



Rep. Michelle Mussman

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1 AMENDMENT TO HOUSE BILL 4462

2 AMENDMENT NO. _____. Amend House Bill 4462 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 85. Rulemaking. The Department shall adopt any
16 rules necessary to implement and administer this Act.

17 Section 90. The School Code is amended by changing Section
18 22-30 as follows:

19 (105 ILCS 5/22-30)

20 Sec. 22-30. Self-administration and self-carry of asthma
21 medication and epinephrine auto-injectors; administration of

1 undesignated epinephrine auto-injectors; administration of an
2 opioid antagonist.

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

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

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

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

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

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

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

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

1 "Standing protocol" may be issued by (i) a physician
2 licensed to practice medicine in all its branches, (ii) a
3 licensed physician assistant with prescriptive authority, or
4 (iii) a licensed advanced practice nurse with prescriptive
5 authority.

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

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

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

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

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

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

12 (B) the prescribed dosage; and

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

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

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

1 student's prescription on file.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 Within 24 hours after the administration of an opioid
2 antagonist, a school district, public school, or nonpublic
3 school must notify the health care professional who provided
4 the prescription for the opioid antagonist of its use.

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

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

1 (h) A training curriculum to recognize and respond to
2 anaphylaxis, including the administration of an undesignated
3 epinephrine auto-injector, may be conducted online or in
4 person.

5 Training shall include, but is not limited to:

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

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

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

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

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

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

17 (C) emergency follow-up procedures;

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

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

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

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

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

1 ~~(4) how to respond to an emergency involving an~~
2 ~~allergic reaction;~~

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

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

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

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

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

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

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

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

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

11 (5) opioid antagonist dosage and administration;

12 (6) the importance of calling 911;

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

26 (1) age and type of person receiving epinephrine

1 (student, staff, visitor);

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

3 (3) trigger that precipitated allergic episode;

4 (4) location where symptoms developed;

5 (5) number of doses administered;

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

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

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

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

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

25 (2) the location where symptoms developed;

26 (3) the type of person administering the opioid

1 antagonist (school nurse or trained personnel); and

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

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

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

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

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

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

1 99-480, eff. 9-9-15; revised 10-13-15.)".