



Sen. Chris Nybo

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LRB099 20707 AWJ 46485 a

1 AMENDMENT TO SENATE BILL 2878

2 AMENDMENT NO. \_\_\_\_\_. Amend Senate Bill 2878 by replacing  
3 everything after the enacting clause with the following:

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

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

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

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

1 Department shall, by rule, determine what constitutes a day  
2 care facility under this definition.

3 "Department" means the Department of Public Health.

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

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

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

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

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

20 (a) A health care practitioner may prescribe epinephrine  
21 auto-injectors in the name of an authorized entity for use in  
22 accordance with this Act, and pharmacists and health care  
23 practitioners may dispense epinephrine auto-injectors pursuant  
24 to a prescription issued in the name of an authorized entity.  
25 Such prescriptions shall be valid for a period of 2 years.

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

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

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

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

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

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 on the authorized  
21 entity's property and its related facilities;

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

23 (C) emergency follow-up procedures; and

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

26 Training may be conducted either online or in person. The

1 Department shall approve training programs and list permitted  
2 training programs on the Department's Internet website.

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

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

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

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

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

19 (20 ILCS 2610/40 new)

20 Sec. 40. Training; administration of epinephrine.

21 (a) This Section, along with Section 10.19 of the Illinois

1 Police Training Act, may be referred to as the Annie LeGere  
2 Law.

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

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

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

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

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

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

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

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

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

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

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

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

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

18       (50 ILCS 705/10.19 new)

19       Sec. 10.19. Training; administration of epinephrine.

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

22       (b) For purposes of this Section, "epinephrine  
23 auto-injector" means a single-use device used for the automatic  
24 injection of a pre-measured dose of epinephrine into the human

1 body prescribed in the name of a local governmental agency.

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

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

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

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

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

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

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

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

25 (e) A local governmental agency that authorizes its  
26 officers to carry and administer epinephrine auto-injectors



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

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

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

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

20 (105 ILCS 5/22-30)

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

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

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

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

7 "Asthma medication" means a medicine, prescribed by (i) a  
8 physician licensed to practice medicine in all its branches,  
9 (ii) a licensed physician assistant with prescriptive  
10 authority, or (iii) a licensed advanced practice nurse with  
11 prescriptive authority for a pupil that pertains to the pupil's  
12 asthma and that has an individual prescription label.

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

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

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

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

25 "Standing protocol" may be issued by (i) a physician  
26 licensed to practice medicine in all its branches, (ii) a

1 licensed physician assistant with prescriptive authority, or  
2 (iii) a licensed advanced practice nurse with prescriptive  
3 authority.

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

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

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

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

25 (2) the parents or guardians of the pupil provide to  
26 the school (i) the prescription label, which must contain

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

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

10 (B) the prescribed dosage; and

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

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

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

26 (b-10) The school district, public school, or nonpublic

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

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

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

25 (c-5) When a school nurse or trained personnel administers  
26 an undesignated epinephrine auto-injector to a person whom the

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

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

25 (e) Provided that the requirements of this Section are  
26 fulfilled, a pupil with asthma may self-administer and

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

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

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



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

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

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

1 may prescribe opioid antagonists in the name of the school  
2 district, public school, or nonpublic school, to be maintained  
3 for use when necessary. Any supply of opioid antagonists shall  
4 be maintained in accordance with the manufacturer's  
5 instructions.

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

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

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

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

25 Within 24 hours after the administration of an opioid  
26 antagonist, a school district, public school, or nonpublic

1 school must notify the health care professional who provided  
2 the prescription for the opioid antagonist of its use.

3 (g) Prior to the administration of an undesignated  
4 epinephrine auto-injector, trained personnel must submit to  
5 their ~~his or her~~ school's administration proof of completion of  
6 a 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. ~~Trained personnel must~~  
9 ~~also submit to his or her school's administration proof of~~  
10 ~~cardiopulmonary resuscitation and automated external~~  
11 ~~defibrillator certification.~~ The school district, public  
12 school, or nonpublic school must maintain records related to  
13 the training curriculum and trained personnel.

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

25 (h) A training curriculum to recognize and respond to  
26 anaphylaxis, including the administration of an undesignated

1 epinephrine auto-injector, may be conducted online or in  
2 person.

3 Training shall include, but is not limited to:

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

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

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

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

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

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

15 (C) emergency follow-up procedures;

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

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

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

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

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

25 ~~(4) how to respond to an emergency involving an~~  
26 ~~allergic reaction;~~

- 1           ~~(5) how to administer an epinephrine auto injector;~~  
2           ~~(6) how to respond to a student with a known allergy as~~  
3 ~~well as a student with a previously unknown allergy;~~  
4           ~~(7) a test demonstrating competency of the knowledge~~  
5 ~~required to recognize anaphylaxis and administer an~~  
6 ~~epinephrine auto injector; and~~  
7           ~~(8) other criteria as determined in rules adopted~~  
8 ~~pursuant to this Section.~~

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

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

1 the corresponding rules. It must include, but is not limited  
2 to:

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

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

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

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

9 (5) opioid antagonist dosage and administration;

10 (6) the importance of calling 911;

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

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

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

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

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

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

1 (3) trigger that precipitated allergic episode;

2 (4) location where symptoms developed;

3 (5) number of doses administered;

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

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

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

17 (i-5) Within 3 days after the administration of an opioid  
18 antagonist by a school nurse or trained personnel, the school  
19 must report to the State Board, in a form and manner prescribed  
20 by the State Board, the following 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           (j) By October 1, 2015 and every year thereafter, the State  
2 Board of Education shall submit a report to the General  
3 Assembly identifying the frequency and circumstances of  
4 epinephrine administration during the preceding academic year.  
5 Beginning with the 2017 report, the report shall also contain  
6 information on which school districts, public schools, and  
7 nonpublic schools maintain or have independent contractors  
8 providing transportation to students who maintain a supply of  
9 undesigned epinephrine auto-injectors. This report shall be  
10 published on the State Board's Internet website on the date the  
11 report is delivered to the General Assembly.

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

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

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

24           (Source: P.A. 98-795, eff. 8-1-14; 99-173, eff. 7-29-15;  
25 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."