Illinois Health and Hospital Association

Public Act (P.A.) 104-0837 reflects ongoing collaboration with the Illinois Office of the Attorney General (OAG), hospitals, and other stakeholders to continue refining the Sexual Assault Survivors Emergency Treatment Act (SASETA). This bill amends SASETA to permit the inclusion of TeleSANE within a sexual assault treatment plan or areawide sexual assault treatment plan beginning Jan. 1, 2027. TeleSANE allows a qualified medical provider (QMP) at a distant site to precept medical forensic examinations for sexual assault survivors age 13 or older at the originating site. The bill also clarifies the definitions of survivor consent and assent when the survivor is offered a medical forensic examination, and how consent may be obtained when the survivor lacks decisional capacity.

A detailed overview of the changes made to SASETA during the 2026 legislative session follows. Please send questions or comments here.

Changes to Definitions under SASETA
Several definitions were added or amended to facilitate implementation of TeleSANE and changes to sexual assault survivor consent to a medical forensic examination and release of evidence.

New: Decisional Capacity. The ability to understand and appreciate the nature and consequences of a decision regarding medical treatment or evidence collection and the ability to reach and communicate an informed decision in the matter as determined by a physician, an advanced practice registered nurse, or a physician assistant.

New: Distant Site. The meaning given to that term in Section 5 of the Telehealth Act, which states: the location at which the healthcare professional rendering the telehealth service is located.

New: Guardian. A court appointed guardian of the person. "Guardian" includes the Illinois Dept. of Children and Family Services (DCFS) Guardianship Administrator or the DCFS Guardianship Administrator's authorized agent for a minor in temporary custody or guardianship of DCFS, pursuant to a court order entered in proceedings occurring under the Juvenile Court Act of 1987. "Guardian" also includes a short-term guardian appointed for an adult in accordance with Section 11a-3.2 of the Probate Act of 1975.

Amended: Medical Forensic Examination. Clarifies that a medical forensic examination includes healthcare provided to a patient by either a QMP or a trained provider under QMP preceptorship. The amended definition also allows the examination to be supported through a TeleSANE interactive telecommunications system.

New: Minor. A person who has not attained the age of 18 years.

New: Originating Site. Has the meaning given to that term in Section 5 of the Telehealth Act, which states the location at which the patient is located at the time telehealth services are provided to the patient via telehealth.

New: Originating Site Provider. A trained provider or QMP at the originating site.

New: Precept. To provide direct and active clinical oversight to a trained provider during the performance of a medical forensic examination in a clinical setting, whether in-person or via a TeleSANE interactive telecommunications system.

New: TeleSANE Interactive Telecommunications System. Has the meaning given to the term "interactive telecommunications system" in Section 5 of the Telehealth Act, which states: an audio and video system, an audio-only telephone system (landline or cellular), or any other telecommunications system permitting 2-way, synchronous interactive communication between a

patient at an originating site and a healthcare professional or facility at a distant site. "Interactive telecommunications system" does not include a facsimile machine, electronic mail messaging, or text messaging. As used in this Act, "TeleSANE interactive telecommunications system" does not include an audio-only telephone system.

New: Trained Provider. A healthcare professional who is training to become a QMP and has completed didactic training that has been reviewed and approved by the OAG's Sexual Assault Nurse Examiner (SANE) Program Coordinator.

Including TeleSANE in Sexual Assault and Areawide Treatment Plans
P.A. 104-0837 amended Sec. 2 of SASETA, outlining how hospitals and approved pediatric healthcare facilities can incorporate TeleSANE into their sexual assault treatment plans. Beginning June 1, 2027, hospitals and approved pediatric healthcare facilities may amend or add to their sexual assault or areawide sexual assault treatment plans to add the use of TeleSANE. Specifically, the Illinois Dept. of Public Health (IDPH) may approve the use of a QMP at a distant site to precept medical forensic examinations for sexual assault survivors age 13 years old or older in accordance with forthcoming rules established by IDPH. TeleSANE may also be used to contact an expert for consultation or a second opinion.

TeleSANE plans must include, at minimum, the following:

- For hospitals, a plan to provide medical forensic examinations to acute sexual assault survivors 13 years old or older while either transferring pediatric acute sexual assault survivors, or providing medical forensic examinations without the use of TeleSANE to pediatric acute sexual assault survivors. For approved pediatric healthcare facilities, a staffing plan to provide medical forensic examinations to acute sexual assault survivors age 13 years old or older.
- The number of trained providers and distant site QMPs who have met the following training qualifications:
    - Didactic training that has been reviewed and approved by the OAG's SANE Program Coordinator.
    - At least one medical forensic examination precepted in-person by a QMP prior to performing medical forensic examinations using TeleSANE.
    - Training for both originating and distant site healthcare professionals shall include at least one mock medical forensic examination using the TeleSANE system described in the hospital or approved pediatric healthcare facility's plan, even if the originating site provider is a QMP.
    - A mock examination for a trained provider using the TeleSANE system must be precepted by a QMP who attests to the trained provider's ability to perform medical forensic examinations using the TeleSANE system.
    - Hospitals and approved pediatric healthcare facilities are responsible for maintaining accurate records of each trained provider and distant site QMP who are part of their plan.
- Policies and protocols for selecting specific technology platforms or vendors, a plan for regular technology checks, and protocols in the event of a failure of the TeleSANE system.
- Protocols and policies to maintain a secure network to host the TeleSANE system, protect patient privacy, including at the distant site, and ensure that medical forensic examinations are not recorded. Delivered services must adhere to all federal and state privacy, security, and confidentiality laws, rules, or regulations, including, but not limited to, the Health Insurance Portability and Accountability Act of 1996 and the Mental Health and Developmental Disabilities Confidentiality Act.
- A plan to provide a medical forensic examination to an acute sexual assault survivor if the survivor wants evidence collected but does not consent to using TeleSANE.
- A plan to educate the community, including local law enforcement and rape crisis advocates, about medical forensic examinations provided with TeleSANE.

IDPH will approve a sexual assault or areawide treatment plan that includes the use of a TeleSANE system if: a hospital or approved pediatric healthcare facility submits all information outlined above; IDPH finds that the sexual assault or areawide treatment plan complies with the applicable provisions of the Telehealth Act; and, implementation of the sexual assault or areawide treatment plan would provide appropriately precepted medical forensic examinations for acute sexual assault survivors in accordance with the requirements SASETA and rules adopted by IDPH.

Changes to the Provision of Medical Forensic Examinations

Several amendments were made to Sec. 5 of SASETA to provide clarity on how to obtain consent from a sexual assault survivor for a medical forensic examination. Prior to providing a medical forensic examination, the decisional capacity of the survivor must be assessed. If the survivor is determined to have decision capacity, a medical forensic examination may be provided without the consent of any parent, guardian, or power of attorney for healthcare.

If the survivor is a minor and lacks decisional capacity, then a medical forensic examination may be provided with both the assent of the survivor and consent given by an authorized decision maker, including the survivor's parent, guardian, spouse, or power of attorney for healthcare. If these specified authorized decision makers are unavailable or unwilling to consent to a medical forensic examination, then law enforcement may obtain a search warrant pursuant to Article 108 of the Code of Criminal Procedure of 1963 directing that a medical forensic examination be conducted with the assent of the sexual assault survivor.

If the survivor is an adult and lacks decisional capacity, a medical forensic examination may be provided with both the assent of the survivor and consent given by an authorized decision maker, including the survivor's guardian, spouse, or power of attorney for healthcare. If these specified authorized decision makers are unavailable or unwilling to consent, then similar to a minor survivor, law enforcement may obtain a search warrant pursuant to Article 108 of the Code of Criminal Procedure of 1963 directing that a medical forensic examination be conducted with the assent of the survivor.

In situations where the survivor is unconscious, a medical forensic examination may be administered without their assent if the following conditions are met:

- A QMP determines there is reasonable suspicion of sexual assault;
- Consent cannot be obtained under the circumstances, including when evidence may be lost; and
- Based on the clinical judgment of a QMP and the ordering physician, advanced practice nurse, or physician assistant, the unconscious patient is not expected to regain consciousness within the recommended window for evidence collection for acute sexual assault.

If these conditions are met, written authorization for a medical forensic examination to be performed on an unconscious patient may be provided by a QMP and a second healthcare professional, who may be a physician, advanced practice registered nurse, or physician assistant.

Follow-up healthcare may be provided to any adult sexual assault survivor who is determined to have decisional capacity and may consent to that healthcare. Follow-up healthcare for minors shall be provided in accordance with the Consent by Minors to Health Care Services Act. Sec. 5 now contains liability protections, stating any healthcare professional or healthcare institution, including any hospital or approved pediatric healthcare facility, who, in good faith, acts with due care in accordance with Sec. 5 of SASETA is immune to any civil or other claim based on lack of consent, any criminal prosecution, or discipline for unprofessional conduct.

Written Consent to the Release of Sexual Assault Evidence for Testing

Like consent for a medical forensic examination, release of evidence for testing depends on the decisional capacity of the survivor. A survivor who is determined to have decisional capacity may sign the written consent to release the evidence for testing.

When a survivor is a minor and lacks decisional capacity, written consent to release sexual assault evidence for testing may be signed by their parent, guardian, spouse (if married), or power of attorney for healthcare. If such individuals are not available or unwilling to release evidence, then a State's Attorney or the Attorney General may petition the court to authorize release of the evidence for testing.

When a survivor is an adult and lacks decisional capacity, written consent to release sexual assault evidence for testing may be signed by their guardian, spouse (if married), or power of attorney for healthcare. If such individuals are unavailable or unwilling to release the information, then a State's Attorney or the Attorney General may petition the court to authorize release of the evidence for testing.

Your trusted voice and resource

COMPdata Informatics

Insurance Solutions

IPC Group Purchasing

Midwest Alliance for Patient Safety
