



## 99TH GENERAL ASSEMBLY

### State of Illinois

2015 and 2016

**HB4462**

by Rep. Michelle Mussman

#### SYNOPSIS AS INTRODUCED:

105 ILCS 5/22-30

Amends the School Code. In provisions concerning the self-administration and self-carry of asthma medication and epinephrine auto-injectors and the administration of undesignated epinephrine auto-injectors or an opioid antagonist, provides that the term "trained personnel" includes a school bus driver employed by an independent contractor and that, with respect to asthma medication and epinephrine auto-injectors, before and after normal school activities includes while being transported on a school bus. Provides that the secure location for a supply of undesignated epinephrine auto-injectors must be accessible before, during, and after school. Provides that if a supply of undesignated epinephrine auto-injectors is maintained, then the school district, public school, or nonpublic school must annually report that information to the State Board of Education; makes related changes.

LRB099 16680 NHT 41018 b

FISCAL NOTE ACT  
MAY APPLY

STATE MANDATES  
ACT MAY REQUIRE  
REIMBURSEMENT

1 AN ACT concerning public health.

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

4 Section 90. 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 auto-injectors; administration of  
9 undesignated epinephrine auto-injectors; administration of an  
10 opioid antagonist.

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

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

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

17 "Asthma medication" means a medicine, prescribed by (i) a  
18 physician licensed to practice medicine in all its branches,  
19 (ii) a licensed physician assistant ~~prescriptive authority~~, or  
20 (iii) a licensed advanced practice nurse ~~prescriptive~~  
21 ~~authority~~ for a pupil that pertains to the pupil's asthma and  
22 that has an individual prescription label.

23 "Opioid antagonist" means a drug that binds to opioid

1 receptors and blocks or inhibits the effect of opioids acting  
2 on those receptors, including, but not limited to, naloxone  
3 hydrochloride or any other similarly acting drug approved by  
4 the U.S. Food and Drug Administration.

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

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

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

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

16 "Trained personnel" means any school employee, school bus  
17 driver employed by an independent contractor, or volunteer  
18 personnel authorized in Sections 10-22.34, 10-22.34a, and  
19 10-22.34b of this Code who has completed training under  
20 subsection (g) of this Section to recognize and respond to  
21 anaphylaxis.

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

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

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

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

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

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

23 (B) the prescribed dosage; and

24 (C) the time or times at which or the special  
25 circumstances under which the epinephrine  
26 auto-injector is to be administered.

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

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

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

1 1973 that authorizes the use of an epinephrine auto-injector;  
2 (iii) administer an undesignated epinephrine auto-injector to  
3 any person that the school nurse or trained personnel in good  
4 faith believes is having an anaphylactic reaction; and (iv)  
5 administer an opioid antagonist to any person that the school  
6 nurse or trained personnel in good faith believes is having an  
7 opioid overdose.

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

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

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

1 of any injury arising from the use of an undesignated  
2 epinephrine auto-injector or the use of an opioid antagonist  
3 regardless of whether authorization was given by the pupil's  
4 parents or guardians or by the pupil's physician, physician  
5 assistant, or advanced practice nurse.

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

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

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

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

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

19 (f) The school district, public school, or nonpublic school  
20 may maintain a supply of undesignated epinephrine  
21 auto-injectors in any secure location that is accessible  
22 before, during, and after school where an allergic person is  
23 most at risk, including, but not limited to, classrooms and  
24 lunchrooms. A physician, a physician assistant who has been  
25 delegated prescriptive authority in accordance with Section  
26 7.5 of the Physician Assistant Practice Act of 1987, or an

1 advanced practice nurse who has been delegated prescriptive  
2 authority in accordance with Section 65-40 of the Nurse  
3 Practice Act may prescribe undesignated epinephrine  
4 auto-injectors in the name of the school district, public  
5 school, or nonpublic school to be maintained for use when  
6 necessary. Any supply of epinephrine auto-injectors shall be  
7 maintained in accordance with the manufacturer's instructions.

8 The school district, public school, or nonpublic school may  
9 maintain a supply of an opioid antagonist in any secure  
10 location where an individual may have an opioid overdose. A  
11 health care professional who has been delegated prescriptive  
12 authority for opioid antagonists in accordance with Section  
13 5-23 of the Alcoholism and Other Drug Abuse and Dependency Act  
14 may prescribe opioid antagonists in the name of the school  
15 district, public school, or nonpublic school, to be maintained  
16 for use when necessary. Any supply of opioid antagonists shall  
17 be maintained in accordance with the manufacturer's  
18 instructions.

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

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

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

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

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

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

1 be completed annually. Trained personnel must also submit to  
2 the school's administration proof of cardiopulmonary  
3 resuscitation and automated external defibrillator  
4 certification. The school district, public school, or  
5 nonpublic school must maintain records relating to the training  
6 curriculum and the trained personnel.

7 (h) A training curriculum to recognize and respond to  
8 anaphylaxis, including the administration of an undesignated  
9 epinephrine auto-injector, may be conducted online or in  
10 person. It must include, but is not limited to:

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

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

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

15 (4) how to respond to an emergency involving an  
16 allergic reaction;

17 (5) how to administer an epinephrine auto-injector;

18 (6) how to respond to a student with a known allergy as  
19 well as a student with a previously unknown allergy;

20 (7) a test demonstrating competency of the knowledge  
21 required to recognize anaphylaxis and administer an  
22 epinephrine auto-injector; and

23 (8) other criteria as determined in rules adopted  
24 pursuant to this Section.

25 In consultation with statewide professional organizations  
26 representing physicians licensed to practice medicine in all of

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

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

- 19 (1) how to recognize symptoms of an opioid overdose;  
20 (2) information on drug overdose prevention and  
21 recognition;  
22 (3) how to perform rescue breathing and resuscitation;  
23 (4) how to respond to an emergency involving an opioid  
24 overdose;  
25 (5) opioid antagonist dosage and administration;  
26 (6) the importance of calling 911;

1 (7) care for the overdose victim after administration  
2 of the overdose antagonist;

3 (8) a test demonstrating competency of the knowledge  
4 required to recognize an opioid overdose and administer a  
5 dose of an opioid antagonist; and

6 (9) other criteria as determined in rules adopted  
7 pursuant to this Section.

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

14 (1) age and type of person receiving epinephrine  
15 (student, staff, visitor);

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

17 (3) trigger that precipitated allergic episode;

18 (4) location where symptoms developed;

19 (5) number of doses administered;

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

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

23 If a school district, public school, or nonpublic school  
24 maintains a supply of undesignated epinephrine auto-injectors  
25 as authorized under subsection (f) of this Section, then the  
26 school district, public school, or nonpublic school must

1 annually report that information to the State Board of  
2 Education, in a manner as prescribed by the State Board. The  
3 report must include the number of undesignated epinephrine  
4 auto-injectors in supply.

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

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

11 (2) the location where symptoms developed;

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

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

15 (j) By October 1, 2015 and every year thereafter, the State  
16 Board of Education shall submit a report to the General  
17 Assembly identifying the frequency and circumstances of  
18 epinephrine administration during the preceding academic year.  
19 Beginning with the 2017 report, the report shall also contain  
20 information on which school districts, public schools, and  
21 nonpublic schools maintain a supply of undesignated  
22 epinephrine auto-injectors as authorized under subsection (f)  
23 of this Section. This report shall be published on the State  
24 Board's Internet website on the date the report is delivered to  
25 the General Assembly.

26 On or before October 1, 2016 and every year thereafter, the

1 State Board shall submit a report to the General Assembly and  
2 the Department of Public Health identifying the frequency and  
3 circumstances of opioid antagonist administration during the  
4 preceding academic year. This report shall be published on the  
5 State Board's Internet website on the date the report is  
6 delivered to the General Assembly.

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

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