



RESILIENCE
EMPOWERING
SURVIVORS
ENDING SEXUAL
VIOLENCE

Sexual Assault Survivors Emergency Treatment Act (SASETA)

SASETA, 410 ILCS 70, is an Illinois law that has been in effect since 1987. It mandates that all hospitals licensed under the Hospital Licensing Act, 210 ILCS 85, that provide general medical and surgical hospital services shall provide either transfer services or hospital emergency and forensic services to sexual assault victims. The Illinois Department of Public Health (IDPH) is the institution that approves hospital *sexual assault treatment plans* whereas the hospital will be listed as an approved treatment center. The administrative rules of SASETA require that every hospital shall comply with the federal Emergency Medical Treatment and Active Labor Act (EMTALA)¹ and that hospitals providing emergency services and forensic services to sexual assault survivors minimally provide, with the consent of the sexual assault survivor and as ordered by a *qualified* medical professional² the following:

- Sexual assault is prioritized in the emergency department as an Emergency Severity Index (ESI) 2, which alerts hospital staff to respond to victims second only to life and death patients.
- Hospital staff shall respond within minutes of the patient's arrival and move the patient to a closed environment (ideally as four walls or three walls and a curtain) to ensure privacy and shall refer to such patients by code.
- All patients who enter the emergency department within 7 days of the sexual assault shall be offered an Illinois State Police Sexual Assault Evidence Collection Kit (ISPECK). If the patient consents to the ISPECK but chooses not to release it immediately, law enforcement must hold the ISPECK for 10 years while the patient decides whether or not to have the evidence tested.³
- **Anyone at any age can consent to treatment and the evidence collection kit related to a sexual assault.** Remember that consenting to evidence collection is two parts: consent to the collection of evidence and consent to release the evidence for testing or holding. A minor under 13 years of age requires a parent or legal guardian, investigating law enforcement officer, or DCFS representative to release the kit to law enforcement for testing.
- People with disabilities do not need a guardian⁴ present to consent for medical treatment, evidence collection, or release of evidence for testing for sexual assault in the ER. **However, if a survivor is unable to consent to the release of evidence for testing, an investigating law enforcement officer may release the evidence if the guardian is unavailable or unwilling to do so.*
- The patient shall receive medically and factually accurate oral and written information concerning pregnancy resulting from sexual assault, emergency contraception, the indications and 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 qualified healthcare provider.

¹ In 1986, Congress enacted the Emergency Medical Treatment & Labor Act (EMTALA) to ensure public access to emergency services regardless of ability to pay. Section 1867 of the Social Security Act imposes specific obligations on Medicare-participating hospitals that offer emergency services to provide a medical screening examination (MSE) when a request is made for examination or treatment for an emergency medical condition (EMC), including active labor, regardless of an individual's ability to pay. Hospitals are then required to provide stabilizing treatment for patients with EMCs. If a hospital is unable to stabilize a patient within its capability, or if the patient requests, an appropriate transfer should be implemented.

² 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.

³ 725 ILCS 203/30

⁴ Guardian of the person, a health care surrogate, or an agent acting under a health care power of attorney.

- Medications are to be made available to the patient for treatment at the hospital and after discharge (Section 5(a4 & 8) of the Act). This includes, but is not limited to: HIV, emergency contraception, and STI prophylaxis as deemed appropriate by the attending physician. The patient shall receive oral and written information about all medications dispensed, possible contraindications of such medication or disease resulting from sexual assault. Please reference the Center for Disease Control 2015 Treatment Sexually Transmitted Diseases Treatment Guidelines⁵.
- The patient shall receive referral by hospital personnel for appropriate counseling that provides emotional support and confidentiality. **Many hospitals partner with agencies like Resilience to provide the crisis intervention counseling in the ER and follow-up counseling resources*
- The patient shall receive oral and written information indicating the need for a follow-up exam and laboratory tests to determine the presence or absence of pregnancy, STIs and HIV.
- The patient should never receive a bill for any services provided in the ER as an outpatient. This includes all bills related to a hospital or health care professional furnishing hospital emergency and/or forensic services, an ambulance provider furnishing transportation to a sexual assault survivor, a hospital, health care professional or laboratory providing follow-up healthcare or a pharmacy dispensing prescribed medications to any sexual assault survivor. If the patient has listed health insurance, the hospital will first attempt to receive payment from their insurance agent. Whatever the health insurance company will not pay, or if the patient does not have health insurance listed, the IL Dept. of Healthcare and Family Services will reimburse the hospital for any procedures, medications and follow-up tests⁶. The prohibition on billing does not include inpatient hospitalization.
- A patient is also eligible for up to 90 days of free follow-up care after their emergency room visit if they return to the hospital emergency room or by utilizing the sexual assault emergency treatment program 'voucher'.
- Hospitals must issue a sexual assault emergency treatment program 'voucher' to patients treated for sexual assault and/or abuse upon discharge. This voucher is generated by the hospital through the IDPH MEDICAL ELECTRONIC DATA INTERCHANGE (MEDI) SYSTEM. A copy of the voucher should be placed in the patients' medical record. The hospital shall provide a copy of the voucher to the sexual assault survivor after discharge upon request.

⁵ <https://www.cdc.gov/std/tg2015/tg-2015-print.pdf> (see page 104 Sexual Assault and Abuse and STDs)

⁶ With the exception of patients who receive Medicaid coverage.