Illinois Health and Hospital Association

August 12, 2025

ILLINOIS HEALTH AND HOSPITAL ASSOCIATION
M E M O R A N D U M

SUBJECT: P.A. 104-0386: Sexual Assault Survivors Emergency Treatment Act
P.A. 104-0371: Voucher – Taxi and Car Share

Summary
On August 15, 2025, Gov. JB Pritzker signed P.A. 104-0386 and P.A. 104-0371 codifying changes to the Sexual Assault Survivors Emergency Treatment Act (SASETA) which outlines requirements for providers, law enforcement and state agencies when treating and interacting with survivors of sexual assault.

P.A. 104-0386 (SB 1602) and P.A. 104-0371 (SB 1274) reflect over a year of collaboration among the Illinois Office of the Attorney General (OAG), hospitals, and other stakeholders (workgroup), and include key changes to ease unduly burdensome transfers, clarify reimbursement for transfer hospitals, and enhance support for survivors receiving follow-up care. These changes are effective Jan. 1, 2026.

Moving forward, IHA will continue collaborating with the workgroup to identify additional options to further amend SASETA to make it more workable for Illinois' hospitals and the survivors they serve. The workgroup acknowledges the significant challenges hospitals face in building and sustaining the qualified medical provider (QMP) workforce required to operationalize SASETA, and future collaborative efforts will focus on increasing reimbursement for forensic exams, establishing and expanding the use of telehealth when interacting with sexual assault survivors (TeleSANE), and identifying additional changes that will enable more hospitals to provide medical forensic examinations, thus ensuring survivors have access to the care they need closer to home.

OAG's SANE Coordinator has recorded a presentation discussing these changes available here. Please note that the presentation is for informational purposes only, and no continuing education credit or certificate of completion is provided for viewing the recorded presentation. More details on the changes made to SASETA during the 2025 legislative session are below.

Definitions
There were numerous changes to the definitions in Sec. 1a of SASETA.

New Definitions

- Acute Sexual Assault: For patients under 13 years of age, acute sexual assault is a sexual assault that has occurred within the past 72 hours. For patients 13 years of age and older, acute sexual assault is sexual assault that has occurred within the past 168 hours. This definition was added to SASETA to help clinicians determine when a treatment hospital, a treatment hospital with approved pediatric transfer or pediatric healthcare facilities are required to offer a medical forensic examination. This addition does not limit or remove the ability of a QMP from exercising their clinical judgement and offering a medical forensic examination outside of these timeframes. Throughout SASETA, previous language was removed referring to sexual assault within the last 7 days with updated language regarding survivors "who present with a complaint of acute sexual assault."
- Assent: The expressed willingness to participate in an activity or give permission. Unlike consent to a medical forensic examination, which may be obtained by a parent, guardian, or healthcare power of attorney, assent was added and is required of survivors that cannot provide consent to ensure agency and power is restored to the patient.
- SANE Program Coordinator: An advanced practice registered nurse or a registered professional nurse that is a QMP, and who is the employee at the OAG.

Modified Definitions

- Follow-Up Healthcare: Now indicates that follow-up healthcare includes all services provided within 180 of the initial visit related to a sexual assault. The previous definition implied that the follow-up services had to be tied to the provision of medical forensic services. This ensures that follow-up healthcare services are accessible by survivors regardless of whether they elect to undergo a medical forensic examination.
- Medical Forensic Examination: Formerly medical forensic services, this definition now clarifies the scope of a medical forensic examination and the clinicians qualified to perform them. The new definition specifies that a QMP should conduct the medical forensic examination, and outlines that medical forensic examinations may take place at a treatment hospital, treatment hospital with approved pediatric transfer, or an approved pediatric healthcare facility. The change also helps clarify that medical care and treatment may be performed at transfer hospitals, while encounters that include the Illinois State Policy Sexual Assault Evidence Collection kit must be performed at one of the aforementioned treatment facilities. The term "medical forensic services" was changed to "medical forensic examinations" throughout SASETA.
- Sexual Assault Nurse Examiner: Updated to specify that a SANE must either be certified by the International Association of Forensic Nurses (IAFN), or complete training that aligns with IAFN SANE Education Guidelines and is approved by the Illinois SANE program coordinator.
- Sexual Assault Services Voucher: Eliminated the requirement that a survivor receive medical forensic services in order to receive a voucher for follow-up healthcare. This change aligns with the modification to the definition for follow-up healthcare.

- Sexual Assault Survivor: Expanded to encompass all sexual assault survivors, regardless of whether they present for a medical forensic examination or medical care and treatment, so long as the care is related to injuries or trauma resulting from a sexual assault.
- Sexual Assault Transfer Plan: Modified to clarify that the plan provides for transfer of acute sexual assault survivors to receive a medical forensic examination performed by a QMP at an appropriate treatment facility.
- Sexual Assault Treatment Plan: Modified to clarify that the plan provides for medical forensic examinations to be provided to acute sexual assault survivors, and that those examinations be performed by a QMP at an appropriate treatment facility.
- Transfer Services: Modified to clarify that transfer services involve moving a survivor from one facility to another that would be appropriate to provide a medical forensic examination.
- Treatment Hospital: Replaced time-based criteria with "acute sexual assault" and clarifies that this hospital type can provide a medical forensic examination to all acute sexual assault survivors.
- Treatment Hospital with Approved Pediatric Transfer: Replaced time-based criteria with "acute sexual assault" and clarifies that this hospital type can provide a medical forensic examination to acute sexual assault survivors 13 years of age or older.

Removed Definitions

- Prepubescent Sexual Assault Survivor: The definition of prepubescent sexual assault survivor was removed, with the legislation instead relying on chronological age to route patients to the appropriate care setting through the new definition of "acute sexual assault." This change avoids requiring law enforcement, advocacy and transfer staff to assess pubertal status, while still allowing appropriate clinical staff including Child Abuse Pediatricians, Pediatric/Adolescent SANEs or Pediatric/Adolescent Sexual Assault Forensic Examiners (SAFEs) the opportunity to assess the patient's pubertal status and ensure the appropriate site of care.

Survivor Transfer Services

SB 1602 made several changes to the process and requirements for the transfer of survivors to treatment facilities. This was part of a larger effort to improve the transfer process for survivors and providers that began with the Illinois Dept. of Public Health's (IDPH) amendments to 77 Ill. Adm. Code Part 545 in October 2024 (IHA summary *here*). SB 1602 established criteria for IDPH to consider when determining whether to approve a Sexual Assault Transfer Plan. The goal of these criteria is to avoid unduly burdensome transfers for survivors while acknowledging clinical and logistical realities that treatment and transfer hospitals face. The criteria include:

- Prioritizing the geographically closest treatment hospital with the capacity and willingness to provide ease of transfer and accept acute sexual assault survivors from the proposed transfer hospital;
- Existence of an areawide treatment plan in the region;

- Average daily, monthly, and annual number of sexual assault survivors who presented and received exams at the treatment hospital;
- Number of QMPs employed at the treatment hospital;
- Existence of other agreements between the transfer hospital and other acute care hospitals related to patient referral and transfer, communication, patient medical records, and emergency and non-emergency patient transportation;
- Number of transfer hospitals with which a treatment hospital has a transfer agreement and its capacity to enter into additional transfer agreements; and
- Plans for initial transportation to and from the treatment hospital for the survivor, including hospital-facilitated and survivor-facilitated options to help minimize survivor wait times while also considering extenuating factors outside the hospital's control.

In approving or denying the proposed Sexual Assault Transfer Plan, IDPH may also consider other factors, including, but not limited to, hospital capacity, emergency department patient volume, communication, and transportation capacity.

Sexual Assault Transfer Plans must also include procedures for complying with mandatory reporting requirements under 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. Previously, these procedures were only required as part of Sexual Assault Treatment Plans but requiring them as part of Sexual Assault Transfer Plans reinforces accountability in reporting suspected abuse and neglect under Illinois law.

SB 1602 also clarified Sexual Assault Treatment and Transfer Plan requirements in counties with a population of less than one million people and within a 20-mile radius of a 4-year public university. Previously, all hospitals meeting these population and distance standards were required to be full treatment hospitals. Beginning Jan. 1, 2026, applicable hospitals will participate in a Sexual Assault Treatment Plan that includes *at least* one treatment hospital or treatment hospital with approved pediatric transfer within the 20-mile radius of the 4-year public university (emphasis added).

Minimum Requirements for Medical Forensic Examinations Provided to Sexual Assault Survivors by Hospitals and Approved Pediatric Healthcare Facilities

SB 1602 updated Sec. 5 of SASETA to reflect new and modified terminology, and to ensure survivor autonomy and financial protection when interacting with the healthcare system. Specifically, language was added solidifying that survivors that accept the offer to complete the Illinois State Police Sexual Assault Evidence Collection Kit may decline any portion of the Kit. Additionally, evidence collection must be completed based on the QMP's clinical discretion, best practices for evidence collection, and information provided by the survivor.

New language in Sec. 5 also confirms that QMPs may offer, due to their clinical judgement or in response to a survivor request, an Illinois State Police Sexual Assault Evidence Collection Kit. The offering of a Kit is not limited to survivors that meet the definition of acute sexual assault.

SB 1602 also expanded options for the requirement that QMPs provide survivors with oral and written information concerning evidence-based guidelines on the appropriateness of evidence collection. A QMP must still provide this information, but it may be done either in-person or via virtual or telephone consultation. Additionally, the QMP providing the information does not need to be the same QMP that would perform an agreed to medical forensic examination.

Clarifying language was also added addressing when a QMP must initiate a medical forensic examination. Specifically, QMPs must initiate the examination process within 90 minutes of a concern of acute sexual assault arising at a treatment hospital, treatment hospital with approved pediatric transfer or approved pediatric healthcare facility. Previously, language indicated that the 90-minute window begin when the patient presented at the hospital or facility. Note that transfer hospitals are not subject to the 90-minute window.

Consent and Assent

Several survivor-focused, clarifying changes were made to Sec. 5 of SASETA regarding consent and assent. First, evidence collection cannot begin until the QMP obtains consent. Survivors that are able to consent may do so when seeking a medical forensic examination or follow-up healthcare. Decisional capacity of the survivor must be determined by the attending physician in accordance with the Health Care Surrogate Act.

For minors under the age of 18 that are unable to consent, consent to a medical forensic examination may be provided by the survivor's parent, guardian, or healthcare power of attorney *in combination with* the assent of the sexual assault survivor. Similarly, for adult sexual assault survivors unable to consent, consent to a medical forensic examination may be provided by the survivor's guardian or healthcare power of attorney *in combination with* the assent of the sexual assault survivor.

In every case where a medical forensic examination is provided, assent from the survivor must be obtained, regardless of their ability to consent. Thus, in cases where the patient is unconscious, evidence collection may not be completed. This is because the patient is unable to assent, even if consent is obtained from a parent, guardian or healthcare power of attorney.

SB 1602 also addresses consent requirements for the release of evidence collected during a medical forensic examination. Survivors who are 13 years of age or older may sign a written consent form to authorize the release of evidence for testing. This form is part of the sexual assault evidence collection kit and is also posted on the Illinois State Police website. No additional consents are required from parents, guardians, or other parties so long as the survivor is 13 years of age or older and has the capacity to give consent.

For survivors under the age of 13, SB 1602 removed previous language that allowed certain authorities, such as an investigating law enforcement officer or the Illinois Dept. of Children and Family Services (DCFS), to authorize the release of the sexual assault evidence collection kit if a parent or guardian was unavailable. Now, consent may be provided by a parent, guardian, or healthcare power of attorney. If none of these individuals are available or willing to authorize the release, then a State's Attorney or the Attorney General may petition the court to authorize evidence release for testing.

Other consent pathways, such as those involving adult survivors with a guardian, remain unchanged by SB 1602.

Sexual Assault Services Voucher (voucher)
Prior to passage of SB 1602, survivors could only attain a voucher from facilities providing medical forensic examinations. SB 1602 changed this process to allow transfer hospitals to also issue a voucher starting Jan. 1, 2026. This change ensures that survivors who decline transfer still receive a voucher to help pay for follow-up healthcare services, even if they forgo a medical forensic examination.

SB 1602 also aligns statute to changes made to the Administrative Code in October 2024. New language clarifies that the voucher may be used to seek payment for medical care and treatment as defined by 77 Ill. Adm. Code Part 545 in addition to any ambulance services, a medical forensic examination, laboratory services, pharmacy services, and follow-up healthcare provided as a result of the sexual assault.

To implement this change, transfer hospitals will now be required to submit a protocol for issuing vouchers as part of their sexual assault transfer plan to IDPH. This requirement already applies to treatment hospitals, treatment hospitals with pediatric transfer, and approved pediatric healthcare facilities. SB 1602 outlines protocol requirements, including issuing the voucher to any eligible survivor, making a copy of the voucher and placing it in the survivor's medical record, and providing a copy of the voucher to the survivor either before transfer or after discharge, upon request. If the survivor is being transferred for a medical forensic examination, the treatment facility may make a copy of the survivor's voucher and use that copy for the reimbursement of the exam.

If a hospital or approved pediatric healthcare facility does not issue a voucher to a sexual assault survivor, then a healthcare provider, ambulance service, laboratory or pharmacy involved in the survivor's care can submit a request directly to HFS for the voucher to be issued.

IDPH will issue a provider notice outlining updates to the voucher as required under Sec. 5.2 of SASETA, as well as future guidance to support transfer hospitals and approved pediatric healthcare facilities in understanding how to issue and use the voucher.

SB 1274 also expanded the services that vouchers cover by adding Sec. 5.2 (c-5) to SASETA. This new section clarifies that a voucher may be used to seek payment for taxi or rideshare transportation to the hospital the survivor initially presented at, the survivor's residence, or a survivor services shelter. This addition ensures survivors have myriad transportation options when seeking needed healthcare services as a result of a sexual assault. Hospitals may obtain written consent from the survivor when arranging taxi or rideshare services on the survivor's behalf.

Changes Specific to Pediatric Sexual Assault Care
SB 1602 made changes to SASETA related to pediatric sexual assault care that clarify procedures, increase flexibility for hospitals working towards pediatric sexual assault care readiness, and provide clear direction for approved pediatric healthcare facilities.

New language provides that when a pediatric survivor and their non-offending parent or legal guardian chooses to transfer, they must be given the option to transfer to an approved pediatric healthcare facility during posted hours of operation or a treatment hospital. When this occurs, the transfer hospital emergency department staff is responsible for initiating the transfer and ensuring communication with the receiving hospital or approved pediatric healthcare facility. Transportation may occur via ambulance, law enforcement, or personal vehicle. Once the patient arrives, the treatment hospital or approved pediatric healthcare facility must begin the medical forensic examination within 90 minutes (during posted hours of operation).

Additionally, treatment hospitals with approved pediatric transfer that employ QMPs who are qualified to treat pediatric sexual assault survivors may offer medical forensic examinations to pediatric acute sexual assault survivors subject to prior approval from IDPH. The treatment hospital with approved pediatric transfer must be actively working toward becoming a treatment hospital. IDPH will also consult with the treatment hospital currently accepting pediatric survivors from the treatment hospital with approved pediatric transfer. Approval is valid for one year and may be renewed.

Out-of-State Hospitals
Originally, Sec. 5.4 of SASETA has a sunset clause pertaining to out-of-state hospitals participating in SASETA. SB 1602 removes this clause from statute, ensuring that approved out-of-state hospitals will remain a part of Illinois' sexual assault response network.

Reimbursement
IHA successfully advocated for several hospital reimbursement updates under SASETA. First, Sec. 7(a) was amended to include medical care and treatment as defined by 77 Ill. Adm. Code Part 545 in the list of services that are reimbursable under SASETA, broadening the scope of reimbursable services in statute. This section also reinforces that survivors should not be billed

for medical care and treatment provided as a result of sexual assault, regardless of what facility type they present to for care.

Sec. 7(b-7) was added to extend reimbursement of medical care and treatment services provided at transfer hospitals. Transfer hospitals are to be reimbursed by the Illinois Dept. of Healthcare and Family Services (HFS) or the appropriate Medicaid managed care organization at allowable rates under the Illinois Public Aid Code when the survivor is enrolled in Medicaid, uninsured, or declines billing their private insurance.

Reimbursement language in Sec. 7(b-5) was also updated, separating reimbursement for a medical forensic examination from other healthcare services and treatment. Medical forensic examinations provided by a QMP must now be reimbursed at a minimum rate of $1,000 or the allowable rate under the Illinois Public Aid Code, whichever is greater. This change differentiates the medical forensic examination from other services and treatment provided at the initial encounter between the healthcare facility and sexual assault survivor, and allows for additional reimbursement changes in the future.

Hospital Billing Protocols

SB 1602 made changes to Sec. 7.5, addressing healthcare facility billing protocols. The first change clarifies that all hospitals and pediatric healthcare facilities must provide a written billing notice to sexual assault survivors. The content of the written billing notice remains unchanged and can be found in Sec. 7.5(a)(1)-(5).

Billing protocols, required within 60 days of an IDPH-approved treatment plan, were originally submitted to the OAG for renewal and approval. That submission and oversight process has now been reassigned HFS. Within 60 days of IDPH approval, a treatment hospital or approved pediatric healthcare facility must develop a billing protocol to ensure that no survivor of sexual assault is sent a bill for a medical forensic examination. The protocol must also outline actions that will be taken if a bill is mistakenly sent to a collection agency or if a failure to pay is reported to a credit reporting agency that will correct these issues. Finally, the protocol must include procedures to ensure compliance with billing prohibitions, opt-out billing of a survivor's private insurance provider, and written billing notices. Applicable facilities must be prepared to furnish a copy of their billing protocol upon request.

SASETA Violations and Penalties

SB 1602 updated Sec. 8 regarding IDPH's management and review of complaints, and how violations are addressed. IDPH must have a system in place to receive and review complaints. Once received, IDPH will determine whether the complaint indicates the facility is out of compliance with its approved plan or if it has violated any provision of SASETA or related rules. If a violation is found, IDPH must issue a formal written notice to the facility that clearly describes the nature of the violation and lists the specific items of non-compliance.

Below is a table outlining steps and timelines for addressing non-compliance:

Step	Action	Timeline
Submit Plan	Facility submits correction plan	Within 10 business days
Review	IDPH accepts or rejects	Within 10 business days
Resubmit (if needed)	Facility revises and resubmits	Within 10 business days
Implementation	Facility carries out approved plan	Within 60 days
Verification	IDPH may survey/request documentation	Ongoing as needed

If the facility does not submit an acceptable plan of correction or fails to implement the approved plan within the required timeframe, IDPH has the authority to impose monetary fines. For a first violation, the fine will be between $1,500 and $3,000. For second or subsequent violations, the fine increases and will be between $3,000 and $5,000.

Before IDPH imposes a fine, it must consider the nature of the alleged violation(s), whether there is a history of noncompliance at the facility, and patient volume or the number of patients seeking treatment and support from the facility during the time of noncompliance. Additionally, IDPH's written notice of violation must include a right to a hearing, an opportunity to present evidence, and the right to file a response. If a facility decides to contest a notice of violation, they may request a formal administrative hearing. Administrative hearings must follow the procedures outlined in 77 Ill. Adm. Code Part 100. Once the hearing concludes, the IDPH Director reviews the case and will issue a final written decision or order.

If a monetary penalty is imposed, that decision will be clearly noted in the final written decision. The OAG may take legal action in circuit court if the monetary penalty is not paid. All monetary penalties will be deposited into the Sexual Assault Service Fund, overseen by the Illinois Dept. of Human Services (DHS).

SANE Program

Sec. 15(a) outlines the requirement for the OAG to maintain a list of QMPs. This list includes healthcare professionals who have been approved by the SANE program coordinator to practice as: Adult/Adolescent & Pediatric/Adolescent SANEs, Adult/Adolescent & Pediatric/Adolescent SAFEs, and board-certified or board-eligible child abuse pediatricians. The purpose of this list is to ensure QMPs are clearly identified for the care of sexual assault patients.

Sec. 15(b) outlines the responsibilities of the OAG's SANE Program Coordinator. The SANE program coordinator is responsible for reviewing documentation submitted by healthcare professionals who are seeking to be listed as QMPs and determines whether the documentation meets QMP requirements outlined in SASETA. SASETA also authorizes the OAG to require additional standards if necessary to ensure that QMP qualifications align with applicable laws, rules, and regulations; clinical protocols and standards of care; and the goals of Illinois' SANE Program.

Advanced Practice Registered Nurses or Registered Professional Nurses hoping to be added to the QMP list must submit documentation of their didactic and clinical training as well as their clinical experience. Didactic and clinical training must be consistent with SANE educational guidelines established by IAFN, and the training must be approved by the SANE program coordinator. Valid SANE certification issued by IAFN is sufficient documentation to qualify a nurse as a QMP.

For clinicians to remain on the QMP list, they must verify their continuing education and competency every three years, submitting documentation to the SANE program coordinator by April 30 of the verification year. A valid SANE certification issued by IAFN is, on its own, sufficient documentation to verify continued education and competency.

Alternatively, clinicians may attest to continuing education in a variety of ways. For providers employed by a facility, the attestation must be submitted by the facility's SANE coordinator, Emergency Department Director, or facility director. For contracted providers, the attestation must come from the SANE coordinator or director of the staffing company. State law requires that this attestation be submitted in the form and manner prescribed by the OAG. At this time, that process and documentation are still being developed, and additional guidance and required forms will be issued once finalized.

If a QMP steps away from practice for more than 12 months, Sec. 15(c) states that the provider must complete a mock medical forensic examination with a SANE who is certified by the IAFN to demonstrate continued competency.

For documentation submitted by April 30, the OAG SANE program coordinator is required to provide notice by June 30 indicating whether the provider meets the necessary standards to stay on the QMP List. If the documentation is incomplete or insufficient, that notice must include a statement of deficiencies and outline the specific standards that still need to be met. The healthcare professional has 30 days to correct the deficiencies; if they fail to do so the provider will be notified and removed from the QMP list.

If a SANE or SAFE fails to verify their continuing education and competency and does not submit documentation by April 30 of the verification year, the SANE program coordinator is required to notify the individual that they will be removed from the QMP list in 60 days, giving the provider a final window of time to submit the necessary attestation or certification.

Resources
For the full legislative text implementing the changes outline in this memo, please refer to P.A. 104-0386 and P.A. 104-0371. Additionally, the OAG SANE program coordinator has recorded a presentation outlining changes made to SASETA during the 2025 legislative session. Questions or comments may be sent to Cassie Yarbrough, AVP, Health Policy and Finance at cyarbrough@team-iha.org.