensic services to sexual assault survivors 13 years old or older who present with a complaint of sexual assault within a minimum of the last 7 days or who have disclosed past sexual assault by a specific individual and were in the care of that individual within a minimum of the last 7 days. (Section 1a of the Act)*

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

~~*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 by Emergency rulemaking at 43 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_ for a maximum of 150 days)

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**Section 545.70 Approval Requirements of a Sexual Assault Transfer Plan (Repealed)**  
**EMERGENCY**

- a) The transfer hospital shall submit its sexual assault transfer plan on a form provided by the Department. The transfer plan shall include, at a minimum:
- 1) The name and address of the transfer hospital;
  - 2) The contact information, including the name, telephone number, fax number, and the email address of the individual responsible for implementation and enforcement of the transfer plan and the billing submission to the Illinois Department of Healthcare and Family Services; and
  - 3) Documentation of the transfer hospital's ability to comply with Sections 2, 2.2, 5, 5.2, 5.3, and 7 of the Act.
- b) The completed transfer plan shall be sent to:
- Illinois Department of Public Health  
Division of Health Care Facilities and Programs  
525 West Jefferson Street, 4th Floor  
Springfield, Illinois 62761-0001
- c) A completed copy of the transfer plan shall be retained by the transfer hospital.

(Source: Old Section repealed at 12 Ill. Reg. 20790, effective December 1, 1988, new Section added by emergency rulemaking at 43 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_ for a maximum of 150 days)

**Section 545.75 Approval of a Sexual Assault Treatment Hospital with a Pediatric Transfer Plan**  
**EMERGENCY**

- a) The treatment hospital shall submit its treatment/pediatric transfer plan on a form provided by the Department. The pediatric transfer plan shall include, at a minimum:
- 1) The name and address of the treatment hospital



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- 2) The contact information, including name, telephone number, fax number, and email address of the individual responsible for implementation and enforcement of the adult treatment and pediatric transfer plan and billing submission to the Illinois Department of Healthcare and Family Services; and
  - 3) Documentation of the treatment hospital's ability to comply with Sections 2, 2.2, 5, 5.1, 5.2, 5.3, 6.5, 6.6, and 7 of the Act.
- b) The completed adult treatment and pediatric transfer plan shall be sent to:
- Illinois Department of Public Health  
Division of Health Care Facilities and Programs  
525 West Jefferson Street, 4th Floor  
Springfield, Illinois 62761-0001
- c) A completed copy of the treatment/pediatric transfer plan shall be retained by the treatment hospital.

(Source: Section added by emergency rulemaking at 43 Ill. Reg. \_\_\_\_\_; effective \_\_\_\_\_ for a maximum of 150 days)

**Section 545.80 Approval of a Sexual Assault Treatment Plan (~~Repealed~~)**  
**EMERGENCY**

- a) The treatment hospital shall submit its sexual assault treatment plan on a form provided by the Department. The sexual assault treatment plan shall include, at a minimum:
  - 1) The name and address of the treatment hospital;
  - 2) The contact information, including name, telephone number, fax number, and email address of the individual responsible for implementation and enforcement of the plan and billing submission to the Illinois Department of Healthcare and Family Services; and
  - 3) Documentation of the treatment hospital's ability to comply with Sections 2, 2.2, 5, 5.1, 5.2, 5.3, 6.5, 6.6, and 7 of the Act.

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- b) The completed sexual assault treatment plan shall be sent to:

Illinois Department of Public Health  
Division of Health Care Facilities and Programs  
525 West Jefferson Street, 4th Floor  
Springfield, Illinois 62761-0001

- c) A completed copy of the sexual assault treatment plan shall be retained by the treatment hospital.

(Source: Old Section repealed at 27 Ill. Reg. 1567, effective January 15, 2003; new Section added by emergency rulemaking at 43 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_ for a maximum of 150 days)

**Section 545.85 Approval of a Pediatric Health Care Facility Sexual Assault Treatment Plan**  
**EMERGENCY**

- a) The pediatric health care facility shall submit its pediatric sexual assault treatment plan on a form provided by the Department. The pediatric sexual assault treatment plan shall include, at a minimum:

- 1) The name and address of the pediatric health care facility;
- 2) The contact information, including name, telephone number, fax number, and email address of the individual responsible for implementation and enforcement of the sexual assault treatment plan and billing submission to the Illinois Department of Healthcare and Family Services; and
- 3) Documentation of the pediatric health care facility's ability to comply with Sections 2, 2.06, 2.2, 5, 5.1, 5.2, 5.3, 6.5, 6.6, and 7 of the Act.

- b) The completed pediatric sexual assault treatment plan shall be sent to:

Illinois Department of Public Health  
Division of Health Care Facilities and Programs  
525 West Jefferson Street, 4th Floor  
Springfield, Illinois 62761-0001

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- c) A completed copy of the pediatric sexual assault treatment plan shall be retained by the pediatric health care facility.

(Source: Section added by emergency rulemaking at 43 Ill. Reg. \_\_\_\_\_; effective \_\_\_\_\_ for a maximum of 150 days)

**Section 545.90 Approval of an Out-of-State Hospital Sexual Assault Treatment Plan a Sexual Assault Transfer Plan (Repealed)**

**EMERGENCY**

- a) The out-of-state hospital that consents to the jurisdiction of the Department in accordance with Section 2.06 of the Act (Section 5.4(b)(i) of the Act) shall submit its sexual assault treatment plan on a form provided by the Department. The out-of-state hospital sexual assault treatment plan shall include, at a minimum:

- 1) The name and address of the out-of-state hospital;
- 2) The contact information, including name, telephone number, fax number, and email address of the individual responsible for implementation and enforcement of the sexual assault treatment plan and billing submission to the Illinois Department of Healthcare and Family Services; and
- 3) Documentation of the out-of-state hospital's ability to comply with Sections 2, 2.06, 2.2, 5, 5.1, 5.2, 5.3, 5.4, 6.5, 6.6, and 7 of the Act.

- b) The completed sexual assault treatment plan shall be sent to:

Illinois Department of Public Health  
Division of Health Care Facilities and Programs  
525 West Jefferson Street, 4th Floor  
Springfield, Illinois 62761-0001

- c) A completed copy of the sexual assault treatment plan shall be retained by the out-of-state hospital.

(Source: Old Section repealed at 27 Ill. Reg. 1567, effective January 15, 2003; new Section added by emergency rulemaking at 43 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_ for a maximum of 150 days)

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**Section 545.APPENDIX A Sexual Assault Treatment Plan Form (Repealed)**  
**EMERGENCY**

**Sexual Assault Treatment Plan**

~~Instructions: This form describes the minimum components of a Sexual Assault Treatment Plan. References to the "Regulations" mean the Illinois Department of Public Health Sexual Assault Survivors Emergency Treatment Code (77 Ill. Adm. Code 545). All responses shall be written as clearly and succinctly as possible. If additional sheets are necessary, attach those sheets to the page on which the information is originally requested. A completed copy of the plan shall be retained by the hospital. The completed plan shall be sent to:~~

~~Illinois Department of Public Health  
Division of Health Facilities and Programs  
525 West Jefferson Street, 4<sup>th</sup> Floor  
Springfield, Illinois 62761-0001~~

**PART A**

~~Name of Treatment Hospital: \_\_\_\_\_~~

~~Mailing~~

~~Address: \_\_\_\_\_~~

~~Contact Person for Program: \_\_\_\_\_~~

~~(Name)~~

~~(Job Title)~~

~~(E-mail)~~

~~(Telephone Number)~~

~~(Fax Number)~~

~~Contact Person for~~

~~Billing:~~

~~\_\_\_\_\_~~

~~(Name)~~

~~(Job Title)~~

~~(E-mail)~~

~~(Telephone Number)~~

~~(Fax Number)~~

~~Estimated number of sexual assault survivors to be served in coming FY: \_\_\_\_\_~~

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Areawide Plan:  Yes  No

If yes, names of participating transfer hospitals: \_\_\_\_\_

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**PART B**

1. ~~Attach copies of appropriate documents distributed to sexual assault survivors that describe:~~
  - a) ~~Risk of sexually transmitted diseases and infections.~~
  - b) ~~Types of medication for sexually transmitted diseases and side effects.~~
  - c) ~~Medical procedures, medication given, and possible contraindications of the medication.~~
  - d) ~~Necessity of follow up visits, examinations and laboratory tests.~~
  - e) ~~Information concerning emergency contraception in accordance with Section 545.95 of the Regulations.~~
  - f) ~~The Evidence Collection Kit Patient Information Sheet shall be used as a component of written information distribution. (See Section 545.60(d) of the Regulations.)~~
  - g) ~~Drug facilitated sexual assault testing information, including an explanation of the comprehensive scope of drug screening and the limited time frame within which evidence can be collected.~~
2. ~~Describe evidence collection procedures to be taken. The Illinois State Police Evidence Collection Instruction Sheet and Notes to Forensic Examiner Sheet may be used and attached.~~
3. ~~Describe counseling resources provided to sexual assault survivors. Counseling~~

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~~services shall comply with Section 545.60(d) of the Regulations.~~

**PART C**

Review and sign the Conditions of Approval:

**CONDITIONS OF APPROVAL**

The following conditions of approval shall apply to all hospitals providing treatment services to sexual assault survivors. These conditions are enumerated below to ensure that all treatment hospitals are informed and aware of their responsibilities in accordance with the Sexual Assault Survivors Emergency Treatment Code (77 Ill. Adm. Code 545) and the Sexual Assault Survivors Emergency Treatment Act [410 ILCS 70]

1. ~~The hospital shall provide hospital emergency services to sexual assault survivors, with the consent of the sexual assault survivor and as ordered by the attending physician, advanced practice nurse or physician assistant in accordance with the Sexual Assault Survivors Emergency Treatment Act and with the Sexual Assault Survivors Emergency Treatment Code (see Section 545.60 of the Regulations).~~
2. ~~The hospital shall provide emergency services at no direct charge to the survivor. If the survivor is neither eligible to receive services under the Illinois Public Aid Code nor covered by a policy of insurance, the hospital shall seek reimbursement only from the Illinois Department of Healthcare and Family Services (HFS), according to procedures established by HFS for that purpose (Hospital Services, 89 Ill. Adm. Code 148).~~
3. ~~The hospital shall submit billings to HFS on properly authenticated vouchers supplied by HFS for all eligible survivors for whom hospital emergency services were provided pursuant to its approved Treatment Plan.~~
4. ~~The hospital shall maintain and preserve all survivor medical records in a manner and for a duration established by hospital policy for not less than 10 years, in accordance with Section 6.17 of the Hospital Licensing Act.~~
5. ~~The hospital shall maintain all business and professional records in accordance with acceptable business and accounting practices, and all records shall be legible. Records shall be retained for a period of not less than three years after the date of service or as required by State law, whichever period is longer, except that if an~~

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~~audit is initiated within the required retention period, the records shall be retained until the audit is completed and every exception is resolved.~~

- ~~6. The hospital shall comply with the reporting procedures for sexual assault survivors as required by Section 3.2 of the Criminal Identification Act [20 ILCS 2630].~~
- ~~7. The hospital shall post information in the emergency department concerning crime victim compensation to comply with the Crime Victims Compensation Act [740 ILCS 45].~~

FOR THE HOSPITAL:

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Administrator

(Source: Section repealed by emergency rulemaking at 43 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_ for a maximum of 150 days)

**Section 545.APPENDIX B Sexual Assault Transfer Plan Form (Repealed)**  
**EMERGENCY**

**Sexual Assault Transfer Plan**

~~Note: All transfer plans shall conform to the requirements of the federal Emergency Medical Treatment and Active Labor Act (42 USC 1395dd).~~

~~Instructions: This form describes the minimum components of a Sexual Assault Transfer Plan as part of an areawide plan. References to the "Regulations" mean the Illinois Department of Public Health Sexual Assault Survivors Emergency Treatment Code (77 Ill. Adm. Code 545). All responses shall be written as clearly and succinctly as possible. If additional sheets are necessary, attach those sheets to the page on which the information is originally requested. A completed copy of the plan shall be retained by the hospital. The completed plan shall be sent to:~~

Illinois Department of Public Health  
Division of Health Care Facilities and Programs  
525 West Jefferson Street, 4<sup>th</sup> Floor  
Springfield, Illinois 62761-0001

**PART A**

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Name of Transfer Hospital: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person for Program: \_\_\_\_\_  
(Name) (Job Title)

(E-mail) (Telephone Number) (Fax Number)

Contact Person for Billing: \_\_\_\_\_  
(Name) (Job Title)

(E-mail) (Telephone Number) (Fax Number)

Estimated number of sexual assault survivors to be transferred in coming FY: \_\_\_\_\_

Name of affiliated Treatment Hospital: \_\_\_\_\_

Distance of Transfer Hospital from affiliated Treatment Hospital: \_\_\_\_\_

Estimate of maximum distance survivor may have to travel to receive treatment: \_\_\_\_\_

Name, telephone number and address of ambulance provider(s): \_\_\_\_\_

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**PART B**

- \_\_\_\_\_
1. Describe the procedures that will be taken to ensure privacy and support for the survivor. Services shall be in accordance with Section 545.65 of the Regulations.
  2. Attach a copy of the emergency department treatment record that shall be used as required by Section 545.65(i) of the Regulations.

**PART C**



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Review and sign the Conditions of Approval:

~~CONDITIONS OF APPROVAL~~

~~The following conditions of approval shall apply to all hospitals providing transfer services to sexual assault survivors. These conditions are enumerated below to ensure that all transfer hospitals are informed and aware of their responsibilities in accordance with the Sexual Assault Survivors Emergency Treatment Code (77 Ill. Adm. Code 545) and the Sexual Assault Survivors Emergency Treatment Act [410 ILCS 70].~~

- ~~1. The hospital shall provide an appropriate medical screening examination and initial stabilizing treatment. (See Section 545.65 of the Regulations.)~~
- ~~2. The hospital shall provide pre-transfer and transfer services to sexual assault survivors in accordance with Section 545.65 of the Regulations.~~
- ~~3. The hospital shall provide services at no direct charge to the survivor. If the survivor is neither eligible to receive services under the Illinois Public Aid Code nor covered by a policy of insurance, the hospital shall seek reimbursement only from the Department of Healthcare and Family Services (HFS) according to procedures established by HFS for that purpose (Hospital Services, 89 Ill. Adm. Code 148).~~
- ~~4. The hospital shall comply with the Emergency Medical Treatment Act [210 ILCS 70] and the federal Emergency Medical Treatment and Active Labor Act (42 USC 1395dd).~~
- ~~5. The hospital shall submit billings to HFS on properly authenticated vouchers supplied by HFS for all eligible survivors for whom hospital emergency services were provided pursuant to its Transfer Plan.~~
- ~~6. The hospital shall maintain all survivor medical records in a manner and for a duration established by hospital policy for not less than 10 years, in accordance with Section 6.17 of the Hospital Licensing Act.~~
- ~~7. The hospital shall maintain all business and professional records in accordance with acceptable business and accounting practices, and all records shall be legible. Records shall be retained for a period of not less than three years after the date of~~

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~~service or as required by State law, whichever period is longer, except that if an audit is initiated within the required retention period, the records shall be retained until the audit is completed and every exception is resolved.~~

~~FOR THE HOSPITAL:~~

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~~Administrator~~

(Source: Section repealed by emergency rulemaking at 43 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_ for a maximum of 150 days)