



Sen. Suzy Glowiak Hilton

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10300HB3428sam001

LRB103 29807 RJT 61200 a

1 AMENDMENT TO HOUSE BILL 3428

2 AMENDMENT NO. _____. Amend House Bill 3428 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The School Code is amended by changing Section
5 22-30 as follows:

6 (105 ILCS 5/22-30)

7 Sec. 22-30. Self-administration and self-carry of asthma
8 medication and epinephrine injectors; administration of
9 undesignated epinephrine 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

1 flare-ups and emergency department visits through day-to-day
2 management and to serve as a student-specific document to be
3 referenced in the event of an asthma episode.

4 "Asthma episode emergency response protocol" means a
5 procedure to provide assistance to a pupil experiencing
6 symptoms of wheezing, coughing, shortness of breath, chest
7 tightness, or breathing difficulty.

8 "Epinephrine injector" includes an auto-injector approved
9 by the United States Food and Drug Administration for the
10 administration of epinephrine and a pre-filled syringe
11 approved by the United States Food and Drug Administration and
12 used for the administration of epinephrine that contains a
13 pre-measured dose of epinephrine that is equivalent to the
14 dosages used in an auto-injector.

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

19 "Asthma medication" includes medication delivered through a
20 device, including a metered dose inhaler with a reusable or
21 disposable spacer or a nebulizer with a mouthpiece or mask.

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

1 "Respiratory distress" means the perceived or actual
2 presence of wheezing, coughing, shortness of breath, chest
3 tightness, breathing difficulty, or any other symptoms
4 consistent with asthma. Respiratory distress may be
5 categorized as "mild-to-moderate" or "severe".

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

8 "Self-administration" means a pupil's discretionary use of
9 his or her prescribed asthma medication or epinephrine
10 injector.

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

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

18 "Trained personnel" means any school employee or volunteer
19 personnel authorized in Sections 10-22.34, 10-22.34a, and
20 10-22.34b of this Code who has completed training under
21 subsection (g) of this Section to recognize and respond to
22 anaphylaxis, an opioid overdose, or respiratory distress.

23 "Undesignated asthma medication" means asthma medication
24 prescribed in the name of a school district, public school,
25 charter school, or nonpublic school.

26 "Undesignated epinephrine injector" means an epinephrine

1 injector prescribed in the name of a school district, public
2 school, charter school, or nonpublic school.

3 (b) A school, whether public, charter, or nonpublic, must
4 permit the self-administration and self-carry of asthma
5 medication by a pupil with asthma or the self-administration
6 and self-carry of an epinephrine injector by a pupil, provided
7 that:

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

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

26 (A) the name and purpose of the epinephrine

1 injector;

2 (B) the prescribed dosage; and

3 (C) the time or times at which or the special
4 circumstances under which the epinephrine injector is
5 to be administered.

6 The information provided shall be kept on file in the office of
7 the school nurse or, in the absence of a school nurse, the
8 school's administrator.

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

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

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

1 medication to any person that the school nurse or trained
2 personnel believes in good faith is having respiratory
3 distress.

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

1 practice registered nurse and that the parents or guardians
2 must indemnify and hold harmless the school district, public
3 school, charter school, or nonpublic school and its employees
4 and agents against any claims, except a claim based on willful
5 and wanton conduct, arising out of the administration of
6 asthma medication, an epinephrine injector, or an opioid
7 antagonist regardless of whether authorization was given by
8 the pupil's parents or guardians or by the pupil's physician,
9 physician assistant, or advanced practice registered nurse.

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

1 asthma medication, 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 use of an undesignated
4 epinephrine injector, the use of an opioid antagonist, or the
5 use of undesignated asthma medication, regardless of whether
6 authorization was given by the pupil's parents or guardians or
7 by the pupil's physician, physician assistant, or advanced
8 practice registered nurse.

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

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

24 (e-5) Provided that the requirements of this Section are
25 fulfilled, a school nurse or trained personnel may administer
26 an undesignated epinephrine injector to any person whom the

1 school nurse or trained personnel in good faith believes to be
2 having an anaphylactic reaction (i) while in school, (ii)
3 while at a school-sponsored activity, (iii) while under the
4 supervision of school personnel, or (iv) before or after
5 normal school activities, such as while in before-school or
6 after-school care on school-operated property or while being
7 transported on a school bus. A school nurse or trained
8 personnel may carry undesignated epinephrine injectors on his
9 or her person while in school or at a school-sponsored
10 activity.

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

22 (e-15) If the requirements of this Section are met, a
23 school nurse or trained personnel may administer undesignated
24 asthma medication to any person whom the school nurse or
25 trained personnel in good faith believes to be experiencing
26 respiratory distress (i) while in school, (ii) while at a

1 school-sponsored activity, (iii) while under the supervision
2 of school personnel, or (iv) before or after normal school
3 activities, including before-school or after-school care on
4 school-operated property. A school nurse or trained personnel
5 may carry undesignated asthma medication on his or her person
6 while in school or at a school-sponsored activity.

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

22 The school district, public school, charter school, or
23 nonpublic school shall ~~may~~ maintain a supply of an opioid
24 antagonist in any secure location where an individual may have
25 an opioid overdose, unless there is a shortage of opioid
26 antagonists, in which case the school district, public school,

1 charter school, or nonpublic school shall make a reasonable
2 effort to maintain a supply of an opioid antagonist. Unless
3 the school district, public school, charter school, or
4 nonpublic school is able to obtain opioid antagonists without
5 a prescription, a ~~A~~ health care professional who has been
6 delegated prescriptive authority for opioid antagonists in
7 accordance with Section 5-23 of the Substance Use Disorder Act
8 shall ~~may~~ prescribe opioid antagonists in the name of the
9 school district, public school, charter school, or nonpublic
10 school, to be maintained for use when necessary. Any supply of
11 opioid antagonists shall be maintained in accordance with the
12 manufacturer's instructions.

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

1 (f-3) Whichever entity initiates the process of obtaining
2 undesignated epinephrine injectors and providing training to
3 personnel for carrying and administering undesignated
4 epinephrine injectors shall pay for the costs of the
5 undesignated epinephrine injectors.

6 (f-5) Upon any administration of an epinephrine injector,
7 a school district, public school, charter school, or nonpublic
8 school must immediately activate the EMS system and notify the
9 student's parent, guardian, or emergency contact, if known.

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

14 (f-10) Within 24 hours of the administration of an
15 undesignated epinephrine injector, a school district, public
16 school, charter school, or nonpublic school must notify the
17 physician, physician assistant, or advanced practice
18 registered nurse who provided the standing protocol and a
19 prescription for the undesignated epinephrine injector of its
20 use.

21 Within 24 hours after the administration of an opioid
22 antagonist, a school district, public school, charter school,
23 or nonpublic school must notify the health care professional
24 who provided the prescription for the opioid antagonist of its
25 use.

26 Within 24 hours after the administration of undesignated

1 asthma medication, a school district, public school, charter
2 school, or nonpublic school must notify the student's parent
3 or guardian or emergency contact, if known, and the physician,
4 physician assistant, or advanced practice registered nurse who
5 provided the standing protocol and a prescription for the
6 undesignated asthma medication of its use. The district or
7 school must follow up with the school nurse, if available, and
8 may, with the consent of the child's parent or guardian,
9 notify the child's health care provider of record, as
10 determined under this Section, of its use.

11 (g) Prior to the administration of an undesignated
12 epinephrine injector, trained personnel must submit to the
13 school's administration proof of completion of a training
14 curriculum to recognize and respond to anaphylaxis that meets
15 the requirements of subsection (h) of this Section. Training
16 must be completed annually. The school district, public
17 school, charter school, or nonpublic school must maintain
18 records related to the training curriculum and trained
19 personnel.

20 Prior to the administration of an opioid antagonist,
21 trained personnel must submit to the school's administration
22 proof of completion of a training curriculum to recognize and
23 respond to an opioid overdose, which curriculum must meet the
24 requirements of subsection (h-5) of this Section. ~~Training~~
25 ~~must be completed annually. Trained personnel must also submit~~
26 ~~to the school's administration proof of cardiopulmonary~~

1 ~~resuscitation and automated external defibrillator~~
2 ~~certification.~~ The school district, public school, charter
3 school, or nonpublic school must maintain records relating to
4 the training curriculum and the trained personnel.

5 Prior to the administration of undesignated asthma
6 medication, trained personnel must submit to the school's
7 administration proof of completion of a training curriculum to
8 recognize and respond to respiratory distress, which must meet
9 the requirements of subsection (h-10) of this Section.
10 Training must be completed annually, and the school district,
11 public school, charter school, or nonpublic school must
12 maintain records relating to the training curriculum and the
13 trained personnel.

14 (h) A training curriculum to recognize and respond to
15 anaphylaxis, including the administration of an undesignated
16 epinephrine injector, may be conducted online or in person.

17 Training shall include, but is not limited to:

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

20 (2) how to administer an epinephrine injector; and

21 (3) a test demonstrating competency of the knowledge
22 required to recognize anaphylaxis and administer an
23 epinephrine injector.

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

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

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

2 (C) emergency follow-up procedures, including the
3 importance of calling 9-1-1 or, if 9-1-1 is not available,
4 other local emergency medical services;

5 (D) how to respond to a student with a known allergy,
6 as well as a student with a previously unknown allergy;

7 (E) other criteria as determined in rules adopted
8 pursuant to this Section; and

9 (F) any policy developed by the State Board of
10 Education under Section 2-3.190.

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

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

1 must comply with any training requirements under Section 5-23
2 of the Substance Use Disorder Act and the corresponding rules.
3 It must include, but is not limited 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 9-1-1 or, if 9-1-1 is
12 not available, other local emergency medical services;

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

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

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

20 (h-10) A training curriculum to recognize and respond to
21 respiratory distress, including the administration of
22 undesignated asthma medication, may be conducted online or in
23 person. The training must include, but is not limited to:

24 (1) how to recognize symptoms of respiratory distress
25 and how to distinguish respiratory distress from
26 anaphylaxis;

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

3 (3) asthma medication dosage and administration;

4 (4) the importance of calling 9-1-1 or, if 9-1-1 is
5 not available, other local emergency medical services;

6 (5) a test demonstrating competency of the knowledge
7 required to recognize respiratory distress and administer
8 asthma medication; and

9 (6) other criteria as determined in rules adopted
10 under this Section.

11 (i) Within 3 days after the administration of an
12 undesignated epinephrine injector by a school nurse, trained
13 personnel, or a student at a school or school-sponsored
14 activity, the school must report to the State Board of
15 Education in a form and manner prescribed by the State Board
16 the following information:

17 (1) age and type of person receiving epinephrine
18 (student, staff, visitor);

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

21 (3) trigger that precipitated allergic episode;

22 (4) location where symptoms developed;

23 (5) number of doses administered;

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

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

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

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

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

19 (2) the location where symptoms developed;

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

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

23 (i-10) Within 3 days after the administration of
24 undesignated asthma medication by a school nurse, trained
25 personnel, or a student at a school or school-sponsored
26 activity, the school must report to the State Board of

1 Education, on a form and in a manner prescribed by the State
2 Board of Education, the following information:

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

5 (2) any previously known diagnosis of asthma for the
6 person;

7 (3) the trigger that precipitated respiratory
8 distress, if identifiable;

9 (4) the location of where the symptoms developed;

10 (5) the number of doses administered;

11 (6) the type of person administering the asthma
12 medication (school nurse, trained personnel, or student);

13 (7) the outcome of the asthma medication
14 administration; and

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

16 (j) By October 1, 2015 and every year thereafter, the
17 State Board of Education shall submit a report to the General
18 Assembly identifying the frequency and circumstances of
19 undesignated epinephrine and undesignated asthma medication
20 administration during the preceding academic year. Beginning
21 with the 2017 report, the report shall also contain
22 information on which school districts, public schools, charter
23 schools, and nonpublic schools maintain or have independent
24 contractors providing transportation to students who maintain
25 a supply of undesignated epinephrine injectors. This report
26 shall be published on the State Board's Internet website on

1 the date the report is delivered to the General Assembly.

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

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

22 (j-15) Every 2 years, school personnel who work with
23 pupils shall complete an in-person or online training program
24 on the management of asthma, the prevention of asthma
25 symptoms, and emergency response in the school setting. In
26 consultation with statewide professional organizations with

1 expertise in asthma management, the State Board of Education
2 shall make available resource materials for educating school
3 personnel about asthma and emergency response in the school
4 setting.

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

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

15 (l) Nothing in this Section shall limit the amount of
16 epinephrine injectors that any type of school or student may
17 carry or maintain a supply of.

18 (Source: P.A. 101-81, eff. 7-12-19; 102-413, eff. 8-20-21;
19 102-813, eff. 5-13-22.)".