



## 100TH GENERAL ASSEMBLY

### State of Illinois

2017 and 2018

SB3015

Introduced 2/15/2018, by Sen. David Koehler

#### SYNOPSIS AS INTRODUCED:

105 ILCS 5/22-30  
105 ILCS 5/27A-5

Amends the School Code. With regard to the self-administration and self-carry of asthma medication, provides that a school district, public school, charter school, or nonpublic school may authorize a school nurse or trained personnel to (i) provide undesignated asthma medication to a student for self-administration only or to any personnel authorized under a student's Individual Health Care Action Plan or asthma action plan, plan pursuant to Section 504 of the federal Rehabilitation Act of 1973, or individualized education program plan to administer to the student that meets the student's prescription on file, (ii) administer an undesignated asthma medication that meets the prescription on file to any student who has an Individual Health Care Action Plan or asthma action plan, plan pursuant to Section 504 of the federal Rehabilitation Act of 1973, or individualized education program plan that authorizes the use of asthma medication; and (iii) administer an undesignated asthma medication to any person that the school nurse or trained personnel believes in good faith is having respiratory distress; defines "undesignated asthma medication" and "respiratory distress". Changes the definition of "asthma medication" to mean quick-relief asthma medication that is approved by the United States Food and Drug Administration for the treatment of respiratory distress. Provides that a school nurse or trained personnel may administer undesignated asthma medication to any person whom the school nurse or trained personnel in good faith believes to be experiencing respiratory distress (i) while in school, (ii) while at a school-sponsored activity, (iii) while under the supervision of school personnel, or (iv) before or after normal school activities. Provides that a school district, public school, charter school, or nonpublic school may maintain a supply of an asthma medication in any secure location where a person is most at risk. Provides that a training curriculum to recognize and respond to respiratory distress may be conducted online or in person. Specifies training requirements. Makes other changes. Effective immediately.

LRB100 18967 AXK 34217 b

A BILL FOR

1 AN ACT concerning education.

2 **Be it enacted by the People of the State of Illinois,**  
3 **represented in the General Assembly:**

4 Section 5. The School Code is amended by changing Sections  
5 22-30 and 27A-5 as follows:

6 (105 ILCS 5/22-30)

7 Sec. 22-30. Self-administration and self-carry of asthma  
8 medication and epinephrine auto-injectors; administration of  
9 undesignated epinephrine auto-injectors; administration of an  
10 opioid antagonist; asthma episode emergency response protocol.

11 (a) For the purpose of this Section only, the following  
12 terms shall have the meanings set forth below:

13 "Asthma action plan" means a written plan developed with a  
14 pupil's medical provider to help control the pupil's asthma.  
15 The goal of an asthma action plan is to reduce or prevent  
16 flare-ups and emergency department visits through day-to-day  
17 management and to serve as a student-specific document to be  
18 referenced in the event of an asthma episode.

19 "Asthma episode emergency response protocol" means a  
20 procedure to provide assistance to a pupil experiencing  
21 symptoms of wheezing, coughing, shortness of breath, chest  
22 tightness, or breathing difficulty.

23 ~~"Asthma inhaler" means a quick reliever asthma inhaler.~~

1 "Epinephrine auto-injector" means a single-use device used  
2 for the automatic injection of a pre-measured dose of  
3 epinephrine into the human body.

4 "Asthma medication" means quick-relief asthma medication,  
5 including albuterol or other short-acting bronchodilators,  
6 that is approved by the United States Food and Drug  
7 Administration for the treatment of respiratory distress.  
8 ~~means a medicine, prescribed by (i) a physician licensed to~~  
9 ~~practice medicine in all its branches, (ii) a licensed~~  
10 ~~physician assistant with prescriptive authority, or (iii) a~~  
11 ~~licensed advanced practice registered nurse with prescriptive~~  
12 ~~authority for a pupil that pertains to the pupil's asthma and~~  
13 ~~that has an individual prescription label.~~

14 "Opioid antagonist" means a drug that binds to opioid  
15 receptors and blocks or inhibits the effect of opioids acting  
16 on those receptors, including, but not limited to, naloxone  
17 hydrochloride or any other similarly acting drug approved by  
18 the U.S. Food and Drug Administration.

19 "Respiratory distress" means the perceived or actual  
20 presence of wheezing, coughing, shortness of breath, chest  
21 tightness, or breathing difficulty.

22 "School nurse" means a registered nurse working in a school  
23 with or without licensure endorsed in school nursing.

24 "Self-administration" means a pupil's discretionary use of  
25 his or her prescribed asthma medication or epinephrine  
26 auto-injector.

1 "Self-carry" means a pupil's ability to carry his or her  
2 prescribed asthma medication or epinephrine auto-injector.

3 "Standing protocol" may be issued by (i) a physician  
4 licensed to practice medicine in all its branches, (ii) a  
5 licensed physician assistant with prescriptive authority, or  
6 (iii) a licensed advanced practice registered nurse with  
7 prescriptive authority.

8 "Trained personnel" means any school employee or volunteer  
9 personnel authorized in Sections 10-22.34, 10-22.34a, and  
10 10-22.34b of this Code who has completed training under  
11 subsection (g) of this Section to recognize and respond to  
12 anaphylaxis, an opioid overdose, or respiratory distress.

13 "Undesignated asthma medication" means asthma medication  
14 prescribed in the name of a school district, public school,  
15 charter school, or nonpublic school.

16 "Undesignated epinephrine auto-injector" means an  
17 epinephrine auto-injector prescribed in the name of a school  
18 district, public school, charter school, or nonpublic school.

19 (b) A school, whether public, charter, or nonpublic, must  
20 permit the self-administration and self-carry of asthma  
21 medication by a pupil with asthma or the self-administration  
22 and self-carry of an epinephrine auto-injector by a pupil,  
23 provided that:

24 (1) the parents or guardians of the pupil provide to  
25 the school (i) written authorization from the parents or  
26 guardians for (A) the self-administration and self-carry

1 of asthma medication or (B) the self-carry of asthma  
2 medication or (ii) for (A) the self-administration and  
3 self-carry of an epinephrine auto-injector or (B) the  
4 self-carry of an epinephrine auto-injector, written  
5 authorization from the pupil's physician, physician  
6 assistant, or advanced practice registered nurse; and

7 (2) the parents or guardians of the pupil provide to  
8 the school (i) the prescription label, which must contain  
9 the name of the asthma medication, the prescribed dosage,  
10 and the time at which or circumstances under which the  
11 asthma medication is to be administered, or (ii) for the  
12 self-administration or self-carry of an epinephrine  
13 auto-injector, a written statement from the pupil's  
14 physician, physician assistant, or advanced practice  
15 registered nurse containing the following information:

16 (A) the name and purpose of the epinephrine  
17 auto-injector;

18 (B) the prescribed dosage; and

19 (C) the time or times at which or the special  
20 circumstances under which the epinephrine  
21 auto-injector is to be administered.

22 The information provided shall be kept on file in the office of  
23 the school nurse or, in the absence of a school nurse, the  
24 school's administrator.

25 (b-5) A school district, public school, charter school, or  
26 nonpublic school may authorize the provision of a

1 student-specific or undesignated epinephrine auto-injector to  
2 a student or any personnel authorized under a student's  
3 Individual Health Care Action Plan, Illinois Food Allergy  
4 Emergency Action Plan and Treatment Authorization Form, or plan  
5 pursuant to Section 504 of the federal Rehabilitation Act of  
6 1973 to administer an epinephrine auto-injector to the student,  
7 that meets the student's prescription on file.

8 (b-10) The school district, public school, charter school,  
9 or nonpublic school may authorize a school nurse or trained  
10 personnel to do the following: (i) provide an undesignated  
11 epinephrine auto-injector to a student for self-administration  
12 only or any personnel authorized under a student's Individual  
13 Health Care Action Plan, Illinois Food Allergy Emergency Action  
14 Plan and Treatment Authorization Form, ~~or~~ plan pursuant to  
15 Section 504 of the federal Rehabilitation Act of 1973, or  
16 individualized education program plan to administer to the  
17 student<sup>7</sup> that meets the student's prescription on file; (ii)  
18 administer an undesignated epinephrine auto-injector that  
19 meets the prescription on file to any student who has an  
20 Individual Health Care Action Plan, Illinois Food Allergy  
21 Emergency Action Plan and Treatment Authorization Form, ~~or~~ plan  
22 pursuant to Section 504 of the federal Rehabilitation Act of  
23 1973, or individualized education program plan that authorizes  
24 the use of an epinephrine auto-injector; (iii) administer an  
25 undesignated epinephrine auto-injector to any person that the  
26 school nurse or trained personnel in good faith believes is

1 having an anaphylactic reaction; ~~and~~ (iv) administer an opioid  
2 antagonist to any person that the school nurse or trained  
3 personnel in good faith believes is having an opioid overdose;  
4 (v) provide undesignated asthma medication to a student for  
5 self-administration only or to any personnel authorized under a  
6 student's Individual Health Care Action Plan or asthma action  
7 plan, plan pursuant to Section 504 of the federal  
8 Rehabilitation Act of 1973, or individualized education  
9 program plan to administer to the student that meets the  
10 student's prescription on file; (vi) administer an  
11 undesignated asthma medication that meets the prescription on  
12 file to any student who has an Individual Health Care Action  
13 Plan or asthma action plan, plan pursuant to Section 504 of the  
14 federal Rehabilitation Act of 1973, or individualized  
15 education program plan that authorizes the use of asthma  
16 medication; and (vii) administer an undesignated asthma  
17 medication to any person that the school nurse or trained  
18 personnel believes in good faith is having respiratory  
19 distress.

20 (c) The school district, public school, charter school, or  
21 nonpublic school must inform the parents or guardians of the  
22 pupil, in writing, that the school district, public school,  
23 charter school, or nonpublic school and its employees and  
24 agents, including a physician, physician assistant, or  
25 advanced practice registered nurse providing standing protocol  
26 or a prescription for school epinephrine auto-injectors, an

1 opioid antagonist, or undesignated asthma medication, are to  
2 incur no liability or professional discipline, except for  
3 willful and wanton conduct, as a result of any injury arising  
4 from the administration of asthma medication, an epinephrine  
5 auto-injector, or an opioid antagonist regardless of whether  
6 authorization was given by the pupil's parents or guardians or  
7 by the pupil's physician, physician assistant, or advanced  
8 practice registered nurse. The parents or guardians of the  
9 pupil must sign a statement acknowledging that the school  
10 district, public school, charter school, or nonpublic school  
11 and its employees and agents are to incur no liability, except  
12 for willful and wanton conduct, as a result of any injury  
13 arising from the administration of asthma medication, an  
14 epinephrine auto-injector, or an opioid antagonist regardless  
15 of whether authorization was given by the pupil's parents or  
16 guardians or by the pupil's physician, physician assistant, or  
17 advanced practice registered nurse and that the parents or  
18 guardians must indemnify and hold harmless the school district,  
19 public school, charter school, or nonpublic school and its  
20 employees and agents against any claims, except a claim based  
21 on willful and wanton conduct, arising out of the  
22 administration of asthma medication, an epinephrine  
23 auto-injector, or an opioid antagonist regardless of whether  
24 authorization was given by the pupil's parents or guardians or  
25 by the pupil's physician, physician assistant, or advanced  
26 practice registered nurse.



1 (c-5) When a school nurse or trained personnel administers  
2 an undesignated epinephrine auto-injector to a person whom the  
3 school nurse or trained personnel in good faith believes is  
4 having an anaphylactic reaction, ~~or~~ administers an opioid  
5 antagonist to a person whom the school nurse or trained  
6 personnel in good faith believes is having an opioid overdose, or  
7 administers an undesignated asthma medication to a person  
8 whom the school nurse or trained personnel in good faith  
9 believes is having respiratory distress, notwithstanding the  
10 lack of notice to the parents or guardians of the pupil or the  
11 absence of the parents or guardians signed statement  
12 acknowledging no liability, except for willful and wanton  
13 conduct, the school district, public school, charter school, or  
14 nonpublic school and its employees and agents, and a physician,  
15 a physician assistant, or an advanced practice registered nurse  
16 providing standing protocol or a prescription for undesignated  
17 epinephrine auto-injectors, an opioid antagonist, or  
18 undesignated asthma medication, are to incur no liability or  
19 professional discipline, except for willful and wanton  
20 conduct, as a result of any injury arising from the use of an  
21 undesignated epinephrine auto-injector, ~~or~~ the use of an opioid  
22 antagonist, or the use of undesignated asthma medication  
23 regardless of whether authorization was given by the pupil's  
24 parents or guardians or by the pupil's physician, physician  
25 assistant, or advanced practice registered nurse.

26 (d) The permission for self-administration and self-carry

1 of asthma medication or the self-administration and self-carry  
2 of an epinephrine auto-injector is effective for the school  
3 year for which it is granted and shall be renewed each  
4 subsequent school year upon fulfillment of the requirements of  
5 this Section.

6 (e) Provided that the requirements of this Section are  
7 fulfilled, a pupil with asthma may self-administer and  
8 self-carry his or her asthma medication or a pupil may  
9 self-administer and self-carry an epinephrine auto-injector  
10 (i) while in school, (ii) while at a school-sponsored activity,  
11 (iii) while under the supervision of school personnel, or (iv)  
12 before or after normal school activities, such as while in  
13 before-school or after-school care on school-operated property  
14 or while being transported on a school bus.

15 (e-5) Provided that the requirements of this Section are  
16 fulfilled, a school nurse or trained personnel may administer  
17 an undesignated epinephrine auto-injector to any person whom  
18 the school nurse or trained personnel in good faith believes to  
19 be having an anaphylactic reaction (i) while in school, (ii)  
20 while at a school-sponsored activity, (iii) while under the  
21 supervision of school personnel, or (iv) before or after normal  
22 school activities, such as while in before-school or  
23 after-school care on school-operated property or while being  
24 transported on a school bus. A school nurse or trained  
25 personnel may carry undesignated epinephrine auto-injectors on  
26 his or her person while in school or at a school-sponsored

1 activity.

2 (e-10) Provided that the requirements of this Section are  
3 fulfilled, a school nurse or trained personnel may administer  
4 an opioid antagonist to any person whom the school nurse or  
5 trained personnel in good faith believes to be having an opioid  
6 overdose (i) while in school, (ii) while at a school-sponsored  
7 activity, (iii) while under the supervision of school  
8 personnel, or (iv) before or after normal school activities,  
9 such as while in before-school or after-school care on  
10 school-operated property. A school nurse or trained personnel  
11 may carry an opioid antagonist on his or her ~~their~~ person while  
12 in school or at a school-sponsored activity.

13 (e-15) If the requirements of this Section are met, a  
14 school nurse or trained personnel may administer undesignated  
15 asthma medication to any person whom the school nurse or  
16 trained personnel in good faith believes to be experiencing  
17 respiratory distress (i) while in school, (ii) while at a  
18 school-sponsored activity, (iii) while under the supervision  
19 of school personnel, or (iv) before or after normal school  
20 activities, including before-school or after-school care on  
21 school-operated property. A school nurse or trained personnel  
22 may carry undesignated asthma medication on his or her person  
23 while in school or at a school-sponsored activity.

24 (f) The school district, public school, charter school, or  
25 nonpublic school may maintain a supply of undesignated  
26 epinephrine auto-injectors in any secure location that is

1 accessible before, during, and after school where an allergic  
2 person is most at risk, including, but not limited to,  
3 classrooms and lunchrooms. A physician, a physician assistant  
4 who has been delegated prescriptive authority in accordance  
5 with Section 7.5 of the Physician Assistant Practice Act of  
6 1987, or an advanced practice registered nurse who has been  
7 delegated prescriptive authority in accordance with Section  
8 65-40 of the Nurse Practice Act may prescribe undesignated  
9 epinephrine auto-injectors in the name of the school district,  
10 public school, charter school, or nonpublic school to be  
11 maintained for use when necessary. Any supply of epinephrine  
12 auto-injectors shall be maintained in accordance with the  
13 manufacturer's instructions.

14 The school district, public school, charter school, or  
15 nonpublic school may maintain a supply of an opioid antagonist  
16 in any secure location where an individual may have an opioid  
17 overdose. A health care professional who has been delegated  
18 prescriptive authority for opioid antagonists in accordance  
19 with Section 5-23 of the Alcoholism and Other Drug Abuse and  
20 Dependency Act may prescribe opioid antagonists in the name of  
21 the school district, public school, charter school, or  
22 nonpublic school, to be maintained for use when necessary. Any  
23 supply of opioid antagonists shall be maintained in accordance  
24 with the manufacturer's instructions.

25 The school district, public school, charter school, or  
26 nonpublic school may maintain a supply of an asthma medication

1 in any secure location where a person is most at risk,  
2 including, but not limited to, a classroom or the nurse's  
3 office. A health care professional who has been delegated  
4 prescriptive authority under Section 7.5 of the Physician  
5 Assistant Practice Act of 1987 or an advanced practice nurse  
6 who has been delegated prescriptive authority under Section  
7 65-40 of the Nurse Practice Act may prescribe undesignated  
8 asthma medication in the name of the school district, public  
9 school, charter school, or nonpublic school to be maintained  
10 for use when necessary. Any supply of undesignated asthma  
11 medication shall be maintained in accordance with the  
12 manufacturer's instructions.

13 (f-3) Whichever entity initiates the process of obtaining  
14 undesignated epinephrine auto-injectors and providing training  
15 to personnel for carrying and administering undesignated  
16 epinephrine auto-injectors shall pay for the costs of the  
17 undesignated epinephrine auto-injectors.

18 (f-5) Upon any administration of an epinephrine  
19 auto-injector, a school district, public school, charter  
20 school, or nonpublic school must immediately activate the EMS  
21 system and notify the student's parent, guardian, or emergency  
22 contact, if known.

23 Upon any administration of an opioid antagonist, a school  
24 district, public school, charter school, or nonpublic school  
25 must immediately activate the EMS system and notify the  
26 student's parent, guardian, or emergency contact, if known.

1 (f-10) Within 24 hours of the administration of an  
2 undesignated epinephrine auto-injector, a school district,  
3 public school, charter school, or nonpublic school must notify  
4 the physician, physician assistant, or advanced practice  
5 registered nurse who provided the standing protocol or  
6 prescription for the undesignated epinephrine auto-injector of  
7 its use.

8 Within 24 hours after the administration of an opioid  
9 antagonist, a school district, public school, charter school,  
10 or nonpublic school must notify the health care professional  
11 who provided the prescription for the opioid antagonist of its  
12 use.

13 Within 24 hours after the administration of an undesignated  
14 asthma medication, a school district, public school, charter  
15 school, or nonpublic school must notify the health care  
16 professional who provided the standing protocol or  
17 prescription for the undesignated asthma medication of its use  
18 and must follow up with the child's health care provider of  
19 record as determined under this Section.

20 (g) Prior to the administration of an undesignated  
21 epinephrine auto-injector, trained personnel must submit to  
22 their school's administration proof of completion of a training  
23 curriculum to recognize and respond to anaphylaxis that meets  
24 the requirements of subsection (h) of this Section. Training  
25 must be completed annually. The school district, public school,  
26 charter school, or nonpublic school must maintain records

1 related to the training curriculum and trained personnel.

2 Prior to the administration of an opioid antagonist,  
3 trained personnel must submit to their school's administration  
4 proof of completion of a training curriculum to recognize and  
5 respond to an opioid overdose, which curriculum must meet the  
6 requirements of subsection (h-5) of this Section. Training must  
7 be completed annually. Trained personnel must also submit to  
8 the school's administration proof of cardiopulmonary  
9 resuscitation and automated external defibrillator  
10 certification. The school district, public school, charter  
11 school, or nonpublic school must maintain records relating to  
12 the training curriculum and the trained personnel.

13 Prior to the administration of an undesignated asthma  
14 medication, trained personnel must submit to their school's  
15 administration proof of completion of a training curriculum to  
16 recognize and respond to respiratory distress, which must meet  
17 the requirements of subsection (h-10) of this Section. Training  
18 must be completed annually, and trained personnel must submit  
19 to the school's administration proof of cardiopulmonary  
20 resuscitation and automated external defibrillator  
21 certification. The school district, public school, charter  
22 school, or nonpublic school must maintain records relating to  
23 the training curriculum and the trained personnel.

24 (h) A training curriculum to recognize and respond to  
25 anaphylaxis, including the administration of an undesignated  
26 epinephrine auto-injector, may be conducted online or in

1 person.

2 Training shall include, but is not limited to:

3 (1) how to recognize signs and symptoms of an allergic  
4 reaction, including anaphylaxis;

5 (2) how to administer an epinephrine auto-injector;  
6 and

7 (3) a test demonstrating competency of the knowledge  
8 required to recognize anaphylaxis and administer an  
9 epinephrine auto-injector.

10 Training may also include, but is not limited to:

11 (A) a review of high-risk areas within a school and its  
12 related facilities;

13 (B) steps to take to prevent exposure to allergens;

14 (C) emergency follow-up procedures;

15 (D) how to respond to a student with a known allergy,  
16 as well as a student with a previously unknown allergy; and

17 (E) other criteria as determined in rules adopted  
18 pursuant to this Section.

19 In consultation with statewide professional organizations  
20 representing physicians licensed to practice medicine in all of  
21 its branches, registered nurses, and school nurses, the State  
22 Board of Education shall make available resource materials  
23 consistent with criteria in this subsection (h) for educating  
24 trained personnel to recognize and respond to anaphylaxis. The  
25 State Board may take into consideration the curriculum on this  
26 subject developed by other states, as well as any other



1 curricular materials suggested by medical experts and other  
2 groups that work on life-threatening allergy issues. The State  
3 Board is not required to create new resource materials. The  
4 State Board shall make these resource materials available on  
5 its Internet website.

6 (h-5) A training curriculum to recognize and respond to an  
7 opioid overdose, including the administration of an opioid  
8 antagonist, may be conducted online or in person. The training  
9 must comply with any training requirements under Section 5-23  
10 of the Alcoholism and Other Drug Abuse and Dependency Act and  
11 the corresponding rules. It must include, but is not limited  
12 to:

- 13 (1) how to recognize symptoms of an opioid overdose;
- 14 (2) information on drug overdose prevention and  
15 recognition;
- 16 (3) how to perform rescue breathing and resuscitation;
- 17 (4) how to respond to an emergency involving an opioid  
18 overdose;
- 19 (5) opioid antagonist dosage and administration;
- 20 (6) the importance of calling 911;
- 21 (7) care for the overdose victim after administration  
22 of the overdose antagonist;
- 23 (8) a test demonstrating competency of the knowledge  
24 required to recognize an opioid overdose and administer a  
25 dose of an opioid antagonist; and
- 26 (9) other criteria as determined in rules adopted

1           pursuant to this Section.

2           (h-10) A training curriculum to recognize and respond to  
3 respiratory distress, including the administration of an  
4 undesigned asthma medication, may be conducted online or in  
5 person. The training must include, but is not limited to:

6                   (1) how to recognize symptoms of respiratory distress;

7                   (2) how to respond to an emergency involving  
8 respiratory distress;

9                   (3) asthma medication dosage and administration;

10                  (4) the importance of calling 911;

11                  (5) a test demonstrating competency of the knowledge  
12 required to recognize respiratory distress and administer  
13 asthma medication; and

14                  (6) other criteria as determined in rules adopted under  
15 this Section.

16           (i) Within 3 days after the administration of an  
17 undesigned epinephrine auto-injector by a school nurse,  
18 trained personnel, or a student at a school or school-sponsored  
19 activity, the school must report to the State Board of  
20 Education in a form and manner prescribed by the State Board  
21 the following information:

22                   (1) age and type of person receiving epinephrine  
23 (student, staff, visitor);

24                   (2) any previously known diagnosis of a severe allergy;

25                   (3) trigger that precipitated allergic episode;

26                   (4) location where symptoms developed;

- 1 (5) number of doses administered;
- 2 (6) type of person administering epinephrine (school  
3 nurse, trained personnel, student); and
- 4 (7) any other information required by the State Board.

5 If a school district, public school, charter school, or  
6 nonpublic school maintains or has an independent contractor  
7 providing transportation to students who maintains a supply of  
8 undesignated epinephrine auto-injectors, then the school  
9 district, public school, charter school, or nonpublic school  
10 must report that information to the State Board of Education  
11 upon adoption or change of the policy of the school district,  
12 public school, charter school, nonpublic school, or  
13 independent contractor, in a manner as prescribed by the State  
14 Board. The report must include the number of undesignated  
15 epinephrine auto-injectors in supply.

16 (i-5) Within 3 days after the administration of an opioid  
17 antagonist by a school nurse or trained personnel, the school  
18 must report to the State Board of Education, in a form and  
19 manner prescribed by the State Board, the following  
20 information:

- 21 (1) the age and type of person receiving the opioid  
22 antagonist (student, staff, or visitor);
- 23 (2) the location where symptoms developed;
- 24 (3) the type of person administering the opioid  
25 antagonist (school nurse or trained personnel); and
- 26 (4) any other information required by the State Board.

1       (i-10) Within 3 days after the administration of an  
2 undesigned asthma medication by a school nurse, trained  
3 personnel, or a student at a school or school-sponsored  
4 activity, the school must report to the State Board of  
5 Education in a form and manner prescribed by the State Board,  
6 the following information:

7           (1) age and type of person receiving the asthma  
8 medication;

9           (2) any previously known diagnosis of asthma for the  
10 person;

11           (3) the trigger that precipitated respiratory  
12 distress, if identifiable;

13           (4) the location of where symptoms developed;

14           (5) the number of doses administered;

15           (6) the type of person administering the asthma  
16 medication;

17           (7) the outcome of the asthma medication  
18 administration; and

19           (8) any other information required by the State Board.

20       (j) By October 1, 2015 and every year thereafter, the State  
21 Board of Education shall submit a report to the General  
22 Assembly identifying the frequency and circumstances of  
23 undesigned epinephrine and undesigned asthma medication  
24 administration during the preceding academic year. Beginning  
25 with the 2017 report, the report shall also contain information  
26 on which school districts, public schools, charter schools, and

1 nonpublic schools maintain or have independent contractors  
2 providing transportation to students who maintain a supply of  
3 undesignated epinephrine auto-injectors. This report shall be  
4 published on the State Board's Internet website on the date the  
5 report is delivered to the General Assembly.

6 (j-5) Annually, each school district, public school,  
7 charter school, or nonpublic school shall request an asthma  
8 action plan from the parents or guardians of a pupil with  
9 asthma. If provided, the asthma action plan must be kept on  
10 file in the office of the school nurse or, in the absence of a  
11 school nurse, the school administrator. Copies of the asthma  
12 action plan may be distributed to appropriate school staff who  
13 interact with the pupil on a regular basis, and, if applicable,  
14 may be attached to the pupil's federal Section 504 plan or  
15 individualized education program plan.

16 (j-10) To assist schools with emergency response  
17 procedures for asthma, the State Board of Education, in  
18 consultation with statewide professional organizations with  
19 expertise in asthma management and a statewide organization  
20 representing school administrators, shall develop a model  
21 asthma episode emergency response protocol before September 1,  
22 2016. Each school district, charter school, and nonpublic  
23 school shall adopt an asthma episode emergency response  
24 protocol before January 1, 2017 that includes all of the  
25 components of the State Board's model protocol.

26 (j-15) Every 2 years, school personnel who work with pupils

1 shall complete an in-person or online training program on the  
2 management of asthma, the prevention of asthma symptoms, and  
3 emergency response in the school setting. In consultation with  
4 statewide professional organizations with expertise in asthma  
5 management, the State Board of Education shall make available  
6 resource materials for educating school personnel about asthma  
7 and emergency response in the school setting.

8 (j-20) On or before October 1, 2016 and every year  
9 thereafter, the State Board of Education shall submit a report  
10 to the General Assembly and the Department of Public Health  
11 identifying the frequency and circumstances of opioid  
12 antagonist administration during the preceding academic year.  
13 This report shall be published on the State Board's Internet  
14 website on the date the report is delivered to the General  
15 Assembly.

16 (k) The State Board of Education may adopt rules necessary  
17 to implement this Section.

18 (l) Nothing in this Section shall limit the amount of  
19 epinephrine auto-injectors that any type of school or student  
20 may carry or maintain a supply of.

21 (Source: P.A. 99-173, eff. 7-29-15; 99-480, eff. 9-9-15;  
22 99-642, eff. 7-28-16; 99-711, eff. 1-1-17; 99-843, eff.  
23 8-19-16; 100-201, eff. 8-18-17; 100-513, eff. 1-1-18.)

24 (105 ILCS 5/27A-5)

25 Sec. 27A-5. Charter school; legal entity; requirements.

1           (a) A charter school shall be a public, nonsectarian,  
2 nonreligious, non-home based, and non-profit school. A charter  
3 school shall be organized and operated as a nonprofit  
4 corporation or other discrete, legal, nonprofit entity  
5 authorized under the laws of the State of Illinois.

6           (b) A charter school may be established under this Article  
7 by creating a new school or by converting an existing public  
8 school or attendance center to charter school status. Beginning  
9 on April 16, 2003 (the effective date of Public Act 93-3), in  
10 all new applications to establish a charter school in a city  
11 having a population exceeding 500,000, operation of the charter  
12 school shall be limited to one campus. The changes made to this  
13 Section by Public Act 93-3 do not apply to charter schools  
14 existing or approved on or before April 16, 2003 (the effective  
15 date of Public Act 93-3).

16           (b-5) In this subsection (b-5), "virtual-schooling" means  
17 a cyber school where students engage in online curriculum and  
18 instruction via the Internet and electronic communication with  
19 their teachers at remote locations and with students  
20 participating at different times.

21           From April 1, 2013 through December 31, 2016, there is a  
22 moratorium on the establishment of charter schools with  
23 virtual-schooling components in school districts other than a  
24 school district organized under Article 34 of this Code. This  
25 moratorium does not apply to a charter school with  
26 virtual-schooling components existing or approved prior to

1 April 1, 2013 or to the renewal of the charter of a charter  
2 school with virtual-schooling components already approved  
3 prior to April 1, 2013.

4 On or before March 1, 2014, the Commission shall submit to  
5 the General Assembly a report on the effect of  
6 virtual-schooling, including without limitation the effect on  
7 student performance, the costs associated with  
8 virtual-schooling, and issues with oversight. The report shall  
9 include policy recommendations for virtual-schooling.

10 (c) A charter school shall be administered and governed by  
11 its board of directors or other governing body in the manner  
12 provided in its charter. The governing body of a charter school  
13 shall be subject to the Freedom of Information Act and the Open  
14 Meetings Act.

15 (d) For purposes of this subsection (d), "non-curricular  
16 health and safety requirement" means any health and safety  
17 requirement created by statute or rule to provide, maintain,  
18 preserve, or safeguard safe or healthful conditions for  
19 students and school personnel or to eliminate, reduce, or  
20 prevent threats to the health and safety of students and school  
21 personnel. "Non-curricular health and safety requirement" does  
22 not include any course of study or specialized instructional  
23 requirement for which the State Board has established goals and  
24 learning standards or which is designed primarily to impart  
25 knowledge and skills for students to master and apply as an  
26 outcome of their education.



1           A charter school shall comply with all non-curricular  
2 health and safety requirements applicable to public schools  
3 under the laws of the State of Illinois. On or before September  
4 1, 2015, the State Board shall promulgate and post on its  
5 Internet website a list of non-curricular health and safety  
6 requirements that a charter school must meet. The list shall be  
7 updated annually no later than September 1. Any charter  
8 contract between a charter school and its authorizer must  
9 contain a provision that requires the charter school to follow  
10 the list of all non-curricular health and safety requirements  
11 promulgated by the State Board and any non-curricular health  
12 and safety requirements added by the State Board to such list  
13 during the term of the charter. Nothing in this subsection (d)  
14 precludes an authorizer from including non-curricular health  
15 and safety requirements in a charter school contract that are  
16 not contained in the list promulgated by the State Board,  
17 including non-curricular health and safety requirements of the  
18 authorizing local school board.

19           (e) Except as otherwise provided in the School Code, a  
20 charter school shall not charge tuition; provided that a  
21 charter school may charge reasonable fees for textbooks,  
22 instructional materials, and student activities.

23           (f) A charter school shall be responsible for the  
24 management and operation of its fiscal affairs including, but  
25 not limited to, the preparation of its budget. An audit of each  
26 charter school's finances shall be conducted annually by an

1 outside, independent contractor retained by the charter  
2 school. To ensure financial accountability for the use of  
3 public funds, on or before December 1 of every year of  
4 operation, each charter school shall submit to its authorizer  
5 and the State Board a copy of its audit and a copy of the Form  
6 990 the charter school filed that year with the federal  
7 Internal Revenue Service. In addition, if deemed necessary for  
8 proper financial oversight of the charter school, an authorizer  
9 may require quarterly financial statements from each charter  
10 school.

11 (g) A charter school shall comply with all provisions of  
12 this Article, the Illinois Educational Labor Relations Act, all  
13 federal and State laws and rules applicable to public schools  
14 that pertain to special education and the instruction of  
15 English learners, and its charter. A charter school is exempt  
16 from all other State laws and regulations in this Code  
17 governing public schools and local school board policies;  
18 however, a charter school is not exempt from the following:

19 (1) Sections 10-21.9 and 34-18.5 of this Code regarding  
20 criminal history records checks and checks of the Statewide  
21 Sex Offender Database and Statewide Murderer and Violent  
22 Offender Against Youth Database of applicants for  
23 employment;

24 (2) Sections 10-20.14, 10-22.6, 24-24, 34-19, and  
25 34-84a of this Code regarding discipline of students;

26 (3) the Local Governmental and Governmental Employees

1 Tort Immunity Act;

2 (4) Section 108.75 of the General Not For Profit  
3 Corporation Act of 1986 regarding indemnification of  
4 officers, directors, employees, and agents;

5 (5) the Abused and Neglected Child Reporting Act;

6 (5.5) subsection (b) of Section 10-23.12 and  
7 subsection (b) of Section 34-18.6 of this Code;

8 (6) the Illinois School Student Records Act;

9 (7) Section 10-17a of this Code regarding school report  
10 cards;

11 (8) the P-20 Longitudinal Education Data System Act;

12 (9) Section 27-23.7 of this Code regarding bullying  
13 prevention;

14 (10) Section 2-3.162 of this Code regarding student  
15 discipline reporting;

16 (11) Sections 22-80 and 27-8.1 of this Code; ~~and~~

17 (12) Sections 10-20.60 and 34-18.53 of this Code; ~~and~~

18 (13) ~~(12)~~ Sections 10-20.63 ~~10-20.60~~ and 34-18.56  
19 ~~34-18.53~~ of this Code; ~~and~~

20 (14) ~~(12)~~ Section 26-18 of this Code; and ~~and~~

21 (15) Section 22-30 of this Code.

22 The change made by Public Act 96-104 to this subsection (g)  
23 is declaratory of existing law.

24 (h) A charter school may negotiate and contract with a  
25 school district, the governing body of a State college or  
26 university or public community college, or any other public or

1 for-profit or nonprofit private entity for: (i) the use of a  
2 school building and grounds or any other real property or  
3 facilities that the charter school desires to use or convert  
4 for use as a charter school site, (ii) the operation and  
5 maintenance thereof, and (iii) the provision of any service,  
6 activity, or undertaking that the charter school is required to  
7 perform in order to carry out the terms of its charter.  
8 However, a charter school that is established on or after April  
9 16, 2003 (the effective date of Public Act 93-3) and that  
10 operates in a city having a population exceeding 500,000 may  
11 not contract with a for-profit entity to manage or operate the  
12 school during the period that commences on April 16, 2003 (the  
13 effective date of Public Act 93-3) and concludes at the end of  
14 the 2004-2005 school year. Except as provided in subsection (i)  
15 of this Section, a school district may charge a charter school  
16 reasonable rent for the use of the district's buildings,  
17 grounds, and facilities. Any services for which a charter  
18 school contracts with a school district shall be provided by  
19 the district at cost. Any services for which a charter school  
20 contracts with a local school board or with the governing body  
21 of a State college or university or public community college  
22 shall be provided by the public entity at cost.

23 (i) In no event shall a charter school that is established  
24 by converting an existing school or attendance center to  
25 charter school status be required to pay rent for space that is  
26 deemed available, as negotiated and provided in the charter

1 agreement, in school district facilities. However, all other  
2 costs for the operation and maintenance of school district  
3 facilities that are used by the charter school shall be subject  
4 to negotiation between the charter school and the local school  
5 board and shall be set forth in the charter.

6 (j) A charter school may limit student enrollment by age or  
7 grade level.

8 (k) If the charter school is approved by the Commission,  
9 then the Commission charter school is its own local education  
10 agency.

11 (Source: P.A. 99-30, eff. 7-10-15; 99-78, eff. 7-20-15; 99-245,  
12 eff. 8-3-15; 99-325, eff. 8-10-15; 99-456, eff. 9-15-16;  
13 99-642, eff. 7-28-16; 99-927, eff. 6-1-17; 100-29, eff. 1-1-18;  
14 100-156, eff. 1-1-18; 100-163, eff. 1-1-18; 100-413, eff.  
15 1-1-18; 100-468, eff. 6-1-18; revised 9-25-17.)

16 Section 99. Effective date. This Act takes effect upon  
17 becoming law.