

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; administration of undesignated asthma
11 medication; asthma episode emergency response protocol.

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

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

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

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

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

5 "Asthma medication" means quick-relief asthma medication,
6 including albuterol or other short-acting bronchodilators,
7 that is approved by the United States Food and Drug
8 Administration for the treatment of respiratory distress.

9 "Asthma medication" includes medication delivered through a
10 device, including a metered dose inhaler with a reusable or
11 disposable spacer or a nebulizer with a mouthpiece or mask ~~a~~
12 ~~medicine, prescribed by (i) a physician licensed to practice~~
13 ~~medicine in all its branches, (ii) a licensed physician~~
14 ~~assistant with prescriptive authority, or (iii) a licensed~~
15 ~~advanced practice registered nurse with prescriptive authority~~
16 ~~for a pupil that pertains to the pupil's asthma and that has an~~
17 ~~individual prescription label.~~

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

23 "Respiratory distress" means the perceived or actual
24 presence of wheezing, coughing, shortness of breath, chest
25 tightness, breathing difficulty, or any other symptoms
26 consistent with asthma. Respiratory distress may be

1 categorized as "mild-to-moderate" or "severe".

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

4 "Self-administration" means a pupil's discretionary use of
5 his or her prescribed asthma medication or epinephrine
6 auto-injector.

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

9 "Standing protocol" may be issued by (i) a physician
10 licensed to practice medicine in all its branches, (ii) a
11 licensed physician assistant with prescriptive authority, or
12 (iii) a licensed advanced practice registered nurse with
13 prescriptive authority.

14 "Trained personnel" means any school employee or volunteer
15 personnel authorized in Sections 10-22.34, 10-22.34a, and
16 10-22.34b of this Code who has completed training under
17 subsection (g) of this Section to recognize and respond to
18 anaphylaxis, an opioid overdose, or respiratory distress.

19 "Undesignated asthma medication" means asthma medication
20 prescribed in the name of a school district, public school,
21 charter school, or nonpublic school.

22 "Undesignated epinephrine auto-injector" means an
23 epinephrine auto-injector prescribed in the name of a school
24 district, public school, charter school, or nonpublic school.

25 (b) A school, whether public, charter, or nonpublic, must
26 permit the self-administration and self-carry of asthma

1 medication by a pupil with asthma or the self-administration
2 and self-carry of an epinephrine auto-injector by a pupil,
3 provided that:

4 (1) the parents or guardians of the pupil provide to
5 the school (i) written authorization from the parents or
6 guardians for (A) the self-administration and self-carry
7 of asthma medication or (B) the self-carry of asthma
8 medication or (ii) for (A) the self-administration and
9 self-carry of an epinephrine auto-injector or (B) the
10 self-carry of an epinephrine auto-injector, written
11 authorization from the pupil's physician, physician
12 assistant, or advanced practice registered nurse; and

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

22 (A) the name and purpose of the epinephrine
23 auto-injector;

24 (B) the prescribed dosage; and

25 (C) the time or times at which or the special
26 circumstances under which the epinephrine

1 auto-injector is to be administered.

2 The information provided shall be kept on file in the office of
3 the school nurse or, in the absence of a school nurse, the
4 school's administrator.

5 (b-5) A school district, public school, charter school, or
6 nonpublic school may authorize the provision of a
7 student-specific or undesignated epinephrine auto-injector to
8 a student or any personnel authorized under a student's
9 Individual Health Care Action Plan, Illinois Food Allergy
10 Emergency Action Plan and Treatment Authorization Form, or plan
11 pursuant to Section 504 of the federal Rehabilitation Act of
12 1973 to administer an epinephrine auto-injector to the student,
13 that meets the student's prescription on file.

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

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

25 (c) The school district, public school, charter school, or
26 nonpublic school must inform the parents or guardians of the

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

1 administration of asthma medication, an epinephrine
2 auto-injector, or an opioid antagonist regardless of whether
3 authorization was given by the pupil's parents or guardians or
4 by the pupil's physician, physician assistant, or advanced
5 practice registered nurse.

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

1 antagonist, or the use of undesignated asthma medication,
2 regardless of whether authorization was given by the pupil's
3 parents or guardians or by the pupil's physician, physician
4 assistant, or advanced practice registered nurse.

5 (d) The permission for self-administration and self-carry
6 of asthma medication or the self-administration and self-carry
7 of an epinephrine auto-injector is effective for the school
8 year for which it is granted and shall be renewed each
9 subsequent school year upon fulfillment of the requirements of
10 this Section.

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

20 (e-5) Provided that the requirements of this Section are
21 fulfilled, a school nurse or trained personnel may administer
22 an undesignated epinephrine auto-injector to any person whom
23 the school nurse or trained personnel in good faith believes to
24 be having an anaphylactic reaction (i) while in school, (ii)
25 while at a school-sponsored activity, (iii) while under the
26 supervision of school personnel, or (iv) before or after normal

1 school activities, such as while in before-school or
2 after-school care on school-operated property or while being
3 transported on a school bus. A school nurse or trained
4 personnel may carry undesignated epinephrine auto-injectors on
5 his or her person while in school or at a school-sponsored
6 activity.

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

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

1 may carry undesignated asthma medication on his or her person
2 while in school or at a school-sponsored activity.

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

19 The school district, public school, charter school, or
20 nonpublic school may maintain a supply of an opioid antagonist
21 in any secure location where an individual may have an opioid
22 overdose. A health care professional who has been delegated
23 prescriptive authority for opioid antagonists in accordance
24 with Section 5-23 of the Alcoholism and Other Drug Abuse and
25 Dependency Act may prescribe opioid antagonists in the name of
26 the school district, public school, charter school, or

1 nonpublic school, to be maintained for use when necessary. Any
2 supply of opioid antagonists shall be maintained in accordance
3 with the manufacturer's instructions.

4 The school district, public school, charter school, or
5 nonpublic school may maintain a supply of asthma medication in
6 any secure location that is accessible before, during, or after
7 school where a person is most at risk, including, but not
8 limited to, a classroom or the nurse's office. A physician, a
9 physician assistant who has prescriptive authority under
10 Section 7.5 of the Physician Assistant Practice Act of 1987, or
11 an advanced practice registered nurse who has prescriptive
12 authority under Section 65-40 of the Nurse Practice Act may
13 prescribe undesignated asthma medication in the name of the
14 school district, public school, charter school, or nonpublic
15 school to be maintained for use when necessary. Any supply of
16 undesignated asthma medication must be maintained in
17 accordance with the manufacturer's instructions.

18 (f-3) Whichever entity initiates the process of obtaining
19 undesignated epinephrine auto-injectors and providing training
20 to personnel for carrying and administering undesignated
21 epinephrine auto-injectors shall pay for the costs of the
22 undesignated epinephrine auto-injectors.

23 (f-5) Upon any administration of an epinephrine
24 auto-injector, a school district, public school, charter
25 school, or nonpublic school must immediately activate the EMS
26 system and notify the student's parent, guardian, or emergency

1 contact, if known.

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

6 (f-10) Within 24 hours of the administration of an
7 undesignated epinephrine auto-injector, a school district,
8 public school, charter school, or nonpublic school must notify
9 the physician, physician assistant, or advanced practice
10 registered nurse who provided the standing protocol and a ~~or~~
11 prescription for the undesignated epinephrine auto-injector of
12 its use.

13 Within 24 hours after the administration of an opioid
14 antagonist, a school district, public school, charter school,
15 or nonpublic school must notify the health care professional
16 who provided the prescription for the opioid antagonist of its
17 use.

18 Within 24 hours after the administration of undesignated
19 asthma medication, a school district, public school, charter
20 school, or nonpublic school must notify the student's parent or
21 guardian or emergency contact, if known, and the physician,
22 physician assistant, or advanced practice registered nurse who
23 provided the standing protocol and a prescription for the
24 undesignated asthma medication of its use. The district or
25 school must follow up with the school nurse, if available, and
26 may, with the consent of the child's parent or guardian, notify

1 the child's health care provider of record, as determined under
2 this Section, of its use.

3 (g) Prior to the administration of an undesignated
4 epinephrine auto-injector, trained personnel must submit to
5 the ~~their~~ school's administration proof of completion of a
6 training curriculum to recognize and respond to anaphylaxis
7 that meets the requirements of subsection (h) of this Section.
8 Training must be completed annually. The school district,
9 public school, charter school, or nonpublic school must
10 maintain records related to the training curriculum and trained
11 personnel.

12 Prior to the administration of an opioid antagonist,
13 trained personnel must submit to the ~~their~~ school's
14 administration proof of completion of a training curriculum to
15 recognize and respond to an opioid overdose, which curriculum
16 must meet the requirements of subsection (h-5) of this Section.
17 Training must be completed annually. Trained personnel must
18 also submit to the school's administration proof of
19 cardiopulmonary resuscitation and automated external
20 defibrillator certification. The school district, public
21 school, charter school, or nonpublic school must maintain
22 records relating to the training curriculum and the trained
23 personnel.

24 Prior to the administration of undesignated asthma
25 medication, trained personnel must submit to the school's
26 administration proof of completion of a training curriculum to

1 recognize and respond to respiratory distress, which must meet
2 the requirements of subsection (h-10) of this Section. Training
3 must be completed annually, and the school district, public
4 school, charter school, or nonpublic school must maintain
5 records relating to the training curriculum and the trained
6 personnel.

7 (h) A training curriculum to recognize and respond to
8 anaphylaxis, including the administration of an undesignated
9 epinephrine auto-injector, may be conducted online or in
10 person.

11 Training shall include, but is not limited to:

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

14 (2) how to administer an epinephrine auto-injector;
15 and

16 (3) a test demonstrating competency of the knowledge
17 required to recognize anaphylaxis and administer an
18 epinephrine auto-injector.

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

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

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

23 (C) emergency follow-up procedures, including the
24 importance of calling 911 or, if 911 is not available,
25 other local emergency medical services;

26 (D) how to respond to a student with a known allergy,

1 as well as a student with a previously unknown allergy; and
2 (E) other criteria as determined in rules adopted
3 pursuant to this Section.

4 In consultation with statewide professional organizations
5 representing physicians licensed to practice medicine in all of
6 its branches, registered nurses, and school nurses, the State
7 Board of Education shall make available resource materials
8 consistent with criteria in this subsection (h) for educating
9 trained personnel to recognize and respond to anaphylaxis. The
10 State Board may take into consideration the curriculum on this
11 subject developed by other states, as well as any other
12 curricular materials suggested by medical experts and other
13 groups that work on life-threatening allergy issues. The State
14 Board is not required to create new resource materials. The
15 State Board shall make these resource materials available on
16 its Internet website.

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

- 24 (1) how to recognize symptoms of an opioid overdose;
25 (2) information on drug overdose prevention and
26 recognition;

- 1 (3) how to perform rescue breathing and resuscitation;
- 2 (4) how to respond to an emergency involving an opioid
3 overdose;
- 4 (5) opioid antagonist dosage and administration;
- 5 (6) the importance of calling 911 or, if 911 is not
6 available, other local emergency medical services;
- 7 (7) care for the overdose victim after administration
8 of the overdose antagonist;
- 9 (8) a test demonstrating competency of the knowledge
10 required to recognize an opioid overdose and administer a
11 dose of an opioid antagonist; and
- 12 (9) other criteria as determined in rules adopted
13 pursuant to this Section.
- 14 (h-10) A training curriculum to recognize and respond to
15 respiratory distress, including the administration of
16 undesigned asthma medication, may be conducted online or in
17 person. The training must include, but is not limited to:
- 18 (1) how to recognize symptoms of respiratory distress
19 and how to distinguish respiratory distress from
20 anaphylaxis;
- 21 (2) how to respond to an emergency involving
22 respiratory distress;
- 23 (3) asthma medication dosage and administration;
- 24 (4) the importance of calling 911 or, if 911 is not
25 available, other local emergency medical services;
- 26 (5) a test demonstrating competency of the knowledge

1 required to recognize respiratory distress and administer
2 asthma medication; and

3 (6) other criteria as determined in rules adopted under
4 this Section.

5 (i) Within 3 days after the administration of an
6 undesigned epinephrine auto-injector by a school nurse,
7 trained personnel, or a student at a school or school-sponsored
8 activity, the school must report to the State Board of
9 Education in a form and manner prescribed by the State Board
10 the following information:

11 (1) age and type of person receiving epinephrine
12 (student, staff, visitor);

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

14 (3) trigger that precipitated allergic episode;

15 (4) location where symptoms developed;

16 (5) number of doses administered;

17 (6) type of person administering epinephrine (school
18 nurse, trained personnel, student); and

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

20 If a school district, public school, charter school, or
21 nonpublic school maintains or has an independent contractor
22 providing transportation to students who maintains a supply of
23 undesigned epinephrine auto-injectors, then the school
24 district, public school, charter school, or nonpublic school
25 must report that information to the State Board of Education
26 upon adoption or change of the policy of the school district,

1 public school, charter school, nonpublic school, or
2 independent contractor, in a manner as prescribed by the State
3 Board. The report must include the number of undesignated
4 epinephrine auto-injectors in supply.

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

10 (1) the age and type of person receiving the opioid
11 antagonist (student, staff, or visitor);

12 (2) the location where symptoms developed;

13 (3) the type of person administering the opioid
14 antagonist (school nurse or trained personnel); and

15 (4) any other information required by the State Board.

16 (i-10) Within 3 days after the administration of
17 undesignated asthma medication by a school nurse, trained
18 personnel, or a student at a school or school-sponsored
19 activity, the school must report to the State Board of
20 Education, on a form and in a manner prescribed by the State
21 Board of Education, the following information:

22 (1) the age and type of person receiving the asthma
23 medication (student, staff, or visitor);

24 (2) any previously known diagnosis of asthma for the
25 person;

26 (3) the trigger that precipitated respiratory

- 1 distress, if identifiable;
2 (4) the location of where the symptoms developed;
3 (5) the number of doses administered;
4 (6) the type of person administering the asthma
5 medication (school nurse, trained personnel, or student);
6 (7) the outcome of the asthma medication
7 administration; and
8 (8) any other information required by the State Board.

9 (j) By October 1, 2015 and every year thereafter, the State
10 Board of Education shall submit a report to the General
11 Assembly identifying the frequency and circumstances of
12 undesigned epinephrine and undesigned asthma medication
13 administration during the preceding academic year. Beginning
14 with the 2017 report, the report shall also contain information
15 on which school districts, public schools, charter schools, and
16 nonpublic schools maintain or have independent contractors
17 providing transportation to students who maintain a supply of
18 undesigned epinephrine auto-injectors. This report shall be
19 published on the State Board's Internet website on the date the
20 report is delivered to the General Assembly.

21 (j-5) Annually, each school district, public school,
22 charter school, or nonpublic school shall request an asthma
23 action plan from the parents or guardians of a pupil with
24 asthma. If provided, the asthma action plan must be kept on
25 file in the office of the school nurse or, in the absence of a
26 school nurse, the school administrator. Copies of the asthma

1 action plan may be distributed to appropriate school staff who
2 interact with the pupil on a regular basis, and, if applicable,
3 may be attached to the pupil's federal Section 504 plan or
4 individualized education program plan.

5 (j-10) To assist schools with emergency response
6 procedures for asthma, the State Board of Education, in
7 consultation with statewide professional organizations with
8 expertise in asthma management and a statewide organization
9 representing school administrators, shall develop a model
10 asthma episode emergency response protocol before September 1,
11 2016. Each school district, charter school, and nonpublic
12 school shall adopt an asthma episode emergency response
13 protocol before January 1, 2017 that includes all of the
14 components of the State Board's model protocol.

15 (j-15) Every 2 years, school personnel who work with pupils
16 shall complete an in-person or online training program on the
17 management of asthma, the prevention of asthma symptoms, and
18 emergency response in the school setting. In consultation with
19 statewide professional organizations with expertise in asthma
20 management, the State Board of Education shall make available
21 resource materials for educating school personnel about asthma
22 and emergency response in the school setting.

23 (j-20) On or before October 1, 2016 and every year
24 thereafter, the State Board of Education shall submit a report
25 to the General Assembly and the Department of Public Health
26 identifying the frequency and circumstances of opioid

1 antagonist administration during the preceding academic year.
2 This report shall be published on the State Board's Internet
3 website on the date the report is delivered to the General
4 Assembly.

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

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

10 (Source: P.A. 99-173, eff. 7-29-15; 99-480, eff. 9-9-15;
11 99-642, eff. 7-28-16; 99-711, eff. 1-1-17; 99-843, eff.
12 8-19-16; 100-201, eff. 8-18-17; 100-513, eff. 1-1-18.)

13 (105 ILCS 5/27A-5)

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

15 (a) A charter school shall be a public, nonsectarian,
16 nonreligious, non-home based, and non-profit school. A charter
17 school shall be organized and operated as a nonprofit
18 corporation or other discrete, legal, nonprofit entity
19 authorized under the laws of the State of Illinois.

20 (b) A charter school may be established under this Article
21 by creating a new school or by converting an existing public
22 school or attendance center to charter school status. Beginning
23 on April 16, 2003 (the effective date of Public Act 93-3), in
24 all new applications to establish a charter school in a city
25 having a population exceeding 500,000, operation of the charter

1 school shall be limited to one campus. The changes made to this
2 Section by Public Act 93-3 do not apply to charter schools
3 existing or approved on or before April 16, 2003 (the effective
4 date of Public Act 93-3).

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

10 From April 1, 2013 through December 31, 2016, there is a
11 moratorium on the establishment of charter schools with
12 virtual-schooling components in school districts other than a
13 school district organized under Article 34 of this Code. This
14 moratorium does not apply to a charter school with
15 virtual-schooling components existing or approved prior to
16 April 1, 2013 or to the renewal of the charter of a charter
17 school with virtual-schooling components already approved
18 prior to April 1, 2013.

19 On or before March 1, 2014, the Commission shall submit to
20 the General Assembly a report on the effect of
21 virtual-schooling, including without limitation the effect on
22 student performance, the costs associated with
23 virtual-schooling, and issues with oversight. The report shall
24 include policy recommendations for virtual-schooling.

25 (c) A charter school shall be administered and governed by
26 its board of directors or other governing body in the manner

1 provided in its charter. The governing body of a charter school
2 shall be subject to the Freedom of Information Act and the Open
3 Meetings Act.

4 (d) For purposes of this subsection (d), "non-curricular
5 health and safety requirement" means any health and safety
6 requirement created by statute or rule to provide, maintain,
7 preserve, or safeguard safe or healthful conditions for
8 students and school personnel or to eliminate, reduce, or
9 prevent threats to the health and safety of students and school
10 personnel. "Non-curricular health and safety requirement" does
11 not include any course of study or specialized instructional
12 requirement for which the State Board has established goals and
13 learning standards or which is designed primarily to impart
14 knowledge and skills for students to master and apply as an
15 outcome of their education.

16 A charter school shall comply with all non-curricular
17 health and safety requirements applicable to public schools
18 under the laws of the State of Illinois. On or before September
19 1, 2015, the State Board shall promulgate and post on its
20 Internet website a list of non-curricular health and safety
21 requirements that a charter school must meet. The list shall be
22 updated annually no later than September 1. Any charter
23 contract between a charter school and its authorizer must
24 contain a provision that requires the charter school to follow
25 the list of all non-curricular health and safety requirements
26 promulgated by the State Board and any non-curricular health

1 and safety requirements added by the State Board to such list
2 during the term of the charter. Nothing in this subsection (d)
3 precludes an authorizer from including non-curricular health
4 and safety requirements in a charter school contract that are
5 not contained in the list promulgated by the State Board,
6 including non-curricular health and safety requirements of the
7 authorizing local school board.

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

12 (f) A charter school shall be responsible for the
13 management and operation of its fiscal affairs including, but
14 not limited to, the preparation of its budget. An audit of each
15 charter school's finances shall be conducted annually by an
16 outside, independent contractor retained by the charter
17 school. To ensure financial accountability for the use of
18 public funds, on or before December 1 of every year of
19 operation, each charter school shall submit to its authorizer
20 and the State Board a copy of its audit and a copy of the Form
21 990 the charter school filed that year with the federal
22 Internal Revenue Service. In addition, if deemed necessary for
23 proper financial oversight of the charter school, an authorizer
24 may require quarterly financial statements from each charter
25 school.

26 (g) A charter school shall comply with all provisions of

1 this Article, the Illinois Educational Labor Relations Act, all
2 federal and State laws and rules applicable to public schools
3 that pertain to special education and the instruction of
4 English learners, and its charter. A charter school is exempt
5 from all other State laws and regulations in this Code
6 governing public schools and local school board policies;
7 however, a charter school is not exempt from the following:

8 (1) Sections 10-21.9 and 34-18.5 of this Code regarding
9 criminal history records checks and checks of the Statewide
10 Sex Offender Database and Statewide Murderer and Violent
11 Offender Against Youth Database of applicants for
12 employment;

13 (2) Sections 10-20.14, 10-22.6, 24-24, 34-19, and
14 34-84a of this Code regarding discipline of students;

15 (3) the Local Governmental and Governmental Employees
16 Tort Immunity Act;

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

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

21 (5.5) subsection (b) of Section 10-23.12 and
22 subsection (b) of Section 34-18.6 of this Code;

23 (6) the Illinois School Student Records Act;

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

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

1 (9) Section 27-23.7 of this Code regarding bullying
2 prevention;

3 (10) Section 2-3.162 of this Code regarding student
4 discipline reporting;

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

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

7 (13) ~~(12)~~ Sections 10-20.63 ~~10-20.60~~ and 34-18.56
8 ~~34-18.53~~ of this Code; ~~i-~~

9 (14) ~~(12)~~ Section 26-18 of this Code; ~~and-~~

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

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

13 (h) A charter school may negotiate and contract with a
14 school district, the governing body of a State college or
15 university or public community college, or any other public or
16 for-profit or nonprofit private entity for: (i) the use of a
17 school building and grounds or any other real property or
18 facilities that the charter school desires to use or convert
19 for use as a charter school site, (ii) the operation and
20 maintenance thereof, and (iii) the provision of any service,
21 activity, or undertaking that the charter school is required to
22 perform in order to carry out the terms of its charter.
23 However, a charter school that is established on or after April
24 16, 2003 (the effective date of Public Act 93-3) and that
25 operates in a city having a population exceeding 500,000 may
26 not contract with a for-profit entity to manage or operate the

1 school during the period that commences on April 16, 2003 (the
2 effective date of Public Act 93-3) and concludes at the end of
3 the 2004-2005 school year. Except as provided in subsection (i)
4 of this Section, a school district may charge a charter school
5 reasonable rent for the use of the district's buildings,
6 grounds, and facilities. Any services for which a charter
7 school contracts with a school district shall be provided by
8 the district at cost. Any services for which a charter school
9 contracts with a local school board or with the governing body
10 of a State college or university or public community college
11 shall be provided by the public entity at cost.

12 (i) In no event shall a charter school that is established
13 by converting an existing school or attendance center to
14 charter school status be required to pay rent for space that is
15 deemed available, as negotiated and provided in the charter
16 agreement, in school district facilities. However, all other
17 costs for the operation and maintenance of school district
18 facilities that are used by the charter school shall be subject
19 to negotiation between the charter school and the local school
20 board and shall be set forth in the charter.

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

23 (k) If the charter school is approved by the Commission,
24 then the Commission charter school is its own local education
25 agency.

26 (Source: P.A. 99-30, eff. 7-10-15; 99-78, eff. 7-20-15; 99-245,

1 eff. 8-3-15; 99-325, eff. 8-10-15; 99-456, eff. 9-15-16;
2 99-642, eff. 7-28-16; 99-927, eff. 6-1-17; 100-29, eff. 1-1-18;
3 100-156, eff. 1-1-18; 100-163, eff. 1-1-18; 100-413, eff.
4 1-1-18; 100-468, eff. 6-1-18; revised 9-25-17.)