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Re: Sexual Assault Survivors Emergency Treatment Code

Dear Ms. Conley and Ms. Senger,

The Illinois Health and Hospital Association (IHA), on behalf of more than 200 member hospitals and nearly 40 health systems, welcomes this opportunity to submit comments on the Notice of Proposed Amendments: Sexual Assault Survivors Emergency Treatment Code as published in the December 2, 2019 *Illinois Register*.

The vast majority of the rule reflects the language of the revised statute; however, we have great concern about several provisions:

Two-Hour Continuing Education Requirement

Section 545.40 (e) references the two-hour on-line training mandated to be made available by the Office of Attorney General (OAG) by March 1, 2019. To date, that training is still in the development stage and has yet to be made available, yet Section 545.40 (b) requires hospitals to be in compliance by July 1, 2020 by having their emergency department physicians, physician assistants, advanced practice nurses and registered nurses providing clinical services receive two hours of continuing education on specific sexual assault issues, outlined in Section (d).

When the law was passed, it was intended that hospital staff would utilize the OAG's training so as to ensure consistency and would have 16 months for thousands of staff to receive the training. As of this writing, there are only five-and-a-half months left before the deadline and the training is still not available. **We therefore urge the Department**

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to delay enforcement of this provision until 16 months after the OAG-mandated training is made available.

Hospitals within a 20-mile radius of a 4-year university

Section 545.35 (e)(2) outlines the requirement that a hospital, located in a county of less than one million population and within a 20-mile radius of a 4-year university, cannot have an approved transfer plan unless there is a treatment hospital within that 20-mile radius. This language matches the language of the statute, but we have learned that some have interpreted this to mean that there must be a *treatment* hospital (treating both adults and pediatrics) within a 20-mile radius, whereas what it says is a hospital cannot be a *transfer* hospital (treating neither adults nor pediatrics) unless there is a treatment hospital within the radius. This is an important distinction as there are two areas near a university in which there is only one hospital within the 20-mile radius. These hospitals may want to submit a plan to be a *treatment hospital with approved pediatric transfer*, but have been told they must be a treatment hospital that treats both adults and pediatrics. **We request that this be clarified to allow a hospital to be a treatment hospital with pediatric transfer if within a 20-mile radius of a university.**

Availability of Sexual Assault Nurse Examiners (SANEs) and Sexual Assault Forensic Examiners (SAFEs)

The OAG has indicated that there are an estimated 150 SANEs currently practicing in Illinois and IHA estimates another 650 SANEs are needed to meet the requirement that all survivors need to be treated by a Qualified Medical Provider (SANE, child-abuse pediatrician or a SAFE) by January 1, 2022. The Department of Public Health was required to adopt administrative rules by January 1, 2020 establishing a process for physicians and physician assistants to provide documentation of training and clinical experience that meets or is substantially similar to the SANE Education guidelines. This was intended to allow these health professionals, many treating sexual assault survivors for many years, to be qualified as a SAFE given the shortage of SANEs. **To date those rules have not been issued and we recommend that those rules be issued immediately and the 2022 date be adjusted to accommodate the delay.**

We have been told that there will not be as many SANE trainings in 2020 given Office of Attorney General staff constraints. Hospitals will be challenged to have enough SANEs available to meet the 2022 deadline, given that the process typically takes at least one year to complete training and given the emotional toll and burnout associated with the work. The legislation calls for the Sexual Assault Medical Forensic Services Implementation Task Force to examine the use of telemedicine in the provision of medical forensic services and develop recommendations for statutory change to allow the use of telemedicine. **To date the Task Force has not yet examined this topic and we recommend that the Task Force make this a priority in the near future.**

Other recommendations:

- Section 545.35 (e) does not contain “treatment plan” in the list of plans that need to be submitted every three years.
- Section 545.35 (h) pertains to having a MOU with a rape crisis center, if these services are available to the approved pediatric health care facility; but the language should also include, per the statute, if they are available to a treatment hospital or treatment hospital with pediatric transfer.
- Section 545.40 (c) interrupts the flow of the required training outlined in subsections (b, d and e), so suggest subsection (c) be moved to the end of this section.
- Section 545.65 (k)(C) indicates that if a survivor is transferred via ambulance, the paper bag with clothes “shall” go with the EMS personnel with a chain of custody form. However, some hospitals will release the bag directly to law enforcement so it should be made clear that is a possible option.

We appreciate the opportunity to comment.

Thank you,

A.J. Wilhelmi
President & CEO