



Sen. Chris Nybo

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LRB099 20707 AWJ 46286 a

1 AMENDMENT TO SENATE BILL 2878

2 AMENDMENT NO. _____. Amend Senate Bill 2878, AS AMENDED,
3 by replacing everything after the enacting clause with the
4 following:

5 "Section 1. Short title. This Act may be cited as the
6 Epinephrine Auto-Injector Act.

7 Section 5. Definitions. As used in this Act:

8 "Administer" means to directly apply an epinephrine
9 auto-injector to the body of an individual.

10 "Authorized entity" means any entity or organization,
11 other than a school covered under Section 22-30 of the School
12 Code, in connection with or at which allergens capable of
13 causing anaphylaxis may be present, including, but not limited
14 to, independent contractors who provide student transportation
15 to schools, recreation camps, colleges and universities, day
16 care facilities, youth sports leagues, amusement parks,

1 restaurants, sports arenas, and places of employment. The
2 Department shall, by rule, determine what constitutes a day
3 care facility under this definition.

4 "Department" means the Department of Public Health.

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

8 "Health care practitioner" means a physician licensed to
9 practice medicine in all its branches under the Medical
10 Practice Act of 1987, a physician assistant under the Physician
11 Assistant Practice Act of 1987 with prescriptive authority, or
12 an advanced practice nurse with prescribing authority under
13 Article 65 of the Nurse Practice Act.

14 "Pharmacist" has the meaning given to that term under
15 subsection (k-5) of Section 3 of the Pharmacy Practice Act.

16 "Undesignated epinephrine auto-injector" means an
17 epinephrine auto-injector prescribed in the name of an
18 authorized entity.

19 Section 10. Prescription to authorized entity; use;
20 training.

21 (a) A health care practitioner may prescribe epinephrine
22 auto-injectors in the name of an authorized entity for use in
23 accordance with this Act, and pharmacists and health care
24 practitioners may dispense epinephrine auto-injectors pursuant
25 to a prescription issued in the name of an authorized entity.

1 Such prescriptions shall be valid for a period of 2 years.

2 (b) An authorized entity may acquire and stock a supply of
3 undesignated epinephrine auto-injectors pursuant to a
4 prescription issued under subsection (a) of this Section. Such
5 undesignated epinephrine auto-injectors shall be stored in a
6 location readily accessible in an emergency and in accordance
7 with the instructions for use of the epinephrine
8 auto-injectors. The Department may establish any additional
9 requirements an authorized entity must follow under this Act.

10 (c) An employee or agent of an authorized entity or other
11 individual who has completed training under subsection (d) of
12 this Section may:

13 (1) provide an epinephrine auto-injector to any
14 individual on the property of the authorized entity whom
15 the employee, agent, or other individual believes in good
16 faith is experiencing anaphylaxis, or to the parent,
17 guardian, or caregiver of such individual, for immediate
18 administration, regardless of whether the individual has a
19 prescription for an epinephrine auto-injector or has
20 previously been diagnosed with an allergy; or

21 (2) administer an epinephrine auto-injector to any
22 individual on the property of the authorized entity whom
23 the employee, agent, or other individual believes in good
24 faith is experiencing anaphylaxis, regardless of whether
25 the individual has a prescription for an epinephrine
26 auto-injector or has previously been diagnosed with an

1 allergy.

2 (d) An employee, agent, or other individual authorized must
3 complete an anaphylaxis training program before he or she is
4 able to provide or administer an epinephrine auto-injector
5 under this Section. Such training shall be valid for a period
6 of 2 years and shall be conducted by a nationally recognized
7 organization experienced in training laypersons in emergency
8 health treatment or an entity or individual approved by the
9 Department. The Department may approve specific entities or
10 individuals or may approve classes of entities or individuals
11 to conduct training.

12 Training shall include, but is not limited to:

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

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

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

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

21 (A) a review of high-risk areas on the authorized
22 entity's property and its related facilities;

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

24 (C) emergency follow-up procedures; and

25 (D) other criteria as determined in rules adopted
26 pursuant to this Act.

1 Training may be conducted either online or in person. The
2 Department shall approve training programs and list permitted
3 training programs on the Department's Internet website.

4 Section 15. Costs. Whichever entity initiates the process
5 of obtaining undesignated epinephrine auto-injectors and
6 providing training to personnel for carrying and administering
7 undesignated epinephrine auto-injectors shall pay for the
8 costs of the undesignated epinephrine auto-injectors.

9 Section 20. Limitations. The use of an undesignated
10 epinephrine auto-injector in accordance with the requirements
11 of this Act does not constitute the practice of medicine or any
12 other profession that requires medical licensure.

13 Nothing in this Act shall limit the amount of epinephrine
14 auto-injectors that an authorized entity or individual may
15 carry or maintain a supply of.

16 Section 65. Rulemaking. The Department shall adopt any
17 rules necessary to implement and administer this Act.

18 Section 70. The State Police Act is amended by adding
19 Section 40 as follows:

20 (20 ILCS 2610/40 new)

21 Sec. 40. Training; administration of epinephrine.

1 (a) This Section, along with Section 10.19 of the Illinois
2 Police Training Act, may be referred to as the Annie LeGere
3 Law.

4 (b) For the purposes of this Section, "epinephrine
5 auto-injector" means a single-use device used for the automatic
6 injection of a pre-measured dose of epinephrine into the human
7 body prescribed in the name of the Department.

8 (c) The Department may conduct or approve a training
9 program for State Police officers to recognize and respond to
10 anaphylaxis including, but not limited to:

11 (1) how to recognize symptoms of an allergic reaction;

12 (2) how to respond to an emergency involving an
13 allergic reaction;

14 (3) how to administer an epinephrine auto-injector;

15 (4) how to respond to an individual with a known
16 allergy as well as an individual with a previously unknown
17 allergy;

18 (5) a test demonstrating competency of the knowledge
19 required to recognize anaphylaxis and administer an
20 epinephrine auto-injector; and

21 (6) other criteria as determined in rules adopted by
22 the Department.

23 (d) The Department may authorize a State Police officer who
24 has completed the training program under subsection (c) to
25 carry, administer, or assist with the administration of
26 epinephrine auto-injectors whenever he or she is performing

1 official duties.

2 (e) The Department must establish a written policy to
3 control the acquisition, storage, transportation,
4 administration, and disposal of epinephrine auto-injectors
5 before it allows any State Police officer to carry and
6 administer epinephrine auto-injectors.

7 (f) A physician, physician's assistant with prescriptive
8 authority, or advanced practice registered nurse with
9 prescriptive authority may provide a standing protocol or
10 prescription for epinephrine auto-injectors in the name of the
11 Department to be maintained for use when necessary.

12 (g) When a State Police officer administers epinephrine
13 auto-injector in good faith, the officer and the Department,
14 and its employees and agents, incur no liability, except for
15 willful and wanton conduct, as a result of any injury or death
16 arising from the use of an epinephrine auto-injector.

17 Section 75. The Illinois Police Training Act is amended by
18 adding Section 10.19 as follows:

19 (50 ILCS 705/10.19 new)

20 Sec. 10.19. Training; administration of epinephrine.

21 (a) This Section, along with Section 40 of the State Police
22 Act, may be referred to as the Annie LeGere Law.

23 (b) For purposes of this Section, "epinephrine
24 auto-injector" means a single-use device used for the automatic

1 injection of a pre-measured dose of epinephrine into the human
2 body prescribed in the name of a local governmental agency.

3 (c) The Board shall conduct or approve an optional advanced
4 training program for police officers to recognize and respond
5 to anaphylaxis including the administration of an epinephrine
6 auto-injector. The training must include, but is not limited
7 to:

8 (1) how to recognize symptoms of an allergic reaction;

9 (2) how to respond to an emergency involving an
10 allergic reaction;

11 (3) how to administer an epinephrine auto-injector;

12 (4) how to respond to an individual with a known
13 allergy as well as an individual with a previously unknown
14 allergy;

15 (5) a test demonstrating competency of the knowledge
16 required to recognize anaphylaxis and administer an
17 epinephrine auto-injector; and

18 (6) other criteria as determined in rules adopted by
19 the Board.

20 (d) A local governmental agency may authorize a police
21 officer who has completed an optional advanced training program
22 under subsection (c) to carry, administer, or assist with the
23 administration of epinephrine auto-injectors provided by the
24 local governmental agency whenever he or she is performing
25 official duties.

26 (e) A local governmental agency that authorizes its

1 officers to carry and administer epinephrine auto-injectors
2 under subsection (d) must establish a policy to control the
3 acquisition, storage, transportation, administration, and
4 disposal of epinephrine auto-injectors and to provide
5 continued training in the administration of epinephrine
6 auto-injectors.

7 (f) A physician, physician's assistant with prescriptive
8 authority, or advanced practice registered nurse with
9 prescriptive authority may provide a standing protocol or
10 prescription for epinephrine auto-injectors in the name of a
11 local governmental agency to be maintained for use when
12 necessary.

13 (g) When a police officer administers an epinephrine
14 auto-injector in good faith, the police officer and local
15 governmental agency, and its employees and agents, incur no
16 liability, except for willful and wanton conduct, as a result
17 of any injury or death arising from the use of an epinephrine
18 auto-injector.

19 Section 80. The School Code is amended by changing Section
20 22-30 as follows:

21 (105 ILCS 5/22-30)

22 Sec. 22-30. Self-administration and self-carry of asthma
23 medication and epinephrine auto-injectors; administration of
24 undesignated epinephrine auto-injectors; administration of an

1 opioid antagonist.

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

4 "Asthma inhaler" means a quick reliever asthma inhaler.

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

8 "Asthma medication" means a medicine, prescribed by (i) a
9 physician licensed to practice medicine in all its branches,
10 (ii) a licensed physician assistant with prescriptive
11 authority, or (iii) a licensed advanced practice nurse with
12 prescriptive authority for a pupil that pertains to the pupil's
13 asthma and 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 "School nurse" means a registered nurse working in a school
20 with or without licensure endorsed in school nursing.

21 "Self-administration" means a pupil's discretionary use of
22 his or her prescribed asthma medication or epinephrine
23 auto-injector.

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

26 "Standing protocol" may be issued by (i) a physician

1 licensed to practice medicine in all its branches, (ii) a
2 licensed physician assistant with prescriptive authority, or
3 (iii) a licensed advanced practice nurse with prescriptive
4 authority.

5 "Trained personnel" means any school employee or volunteer
6 personnel authorized in Sections 10-22.34, 10-22.34a, and
7 10-22.34b of this Code who has completed training under
8 subsection (g) of this Section to recognize and respond to
9 anaphylaxis.

10 "Undesignated epinephrine auto-injector" means an
11 epinephrine auto-injector prescribed in the name of a school
12 district, public school, or nonpublic school.

13 (b) A school, whether public or nonpublic, must permit the
14 self-administration and self-carry of asthma medication by a
15 pupil with asthma or the self-administration and self-carry of
16 an epinephrine auto-injector by a pupil, provided that:

17 (1) the parents or guardians of the pupil provide to
18 the school (i) written authorization from the parents or
19 guardians for (A) the self-administration and self-carry
20 of asthma medication or (B) the self-carry of asthma
21 medication or (ii) for (A) the self-administration and
22 self-carry of an epinephrine auto-injector or (B) the
23 self-carry of an epinephrine auto-injector, written
24 authorization from the pupil's physician, physician
25 assistant, or advanced practice nurse; and

26 (2) the parents or guardians of the pupil provide to

1 the school (i) the prescription label, which must contain
2 the name of the asthma medication, the prescribed dosage,
3 and the time at which or circumstances under which the
4 asthma medication is to be administered, or (ii) for the
5 self-administration or self-carry of an epinephrine
6 auto-injector, a written statement from the pupil's
7 physician, physician assistant, or advanced practice nurse
8 containing the following information:

9 (A) the name and purpose of the epinephrine
10 auto-injector;

11 (B) the prescribed dosage; and

12 (C) the time or times at which or the special
13 circumstances under which the epinephrine
14 auto-injector is to be administered.

15 The information provided shall be kept on file in the office of
16 the school nurse or, in the absence of a school nurse, the
17 school's administrator.

18 (b-5) A school district, public school, or nonpublic school
19 may authorize the provision of a student-specific or
20 undesignated epinephrine auto-injector to a student or any
21 personnel authorized under a student's Individual Health Care
22 Action Plan, Illinois Food Allergy Emergency Action Plan and
23 Treatment Authorization Form, or plan pursuant to Section 504
24 of the federal Rehabilitation Act of 1973 to administer an
25 epinephrine auto-injector to the student, that meets the
26 student's prescription on file.

1 (b-10) The school district, public school, or nonpublic
2 school may authorize a school nurse or trained personnel to do
3 the following: (i) provide an undesignated epinephrine
4 auto-injector to a student for self-administration only or any
5 personnel authorized under a student's Individual Health Care
6 Action Plan, Illinois Food Allergy Emergency Action Plan and
7 Treatment Authorization Form, or plan pursuant to Section 504
8 of the federal Rehabilitation Act of 1973 to administer to the
9 student, that meets the student's prescription on file; (ii)
10 administer an undesignated epinephrine auto-injector that
11 meets the prescription on file to any student who has an
12 Individual Health Care Action Plan, Illinois Food Allergy
13 Emergency Action Plan and Treatment Authorization Form, or plan
14 pursuant to Section 504 of the federal Rehabilitation Act of
15 1973 that authorizes the use of an epinephrine auto-injector;
16 (iii) administer an undesignated epinephrine auto-injector to
17 any person that the school nurse or trained personnel in good
18 faith believes is having an anaphylactic reaction; and (iv)
19 administer an opioid antagonist to any person that the school
20 nurse or trained personnel in good faith believes is having an
21 opioid overdose.

22 (c) The school district, public school, or nonpublic school
23 must inform the parents or guardians of the pupil, in writing,
24 that the school district, public school, or nonpublic school
25 and its employees and agents, including a physician, physician
26 assistant, or advanced practice nurse providing standing

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

26 (c-5) When a school nurse or trained personnel administers

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

20 (d) The permission for self-administration and self-carry
21 of asthma medication or the self-administration and self-carry
22 of an epinephrine auto-injector is effective for the school
23 year for which it is granted and shall be renewed each
24 subsequent school year upon fulfillment of the requirements of
25 this Section.

26 (e) Provided that the requirements of this Section are

1 fulfilled, a pupil with asthma may self-administer and
2 self-carry his or her asthma medication or a pupil may
3 self-administer and self-carry an epinephrine auto-injector
4 (i) while in school, (ii) while at a school-sponsored activity,
5 (iii) while under the supervision of school personnel, or (iv)
6 before or after normal school activities, such as while in
7 before-school or after-school care on school-operated property
8 or while being transported on a school bus.

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

22 (e-10) Provided that the requirements of this Section are
23 fulfilled, a school nurse or trained personnel may administer
24 an opioid antagonist to any person whom the school nurse or
25 trained personnel in good faith believes to be having an opioid
26 overdose (i) while in school, (ii) while at a school-sponsored

1 activity, (iii) while under the supervision of school
2 personnel, or (iv) before or after normal school activities,
3 such as while in before-school or after-school care on
4 school-operated property. A school nurse or trained personnel
5 may carry an opioid antagonist on their person while in school
6 or at a school-sponsored activity.

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

22 The school district, public school, or nonpublic school may
23 maintain a supply of an opioid antagonist in any secure
24 location where an individual may have an opioid overdose. A
25 health care professional who has been delegated prescriptive
26 authority for opioid antagonists in accordance with Section

1 5-23 of the Alcoholism and Other Drug Abuse and Dependency Act
2 may prescribe opioid antagonists in the name of the school
3 district, public school, or nonpublic school, to be maintained
4 for use when necessary. Any supply of opioid antagonists shall
5 be maintained in accordance with the manufacturer's
6 instructions.

7 (f-3) Whichever entity initiates the process of obtaining
8 undesigned epinephrine auto-injectors and providing training
9 to personnel for carrying and administering undesigned
10 epinephrine auto-injectors shall pay for the costs of the
11 undesigned epinephrine auto-injectors.

12 (f-5) Upon any administration of an epinephrine
13 auto-injector, a school district, public school, or nonpublic
14 school must immediately activate the EMS system and notify the
15 student's parent, guardian, or emergency contact, if known.

16 Upon any administration of an opioid antagonist, a school
17 district, public school, or nonpublic school must immediately
18 activate the EMS system and notify the student's parent,
19 guardian, or emergency contact, if known.

20 (f-10) Within 24 hours of the administration of an
21 undesigned epinephrine auto-injector, a school district,
22 public school, or nonpublic school must notify the physician,
23 physician assistant, or advanced ~~advance~~ practice nurse who
24 provided the standing protocol or prescription for the
25 undesigned epinephrine auto-injector of its use.

26 Within 24 hours after the administration of an opioid

1 antagonist, a school district, public school, or nonpublic
2 school must notify the health care professional who provided
3 the prescription for the opioid antagonist of its use.

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

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

26 (h) A training curriculum to recognize and respond to

1 anaphylaxis, including the administration of an undesignated
2 epinephrine auto-injector, may be conducted online or in
3 person.

4 Training shall include, but is not limited to:

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

7 (2) how to administer an epinephrine auto-injector;
8 and

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

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

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

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

16 (C) emergency follow-up procedures;

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

19 (E) other criteria as determined in rules adopted
20 pursuant to this Section. ~~It must include, but is not~~
21 limited to:

22 ~~(1) how to recognize symptoms of an allergic reaction;~~

23 ~~(2) a review of high risk areas within the school and~~
24 ~~its related facilities;~~

25 ~~(3) steps to take to prevent exposure to allergens;~~

26 ~~(4) how to respond to an emergency involving an~~

1 ~~allergic reaction;~~

2 ~~(5) how to administer an epinephrine auto injector;~~

3 ~~(6) how to respond to a student with a known allergy as~~
4 ~~well as a student with a previously unknown allergy;~~

5 ~~(7) a test demonstrating competency of the knowledge~~
6 ~~required to recognize anaphylaxis and administer an~~
7 ~~epinephrine auto injector; and~~

8 ~~(8) other criteria as determined in rules adopted~~
9 ~~pursuant to this Section.~~

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

23 (h-5) A training curriculum to recognize and respond to an
24 opioid overdose, including the administration of an opioid
25 antagonist, may be conducted online or in person. The training
26 must comply with any training requirements under Section 5-23

1 of the Alcoholism and Other Drug Abuse and Dependency Act and
2 the corresponding rules. It must include, but is not limited
3 to:

4 (1) how to recognize symptoms of an opioid overdose;

5 (2) information on drug overdose prevention and
6 recognition;

7 (3) how to perform rescue breathing and resuscitation;

8 (4) how to respond to an emergency involving an opioid
9 overdose;

10 (5) opioid antagonist dosage and administration;

11 (6) the importance of calling 911;

12 (7) care for the overdose victim after administration
13 of the overdose antagonist;

14 (8) a test demonstrating competency of the knowledge
15 required to recognize an opioid overdose and administer a
16 dose of an opioid antagonist; and

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

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

25 (1) age and type of person receiving epinephrine
26 (student, staff, visitor);

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

2 (3) trigger that precipitated allergic episode;

3 (4) location where symptoms developed;

4 (5) number of doses administered;

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

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

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

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

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

24 (2) the location where symptoms developed;

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

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

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

13 On or before October 1, 2016 and every year thereafter, the
14 State Board shall submit a report to the General Assembly and
15 the Department of Public Health identifying the frequency and
16 circumstances of opioid antagonist administration during the
17 preceding academic year. This report shall be published on the
18 State Board's Internet website on the date the report is
19 delivered to the General Assembly.

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

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

25 (Source: P.A. 98-795, eff. 8-1-14; 99-173, eff. 7-29-15;
26 99-480, eff. 9-9-15; revised 10-13-15.)

1 Section 85. The Illinois Food, Drug and Cosmetic Act is
2 amended by changing Section 3.21 as follows:

3 (410 ILCS 620/3.21) (from Ch. 56 1/2, par. 503.21)

4 Sec. 3.21. Except as authorized by this Act, the Illinois
5 Controlled Substances Act, the Pharmacy Practice Act, the
6 Dental Practice Act, the Medical Practice Act of 1987, the
7 Veterinary Medicine and Surgery Practice Act of 2004, the
8 Podiatric Medical Practice Act of 1987, or Section 22-30 of the
9 School Code, Section 40 of the State Police Act, or Section
10 10.19 of the Illinois Police Training Act to sell or dispense a
11 prescription drug without a prescription.

12 (Source: P.A. 99-78, eff. 7-20-15.)

13 Section 90. The State Mandates Act is amended by adding
14 Section 8.40 as follows:

15 (30 ILCS 805/8.40 new)

16 Sec. 8.40. Exempt mandate. Notwithstanding Sections 6 and 8
17 of this Act, no reimbursement by the State is required for the
18 implementation of any mandate created by Sections 70 and 75 of
19 this amendatory Act of the 99th General Assembly."