

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

19 "Department" means the Department of Public Health.

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

23 "Health care practitioner" means a physician licensed to

1 practice medicine in all its branches under the Medical
2 Practice Act of 1987, a physician assistant under the Physician
3 Assistant Practice Act of 1987 with prescriptive authority, or
4 an advanced practice nurse with prescribing authority under
5 Article 65 of the Nurse Practice Act.

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

8 "Undesignated epinephrine auto-injector" means an
9 epinephrine auto-injector prescribed in the name of an
10 authorized entity.

11 Section 10. Prescription to authorized entity; use;
12 training.

13 (a) A health care practitioner may prescribe epinephrine
14 auto-injectors in the name of an authorized entity for use in
15 accordance with this Act, and pharmacists and health care
16 practitioners may dispense epinephrine auto-injectors pursuant
17 to a prescription issued in the name of an authorized entity.
18 Such prescriptions shall be valid for a period of 2 years.

19 (b) An authorized entity may acquire and stock a supply of
20 undesignated epinephrine auto-injectors pursuant to a
21 prescription issued under subsection (a) of this Section. Such
22 undesignated epinephrine auto-injectors shall be stored in a
23 location readily accessible in an emergency and in accordance
24 with the instructions for use of the epinephrine
25 auto-injectors. The Department may establish any additional

1 requirements an authorized entity must follow under this Act.

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

5 (1) provide an epinephrine auto-injector to any
6 individual on the property of the authorized entity whom
7 the employee, agent, or other individual believes in good
8 faith is experiencing anaphylaxis, or to the parent,
9 guardian, or caregiver of such individual, for immediate
10 administration, regardless of whether the individual has a
11 prescription for an epinephrine auto-injector or has
12 previously been diagnosed with an allergy; or

13 (2) administer an epinephrine auto-injector to any
14 individual on the property of the authorized entity whom
15 the employee, agent, or other individual believes in good
16 faith is experiencing anaphylaxis, regardless of whether
17 the individual has a prescription for an epinephrine
18 auto-injector or has previously been diagnosed with an
19 allergy.

20 (d) An employee, agent, or other individual authorized must
21 complete an anaphylaxis training program before he or she is
22 able to provide or administer an epinephrine auto-injector
23 under this Section. Such training shall be valid for a period
24 of 2 years and shall be conducted by a nationally recognized
25 organization experienced in training laypersons in emergency
26 health treatment. The Department shall include links to

1 training providers' websites on its website.

2 Training shall include, but is not limited to:

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

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

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

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

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

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

14 (C) emergency follow-up procedures; and

15 (D) other criteria as determined in rules adopted
16 pursuant to this Act.

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

20 Section 15. Costs. Whichever entity initiates the process
21 of obtaining undesignated epinephrine auto-injectors and
22 providing training to personnel for carrying and administering
23 undesignated epinephrine auto-injectors shall pay for the
24 costs of the undesignated epinephrine auto-injectors.

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

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

8 Section 85. Rulemaking. The Department shall adopt any
9 rules necessary to implement and administer this Act.

10 Section 87. The State Police Act is amended by adding
11 Section 40 as follows:

12 (20 ILCS 2610/40 new)

13 Sec. 40. Training; administration of epinephrine.

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

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

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

- 1 (1) how to recognize symptoms of an allergic reaction;
2 (2) how to respond to an emergency involving an
3 allergic reaction;
4 (3) how to administer an epinephrine auto-injector;
5 (4) how to respond to an individual with a known
6 allergy as well as an individual with a previously unknown
7 allergy;
8 (5) a test demonstrating competency of the knowledge
9 required to recognize anaphylaxis and administer an
10 epinephrine auto-injector; and
11 (6) other criteria as determined in rules adopted by
12 the Department.

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

18 (e) The Department must establish a written policy to
19 control the acquisition, storage, transportation,
20 administration, and disposal of epinephrine auto-injectors
21 before it allows any State Police officer to carry and
22 administer epinephrine auto-injectors.

23 (f) A physician, physician's assistant with prescriptive
24 authority, or advanced practice registered nurse with
25 prescriptive authority may provide a standing protocol or
26 prescription for epinephrine auto-injectors in the name of the

1 Department to be maintained for use when necessary.

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

7 Section 88. The Illinois Police Training Act is amended by
8 adding Section 10.19 as follows:

9 (50 ILCS 705/10.19 new)

10 Sec. 10.19. Training; administration of epinephrine.

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

13 (b) For purposes of this Section, "epinephrine
14 auto-injector" means a single-use device used for the automatic
15 injection of a pre-measured dose of epinephrine into the human
16 body prescribed in the name of a local governmental agency.

17 (c) The Board shall conduct or approve an optional advanced
18 training program for police officers to recognize and respond
19 to anaphylaxis, including the administration of an epinephrine
20 auto-injector. The training must include, but is not limited
21 to:

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

23 (2) how to respond to an emergency involving an
24 allergic reaction;

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

2 (4) how to respond to an individual with a known
3 allergy as well as an individual with a previously unknown
4 allergy;

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

8 (6) other criteria as determined in rules adopted by
9 the Board.

10 (d) A local governmental agency may authorize a police
11 officer who has completed an optional advanced training program
12 under subsection (c) to carry, administer, or assist with the
13 administration of epinephrine auto-injectors provided by the
14 local governmental agency whenever he or she is performing
15 official duties.

16 (e) A local governmental agency that authorizes its
17 officers to carry and administer epinephrine auto-injectors
18 under subsection (d) must establish a policy to control the
19 acquisition, storage, transportation, administration, and
20 disposal of epinephrine auto-injectors and to provide
21 continued training in the administration of epinephrine
22 auto-injectors.

23 (f) A physician, physician's assistant with prescriptive
24 authority, or advanced practice registered nurse with
25 prescriptive authority may provide a standing protocol or
26 prescription for epinephrine auto-injectors in the name of a

1 local governmental agency to be maintained for use when
2 necessary.

3 (g) When a police officer administers an epinephrine
4 auto-injector in good faith, the police officer and local
5 governmental agency, and its employees and agents, incur no
6 liability, except for willful and wanton conduct, as a result
7 of any injury or death arising from the use of an epinephrine
8 auto-injector.

9 Section 90. The School Code is amended by changing Section
10 22-30 as follows:

11 (105 ILCS 5/22-30)

12 Sec. 22-30. Self-administration and self-carry of asthma
13 medication and epinephrine auto-injectors; administration of
14 undesignated epinephrine auto-injectors; administration of an
15 opioid antagonist.

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

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

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

22 "Asthma medication" means a medicine, prescribed by (i) a
23 physician licensed to practice medicine in all its branches,
24 (ii) a licensed physician assistant with prescriptive

1 authority, or (iii) a licensed advanced practice nurse with
2 prescriptive authority for a pupil that pertains to the pupil's
3 asthma and that has an individual prescription label.

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

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

11 "Self-administration" means a pupil's discretionary use of
12 his or her prescribed asthma medication or epinephrine
13 auto-injector.

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

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

21 "Trained personnel" means any school employee or volunteer
22 personnel authorized in Sections 10-22.34, 10-22.34a, and
23 10-22.34b of this Code who has completed training under
24 subsection (g) of this Section to recognize and respond to
25 anaphylaxis.

26 "Undesignated epinephrine auto-injector" means an

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

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

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

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

25 (A) the name and purpose of the epinephrine
26 auto-injector;

1 (B) the prescribed dosage; and

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

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

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

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

1 meets the prescription on file to any student who has an
2 Individual Health Care Action Plan, Illinois Food Allergy
3 Emergency Action Plan and Treatment Authorization Form, or plan
4 pursuant to Section 504 of the federal Rehabilitation Act of
5 1973 that authorizes the use of an epinephrine auto-injector;
6 (iii) administer an undesignated epinephrine auto-injector to
7 any person that the school nurse or trained personnel in good
8 faith believes is having an anaphylactic reaction; and (iv)
9 administer an opioid antagonist to any person that the school
10 nurse or trained personnel in good faith believes is having an
11 opioid overdose.

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

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

16 (c-5) When a school nurse or trained personnel administers
17 an undesignated epinephrine auto-injector to a person whom the
18 school nurse or trained personnel in good faith believes is
19 having an anaphylactic reaction, or administers an opioid
20 antagonist to a person whom the school nurse or trained
21 personnel in good faith believes is having an opioid overdose,
22 notwithstanding the lack of notice to the parents or guardians
23 of the pupil or the absence of the parents or guardians signed
24 statement acknowledging no liability, except for willful and
25 wanton conduct, the school district, public school, or
26 nonpublic school and its employees and agents, and a physician,

1 a physician assistant, or an advanced practice nurse providing
2 standing protocol or prescription for undesignated 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 use of an undesignated
6 epinephrine auto-injector or the use of an opioid antagonist
7 regardless of whether authorization was given by the pupil's
8 parents or guardians or by the pupil's physician, physician
9 assistant, or advanced practice nurse.

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

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

25 (e-5) Provided that the requirements of this Section are
26 fulfilled, a school nurse or trained personnel may administer

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

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

23 (f) The school district, public school, or nonpublic school
24 may maintain a supply of undesignated epinephrine
25 auto-injectors in any secure location that is accessible
26 before, during, and after school where an allergic person is

1 most at risk, including, but not limited to, classrooms and
2 lunchrooms. A physician, a physician assistant who has been
3 delegated prescriptive authority in accordance with Section
4 7.5 of the Physician Assistant Practice Act of 1987, or an
5 advanced practice nurse who has been delegated prescriptive
6 authority in accordance with Section 65-40 of the Nurse
7 Practice Act may prescribe undesignated epinephrine
8 auto-injectors in the name of the school district, public
9 school, or nonpublic school to be maintained for use when
10 necessary. Any supply of epinephrine auto-injectors shall be
11 maintained in accordance with the manufacturer's instructions.

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

23 (f-3) Whichever entity initiates the process of obtaining
24 undesignated epinephrine auto-injectors and providing training
25 to personnel for carrying and administering undesignated
26 epinephrine auto-injectors shall pay for the costs of the

1 undesigned epinephrine auto-injectors.

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

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

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

16 Within 24 hours after the administration of an opioid
17 antagonist, a school district, public school, or nonpublic
18 school must notify the health care professional who provided
19 the prescription for the opioid antagonist of its use.

20 (g) Prior to the administration of an undesigned
21 epinephrine auto-injector, trained personnel must submit to
22 their ~~his or her~~ school's administration proof of completion of
23 a training curriculum to recognize and respond to anaphylaxis
24 that meets the requirements of subsection (h) of this Section.
25 Training must be completed annually. ~~Trained personnel must~~
26 ~~also submit to his or her school's administration proof of~~

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

5 Prior to the administration of an opioid antagonist,
6 trained personnel must submit to their school's administration
7 proof of completion of a training curriculum to recognize and
8 respond to an opioid overdose, which curriculum must meet the
9 requirements of subsection (h-5) of this Section. Training must
10 be completed annually. Trained personnel must also submit to
11 the school's administration proof of cardiopulmonary
12 resuscitation and automated external defibrillator
13 certification. The school district, public school, or
14 nonpublic school must maintain records relating to the training
15 curriculum and the trained personnel.

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

20 Training shall include, but is not limited to:

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

23 (2) how to administer an epinephrine auto-injector;
24 and

25 (3) a test demonstrating competency of the knowledge
26 required to recognize anaphylaxis and administer an

1 epinephrine auto-injector.

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

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

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

6 (C) emergency follow-up procedures;

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

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

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

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

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

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

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

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

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

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

26 In consultation with statewide professional organizations

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

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

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

21 (2) information on drug overdose prevention and
22 recognition;

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

24 (4) how to respond to an emergency involving an opioid
25 overdose;

26 (5) opioid antagonist dosage and administration;

- 1 (6) the importance of calling 911;
- 2 (7) care for the overdose victim after administration
3 of the overdose antagonist;
- 4 (8) a test demonstrating competency of the knowledge
5 required to recognize an opioid overdose and administer a
6 dose of an opioid antagonist; and
- 7 (9) other criteria as determined in rules adopted
8 pursuant to this Section.

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

- 15 (1) age and type of person receiving epinephrine
16 (student, staff, visitor);
- 17 (2) any previously known diagnosis of a severe allergy;
- 18 (3) trigger that precipitated allergic episode;
- 19 (4) location where symptoms developed;
- 20 (5) number of doses administered;
- 21 (6) type of person administering epinephrine (school
22 nurse, trained personnel, student); and
- 23 (7) any other information required by the State Board.

24 If a school district, public school, or nonpublic school
25 maintains or has an independent contractor providing
26 transportation to students who maintains a supply of

1 undesigned epinephrine auto-injectors, then the school
2 district, public school, or nonpublic school must report that
3 information to the State Board of Education upon adoption or
4 change of the policy of the school district, public school,
5 nonpublic school, or independent contractor, in a manner as
6 prescribed by the State Board. The report must include the
7 number of undesigned epinephrine auto-injectors in supply.

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

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

14 (2) the location where symptoms developed;

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

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

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

1 published on the State Board's Internet website on the date the
2 report is delivered to the General Assembly.

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

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

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

15 (Source: P.A. 98-795, eff. 8-1-14; 99-173, eff. 7-29-15;
16 99-480, eff. 9-9-15; revised 10-13-15.)

17 Section 95. The Illinois Food, Drug and Cosmetic Act is
18 amended by changing Section 3.21 as follows:

19 (410 ILCS 620/3.21) (from Ch. 56 1/2, par. 503.21)

20 Sec. 3.21. Except as authorized by this Act, the Illinois
21 Controlled Substances Act, the Pharmacy Practice Act, the
22 Dental Practice Act, the Medical Practice Act of 1987, the
23 Veterinary Medicine and Surgery Practice Act of 2004, the
24 Podiatric Medical Practice Act of 1987, ~~or~~ Section 22-30 of the

1 School Code, Section 40 of the State Police Act, Section 10.19
2 of the Illinois Police Training Act, or the Epinephrine
3 Auto-Injector Act, to sell or dispense a prescription drug
4 without a prescription.

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

6 Section 100. The State Mandates Act is amended by adding
7 Section 8.40 as follows:

8 (30 ILCS 805/8.40 new)

9 Sec. 8.40. Exempt mandate. Notwithstanding Sections 6 and 8
10 of this Act, no reimbursement by the State is required for the
11 implementation of any mandate created by Section 40 of the
12 State Police Act and Section 10.19 of the Illinois Police
13 Training Act.