Sen. Suzy Glowiak Hilton

Filed: 5/6/2026

AMENDMENT TO HOUSE BILL 3454

AMENDMENT NO. _____. Amend House Bill 3454 by replacing everything after the enacting clause with the following:

"Section 5. The Illinois State Police Act is amended by changing Section 40 as follows:

(20 ILCS 2610/40)

Sec. 40. Administration of epinephrine.

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

(b) For the purposes of this Section, "epinephrine delivery system" ~~"epinephrine auto-injector"~~ means a single-use device used for the automatic injection of a pre-measured dose of epinephrine into the human body prescribed in the name of the Illinois State Police.

(c) The Illinois State Police may conduct or approve a

training program for State Police officers to recognize and respond to anaphylaxis, including, but not limited to:

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

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

(3) how to administer an epinephrine delivery system ~~epinephrine auto-injector~~;

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

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

(6) other criteria as determined in rules adopted by the Illinois State Police.

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

(e) The Illinois State Police must establish a written policy to control the acquisition, storage, transportation, administration, and disposal of epinephrine delivery systems ~~epinephrine auto-injectors~~ before it allows any State Police officer to carry and administer epinephrine delivery systems

~~epinephrine auto-injectors~~.

(f) A physician, physician assistant with prescriptive authority, or advanced practice registered nurse with prescriptive authority may provide a standing protocol or prescription for epinephrine delivery systems ~~epinephrine auto injectors~~ in the name of the Illinois State Police to be maintained for use when necessary.

(g) When a State Police officer administers an epinephrine delivery system ~~epinephrine auto-injector~~ in good faith, the officer and the Illinois State Police, and its employees and agents, including a physician, physician assistant with prescriptive authority, or advanced practice registered nurse with prescriptive authority who provides a standing order or prescription for an epinephrine delivery system ~~epinephrine auto injector~~, incur no civil or professional liability, except for willful and wanton conduct, as a result of any injury or death arising from the use of an epinephrine delivery system ~~epinephrine auto injector~~.

(Source: P.A. 104-24, eff. 1-1-26.)

Section 10. The Illinois Police Training Act is amended by changing Section 10.19 as follows:

(50 ILCS 705/10.19)

Sec. 10.19. Training; administration of epinephrine.

(a) This Section, along with Section 40 of the Illinois

State Police Act, may be referred to as the Annie LeGere Law.

(b) For purposes of this Section, "epinephrine delivery system" ~~"epinephrine auto-injector"~~ means a single-use device used for the automatic injection of a pre-measured dose of epinephrine into the human body prescribed in the name of a local law enforcement agency.

(c) The Board shall conduct or approve an optional advanced training program for law enforcement officers to recognize and respond to anaphylaxis, including the administration of an epinephrine delivery system ~~epinephrine auto-injector~~. The training must include, but is not limited to:

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

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

(3) how to administer an epinephrine delivery system ~~epinephrine auto-injector~~;

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

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

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

(d) A local law enforcement agency may authorize a law

enforcement officer who has completed an optional advanced training program under subsection (c) to carry, administer, or assist with the administration of epinephrine delivery systems ~~epinephrine auto-injectors~~ provided by the local law enforcement agency whenever the officer is performing official duties.

(e) A local law enforcement agency that authorizes its officers to carry and administer epinephrine delivery systems ~~epinephrine auto-injectors~~ under subsection (d) must establish a policy to control the acquisition, storage, transportation, administration, and disposal of epinephrine delivery systems ~~epinephrine auto-injectors~~ and to provide continued training in the administration of epinephrine delivery systems ~~epinephrine auto injectors~~.

(f) A physician, physician assistant with prescriptive authority, or advanced practice registered nurse with prescriptive authority may provide a standing protocol or prescription for epinephrine delivery systems ~~epinephrine auto injectors~~ in the name of a local law enforcement agency to be maintained for use when necessary.

(g) When a law enforcement officer administers an epinephrine delivery system ~~epinephrine auto-injector~~ in good faith, the law enforcement officer and local law enforcement agency, and its employees and agents, including a physician, physician assistant with prescriptive authority, or advanced practice registered nurse with prescriptive authority who

provides a standing order or prescription for an epinephrine delivery system ~~epinephrine auto-injector~~, incur no civil or professional liability, except for willful and wanton conduct, or as a result of any injury or death arising from the use of an epinephrine delivery system ~~epinephrine auto injector~~. (Source: P.A. 102-538, eff. 8-20-21; 102-694, eff. 1-7-22; 103-154, eff. 6-30-23.)

Section 15. The School Code is amended by changing Section 22-30 as follows:

(105 ILCS 5/22-30)

Sec. 22-30. Self-administration and self-carry of asthma medication and epinephrine delivery systems ~~injectors~~; administration of undesignated epinephrine delivery systems ~~injectors~~; administration of an opioid antagonist; administration of undesignated asthma medication; supply of undesignated oxygen tanks; asthma episode emergency response protocol.

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

"Asthma action plan" means a written plan developed with a pupil's medical provider to help control the pupil's asthma. The goal of an asthma action plan is to reduce or prevent flare-ups and emergency department visits through day-to-day management and to serve as a student-specific document to be

referenced in the event of an asthma episode.

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

"Epinephrine delivery system" means any form of epinephrine that is approved by the United States Food and Drug Administration, including any device that contains a dose of epinephrine, and that is used to administer epinephrine into the human body to prevent or treat a life-threatening allergic reaction ~~injector" includes an auto-injector approved by the United States Food and Drug Administration for the administration of epinephrine and a pre-filled syringe approved by the United States Food and Drug Administration and used for the administration of epinephrine that contains a pre-measured dose of epinephrine that is equivalent to the dosages used in an auto injector~~.

"Asthma medication" means quick-relief asthma medication, including albuterol or other short-acting bronchodilators, that is approved by the United States Food and Drug Administration for the treatment of respiratory distress. "Asthma medication" includes medication delivered through a device, including a metered dose inhaler with a reusable or disposable spacer or a nebulizer with a mouthpiece or mask.

"Opioid antagonist" means a drug that binds to opioid receptors and blocks or inhibits the effect of opioids acting

on those receptors, including, but not limited to, naloxone hydrochloride or any other similarly acting drug approved by the U.S. Food and Drug Administration.

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

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

"Self-administration" means a pupil's discretionary use of his or her prescribed asthma medication or epinephrine delivery system ~~injector~~.

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

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

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

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

"Undesignated epinephrine delivery system ~~injector~~" means an epinephrine delivery system ~~injector~~ prescribed in the name of a school district, public school, charter school, or nonpublic school.

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

(1) the parents or guardians of the pupil provide to the school (i) written authorization from the parents or guardians for (A) the self-administration and self-carry of asthma medication or (B) the self-carry of asthma medication or (ii) for (A) the self-administration and self-carry of an epinephrine delivery system ~~injector~~ or (B) the self-carry of an epinephrine delivery system ~~injector~~, written authorization from the pupil's physician, physician assistant, or advanced practice registered nurse; and

(2) the parents or guardians of the pupil provide to the school (i) the prescription label, which must contain the name of the asthma medication, the prescribed dosage, and the time at which or circumstances under which the

asthma medication is to be administered, or (ii) for the self-administration or self-carry of an epinephrine delivery system ~~injector~~, a written statement from the pupil's physician, physician assistant, or advanced practice registered nurse containing the following information:

(A) the name and purpose of the epinephrine delivery system ~~injector~~;

(B) the prescribed dosage; and

(C) the time or times at which or the special circumstances under which the epinephrine delivery system ~~injector~~ is to be administered.

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

(b-5) A school district, public school, charter school, or nonpublic school may authorize the provision of a student-specific or undesignated epinephrine delivery system ~~injector~~ to a student or any personnel authorized under a student's Individual Health Care Action Plan, allergy emergency action plan, or plan pursuant to Section 504 of the federal Rehabilitation Act of 1973 to administer an epinephrine delivery system ~~injector~~ to the student, that meets the student's prescription on file.

(b-10) The school district, public school, charter school, or nonpublic school may authorize a school nurse or trained

personnel to do the following: (i) provide an undesignated epinephrine delivery system ~~injector~~ to a student for self-administration only or any personnel authorized under a student's Individual Health Care Action Plan, allergy emergency action plan, plan pursuant to Section 504 of the federal Rehabilitation Act of 1973, or individualized education program plan to administer to the student that meets the student's prescription on file; (ii) administer an undesignated epinephrine delivery system ~~injector~~ that meets the prescription on file to any student who has an Individual Health Care Action Plan, allergy emergency action plan, plan pursuant to Section 504 of the federal Rehabilitation Act of 1973, or individualized education program plan that authorizes the use of an epinephrine delivery system ~~injector~~; (iii) administer an undesignated epinephrine delivery system ~~injector~~ to any person that the school nurse or trained personnel in good faith believes is having an anaphylactic reaction; (iv) administer an opioid antagonist to any person that the school nurse or trained personnel in good faith believes is having an opioid overdose; (v) provide undesignated asthma medication to a student for self-administration only or to any personnel authorized under a student's Individual Health Care Action Plan or asthma action plan, plan pursuant to Section 504 of the federal Rehabilitation Act of 1973, or individualized education program plan to administer to the student that meets the

student's prescription on file; (vi) administer undesignated asthma medication that meets the prescription on file to any student who has an Individual Health Care Action Plan or asthma action plan, plan pursuant to Section 504 of the federal Rehabilitation Act of 1973, or individualized education program plan that authorizes the use of asthma medication; and (vii) administer undesignated asthma medication to any person that the school nurse or trained personnel believes in good faith is having respiratory distress.

(c) The school district, public school, charter school, or nonpublic school must inform the parents or guardians of the pupil, in writing, that the school district, public school, charter school, or nonpublic school and its employees and agents, including a physician, physician assistant, or advanced practice registered nurse providing standing protocol and a prescription for school epinephrine delivery systems ~~injectors~~, an opioid antagonist, or undesignated asthma medication, are to incur no liability or professional discipline, except for willful and wanton conduct, as a result of any injury arising from the administration of asthma medication, an epinephrine delivery system ~~injector~~, or an opioid antagonist regardless of whether authorization was given by the pupil's parents or guardians or by the pupil's physician, physician assistant, or advanced practice registered nurse. The parents or guardians of the pupil must

sign a statement acknowledging that the school district, public school, charter school, or nonpublic school and its employees and agents are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the administration of asthma medication, an epinephrine delivery system ~~injector~~, or an opioid antagonist regardless of whether authorization was given by the pupil's parents or guardians or by the pupil's physician, physician assistant, or advanced practice registered nurse and that the parents or guardians must indemnify and hold harmless the school district, public school, charter school, or nonpublic school and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration of asthma medication, an epinephrine delivery system ~~injector~~, or an opioid antagonist regardless of whether authorization was given by the pupil's parents or guardians or by the pupil's physician, physician assistant, or advanced practice registered nurse.

(c-5) When a school nurse or trained personnel administers an undesignated epinephrine delivery system ~~injector~~ to a person whom the school nurse or trained personnel in good faith believes is having an anaphylactic reaction, administers an opioid antagonist to a person whom the school nurse or trained personnel in good faith believes is having an opioid overdose, or administers undesignated asthma medication to a person whom the school nurse or trained personnel in good

faith believes is having respiratory distress, notwithstanding the lack of notice to the parents or guardians of the pupil or the absence of the parents or guardians signed statement acknowledging no liability, except for willful and wanton conduct, the school district, public school, charter school, or nonpublic school and its employees and agents, and a physician, a physician assistant, or an advanced practice registered nurse providing standing protocol and a prescription for undesignated epinephrine delivery systems ~~injectors~~, an opioid antagonist, or undesignated asthma medication, are to incur no liability or professional discipline, except for willful and wanton conduct, as a result of any injury arising from the use of an undesignated epinephrine delivery system ~~injector~~, the use of an opioid antagonist, or the use of undesignated asthma medication, regardless of whether authorization was given by the pupil's parents or guardians or by the pupil's physician, physician assistant, or advanced practice registered nurse.

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

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

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

(e-5) Provided that the requirements of this Section are fulfilled, a school nurse or trained personnel may administer an undesignated epinephrine delivery system ~~injector~~ to any person whom the school nurse or trained personnel in good faith believes to be having an anaphylactic reaction (i) while in school, (ii) while at a school-sponsored activity, (iii) while under the supervision of school personnel, or (iv) before or after normal school activities, such as while in before-school or after-school care on school-operated property or while being transported on a school bus. A school nurse or trained personnel may carry undesignated epinephrine delivery systems ~~injectors~~ on his or her person while in school or at a school-sponsored activity.

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

school-sponsored activity, (iii) while under the supervision of school personnel, or (iv) before or after normal school activities, such as while in before-school or after-school care on school-operated property. A school nurse or trained personnel may carry an opioid antagonist on his or her person while in school or at a school-sponsored activity.

(e-15) If the requirements of this Section are met, a school nurse or trained personnel may administer undesignated asthma medication to any person whom the school nurse or trained personnel in good faith believes to be experiencing respiratory distress (i) while in school, (ii) while at a school-sponsored activity, (iii) while under the supervision of school personnel, or (iv) before or after normal school activities, including before-school or after-school care on school-operated property. A school nurse or trained personnel may carry undesignated asthma medication on his or her person while in school or at a school-sponsored activity.

(f) The school district, public school, charter school, or nonpublic school may maintain a supply of undesignated epinephrine delivery systems ~~injectors~~ in any secure location that is accessible before, during, and after school where an allergic person is most at risk, including, but not limited to, classrooms and lunchrooms. A physician, a physician assistant who has prescriptive authority in accordance with Section 7.5 of the Physician Assistant Practice Act of 1987, or an advanced practice registered nurse who has prescriptive

authority in accordance with Section 65-40 of the Nurse Practice Act may prescribe undesignated epinephrine delivery systems ~~injectors~~ in the name of the school district, public school, charter school, or nonpublic school to be maintained for use when necessary. Any supply of epinephrine delivery systems ~~injectors~~ shall be maintained in accordance with the manufacturer's instructions.

The school district, public school, charter school, or nonpublic school shall maintain a supply of an opioid antagonist in any secure location where an individual may have an opioid overdose, unless there is a shortage of opioid antagonists, in which case the school district, public school, charter school, or nonpublic school shall make a reasonable effort to maintain a supply of an opioid antagonist. Unless the school district, public school, charter school, or nonpublic school is able to obtain opioid antagonists without a prescription, a health care professional who has been delegated prescriptive authority for opioid antagonists in accordance with Section 5-23 of the Substance Use Disorder Act shall prescribe opioid antagonists in the name of the school district, public school, charter school, or nonpublic school, to be maintained for use when necessary. Any supply of opioid antagonists shall be maintained in accordance with the manufacturer's instructions.

The school district, public school, charter school, or nonpublic school may maintain a supply of asthma medication in

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

A school district that provides special educational facilities for children with disabilities under Section 14-4.01 of this Code may maintain a supply of undesignated oxygen tanks in any secure location that is accessible before, during, and after school where a person with developmental disabilities is most at risk, including, but not limited to, classrooms and lunchrooms. A physician, a physician assistant who has prescriptive authority in accordance with Section 7.5 of the Physician Assistant Practice Act of 1987, or an advanced practice registered nurse who has prescriptive authority in accordance with Section 65-40 of the Nurse Practice Act may prescribe undesignated oxygen tanks in the name of the school district that provides special educational facilities for children with disabilities under Section

14-4.01 of this Code to be maintained for use when necessary. Any supply of oxygen tanks shall be maintained in accordance with the manufacturer's instructions and with the local fire department's rules.

(f-3) Whichever entity initiates the process of obtaining undesignated epinephrine delivery systems ~~injectors~~ and providing training to personnel for carrying and administering undesignated epinephrine delivery systems ~~injectors~~ shall pay for the costs of the undesignated epinephrine delivery systems ~~injectors~~.

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

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

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

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

Within 24 hours after the administration of undesignated asthma medication, a school district, public school, charter school, or nonpublic school must notify the student's parent or guardian or emergency contact, if known, and the physician, physician assistant, or advanced practice registered nurse who provided the standing protocol and a prescription for the undesignated asthma medication of its use. The district or school must follow up with the school nurse, if available, and may, with the consent of the child's parent or guardian, notify the child's health care provider of record, as determined under this Section, of its use.

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

Prior to the administration of an opioid antagonist,

trained personnel must submit to the school's administration proof of completion of a training curriculum to recognize and respond to an opioid overdose, which curriculum must meet the requirements of subsection (h-5) of this Section. The school district, public school, charter school, or nonpublic school must maintain records relating to the training curriculum and the trained personnel.

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

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

Training shall include, but is not limited to:

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

(2) how to administer an epinephrine delivery system ~~injector~~; and

(3) a test demonstrating competency of the knowledge

required to recognize anaphylaxis and administer an epinephrine delivery system ~~injector~~.

Training may also include, but is not limited to:

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

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

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

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

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

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

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

materials. The State Board shall make these resource materials available on its Internet website.

(h-5) A training curriculum to recognize and respond to an opioid overdose, including the administration of an opioid antagonist, may be conducted online or in person. The training must comply with any training requirements under Section 5-23 of the Substance Use Disorder Act and the corresponding rules. It must include, but is not limited to:

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

(2) information on drug overdose prevention and recognition;

(3) how to perform rescue breathing and resuscitation;

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

(5) opioid antagonist dosage and administration;

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

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

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

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

(h-10) A training curriculum to recognize and respond to respiratory distress, including the administration of

undesignated asthma medication, may be conducted online or in person. The training must include, but is not limited to:

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

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

(3) asthma medication dosage and administration;

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

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

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

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

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

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

(3) trigger that precipitated allergic episode;

(4) location where symptoms developed;

(5) number of doses administered;

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

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

If a school district, public school, charter school, or nonpublic school maintains or has an independent contractor providing transportation to students who maintains a supply of undesignated epinephrine delivery systems ~~injectors~~, then the school district, public school, charter school, or nonpublic school must report that information to the State Board of Education upon adoption or change of the policy of the school district, public school, charter school, nonpublic school, or independent contractor, in a manner as prescribed by the State Board. The report must include the number of undesignated epinephrine delivery systems ~~injectors~~ in supply.

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

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

(2) the location where symptoms developed;

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

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

(i-10) Within 3 days after the administration of undesignated asthma medication by a school nurse, trained personnel, or a student at a school or school-sponsored activity, the school must report to the State Board of Education, on a form and in a manner prescribed by the State Board of Education, the following information:

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

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

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

(4) the location of where the symptoms developed;

(5) the number of doses administered;

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

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

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

(j) By October 1, 2015 and every year thereafter, the State Board of Education shall submit a report to the General Assembly identifying the frequency and circumstances of undesignated epinephrine and undesignated asthma medication administration during the preceding academic year. Beginning with the 2017 report, the report shall also contain

information on which school districts, public schools, charter schools, and nonpublic schools maintain or have independent contractors providing transportation to students who maintain a supply of undesignated epinephrine delivery systems ~~injectors~~. This report shall be published on the State Board's Internet website on the date the report is delivered to the General Assembly.

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

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

components of the State Board's model protocol.

(j-15) (Blank).

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

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

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

(Source: P.A. 102-413, eff. 8-20-21; 102-813, eff. 5-13-22; 103-175, eff. 6-30-23; 103-196, eff. 1-1-24; 103-348, eff. 1-1-24; 103-542, eff. 7-1-24 (see Section 905 of P.A. 103-563 for effective date of P.A. 103-542); 103-605, eff. 7-1-24.)

Section 20. The Illinois Insurance Code is amended by changing Section 356z.33 as follows:

(215 ILCS 5/356z.33)

Sec. 356z.33. Coverage for epinephrine delivery systems ~~epinephrine injectors~~.

(a) A group or individual policy of accident and health insurance or a managed care plan that is amended, delivered, issued, or renewed on or after January 1, 2020 (the effective date of Public Act 101-281) shall provide coverage for medically necessary epinephrine delivery systems ~~epinephrine injectors~~ for persons 18 years of age or under. As used in this Section, "epinephrine delivery system" ~~"epinephrine injector"~~ has the meaning given to that term in Section 5 of the Epinephrine Delivery System ~~Epinephrine Injector~~ Act.

(b) An insurer that provides coverage for medically necessary epinephrine delivery systems ~~epinephrine injectors~~ shall limit the total amount that an insured is required to pay for a twin-pack of medically necessary epinephrine delivery systems ~~epinephrine injectors~~ at an amount not to exceed $60, regardless of the type of epinephrine delivery system ~~epinephrine injector~~; except that this provision does not apply to the extent such coverage would disqualify a high-deductible health plan from eligibility for a health savings account pursuant to Section 223 of the Internal Revenue Code (26 U.S.C. 223).

(c) Nothing in this Section prevents an insurer from reducing an insured's cost sharing by an amount greater than the amount specified in subsection (b).

(d) The Department may adopt rules as necessary to implement and administer this Section.

(Source: P.A. 102-558, eff. 8-20-21; 103-454, eff. 1-1-25;

103-718, eff. 7-19-24.)

Section 25. The Medical Practice Act of 1987 is amended by changing Section 65 as follows:

(225 ILCS 60/65)

(Section scheduled to be repealed on January 1, 2027)

Sec. 65. Annie LeGere Law; epinephrine delivery system ~~epinephrine auto-injector~~. A licensee under this Act may not be subject to discipline for providing a standing order or prescription for an epinephrine delivery system ~~epinephrine auto-injector~~ in accordance with Section 40 of the Illinois State Police Act or Section 10.19 of the Illinois Police Training Act.

(Source: P.A. 102-538, eff. 8-20-21.)

Section 30. The Epinephrine Injector Act is amended by changing Sections 1, 5, 10, 15, and 20 as follows:

(410 ILCS 27/1)

Sec. 1. Short title. This Act may be cited as the Epinephrine Delivery System ~~Epinephrine Injector~~ Act.

(Source: P.A. 99-711, eff. 1-1-17; 100-799, eff. 1-1-19.)

(410 ILCS 27/5)

Sec. 5. Definitions. As used in this Act:

"Administer" means to directly apply an epinephrine delivery system to the body of an individual.

"Authorized entity" means any entity or organization, other than a school covered under Section 22-30 of the School Code, in connection with or at which allergens capable of causing anaphylaxis may be present, including, but not limited to, independent contractors who provide student transportation to schools, recreation camps, colleges and universities, day care facilities, youth sports leagues, amusement parks, restaurants, sports arenas, and places of employment. The Department shall, by rule, determine what constitutes a day care facility under this definition.

"Authorized individual" means an individual who has successfully completed the training program under Section 10 of this Act.

"Department" means the Department of Public Health.

"Epinephrine delivery system" means any form of epinephrine that is approved by the United States Food and Drug Administration, including any device that contains a dose of epinephrine, and that is used to administer epinephrine into the human body to prevent or treat a life-threatening allergic reaction.

"Health care practitioner" means a physician licensed to practice medicine in all its branches under the Medical Practice Act of 1987, a physician assistant under the Physician Assistant Practice Act of 1987 with prescriptive

authority, or an advanced practice registered nurse with prescribing authority under Article 65 of the Nurse Practice Act.

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

"Undesignated epinephrine delivery system ~~injector~~" means an epinephrine delivery system ~~injector~~ prescribed in the name of an authorized entity.

(Source: P.A. 104-229, eff. 1-1-26.)

(410 ILCS 27/10)

Sec. 10. Prescription to authorized entity; use; training.

(a) A health care practitioner may prescribe epinephrine delivery systems ~~injectors~~ in the name of an authorized entity or authorized individual for use in accordance with this Act, and pharmacists and health care practitioners may dispense epinephrine delivery systems pursuant to a prescription issued in the name of an authorized entity or authorized individual. Such prescriptions shall be valid for a period of 2 years.

(a-1) A health care provider with prescribing authority who is employed by or under contract with the Department may issue a statewide standing order for the dispensing of epinephrine delivery systems for use under subsection (c) by authorized individuals or by employees or agents of authorized entities who have completed the training required by subsection (d).

(b) An authorized entity or authorized individual may acquire and stock a supply of undesignated epinephrine delivery systems pursuant to a prescription issued under subsection (a) of this Section. Such undesignated epinephrine delivery systems shall be stored in a location readily accessible in an emergency and in accordance with the instructions for use of the epinephrine delivery systems. The Department may establish any additional requirements an authorized entity or authorized individual must follow under this Act.

(c) An employee or agent of an authorized entity who is an authorized individual or any other individual who is an authorized individual may:

(1) anywhere allergens capable of causing anaphylaxis may be present provide an epinephrine delivery system to any individual whom the employee, agent, or other individual believes in good faith is experiencing anaphylaxis, or to the parent, guardian, or caregiver of such individual, for immediate administration, regardless of whether the individual has a prescription for an epinephrine delivery system or has previously been diagnosed with an allergy; or

(2) anywhere allergens capable of causing anaphylaxis may be present administer an epinephrine delivery system to any individual whom the employee, agent, or other individual believes in good faith is experiencing

anaphylaxis, regardless of whether the individual has a prescription for an epinephrine delivery system or has previously been diagnosed with an allergy.

(d) An employee, agent, or other individual authorized must complete an anaphylaxis training program before he or she is able to provide or administer an epinephrine delivery system under this Section. Such training shall be valid for a period of 2 years and shall be conducted by a nationally recognized organization experienced in training laypersons in emergency health treatment. The Department shall include links to training providers' websites on its website.

Training shall include, but is not limited to:

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

(2) how to administer an epinephrine delivery system; and

(3) a test demonstrating competency of the knowledge required to recognize anaphylaxis and administer an epinephrine delivery system.

Training may also include, but is not limited to:

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

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

(C) emergency follow-up procedures; and

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

Training may be conducted either online or in person. The entity or individual conducting the training shall issue a certificate to each person who successfully completes the anaphylaxis training program. The Department shall approve training programs and list permitted training programs on the Department's Internet website.

(Source: P.A. 104-229, eff. 1-1-26.)

(410 ILCS 27/15)

Sec. 15. Costs. Whichever entity initiates the process of obtaining undesignated epinephrine delivery systems and providing training to personnel for carrying and administering undesignated epinephrine delivery systems shall pay for the costs of the undesignated epinephrine delivery systems.

(Source: P.A. 104-229, eff. 1-1-26.)

(410 ILCS 27/20)

Sec. 20. Limitations. The use of an undesignated epinephrine delivery system in accordance with the requirements of this Act does not constitute the practice of medicine or any other profession that requires medical licensure.

Nothing in this Act shall limit the amount of epinephrine delivery systems that an authorized entity or individual may carry or maintain a supply of.

(Source: P.A. 104-229, eff. 1-1-26.)

Section 35. The Emergency Asthma Inhalers and Allergy Treatment for Children Act is amended by changing Section 10 as follows:

(410 ILCS 607/10)

Sec. 10. Possession, self-administration, and use of epinephrine delivery systems ~~epinephrine auto injectors~~ or inhalers at recreation camps and after-school care programs.

(a) A recreation camp or an after-school care program shall permit a child with severe, potentially life-threatening allergies to possess, self-administer, and use an epinephrine delivery system ~~epinephrine auto-injector~~ or inhaler, if the following conditions are satisfied:

(1) The child has the written approval of his or her parent or guardian.

(2) The recreational camp or after-school care program administrator or, if a nurse is assigned to the camp or program, the nurse shall receive copies of the written approvals required under paragraph (1) of subsection (a) of this Section.

(3) The child's parent or guardian shall submit written verification confirming that the child has the knowledge and skills to safely possess, self-administer, and use an epinephrine delivery system ~~epinephrine auto injector~~ or inhaler in a camp or an after-school care

program setting.

(b) The child's parent or guardian shall provide the camp or program with the following information:

(1) the child's name;

(2) the name, route, and dosage of medication;

(3) the frequency and time of medication administration or assistance;

(4) the date of the order;

(5) a diagnosis and any other medical conditions requiring medications, if not a violation of confidentiality or if not contrary to the request of the parent or guardian to keep confidential;

(6) specific recommendations for administration;

(7) any special side effects, contraindications, and adverse reactions to be observed;

(8) the name of each required medication; and

(9) any severe adverse reactions that may occur to another child, for whom the epinephrine delivery system ~~epinephrine auto injector~~ or inhaler is not prescribed, should the other child receive a dose of the medication.

(c) If the conditions of this Act are satisfied, the child may possess, self-administer, and use an epinephrine delivery system ~~epinephrine auto-injector~~ or inhaler at the camp or after-school care program or at any camp-sponsored or program-sponsored activity, event, or program.

(d) The recreational camp or after-school care program

must inform the parents or guardians of the child, in writing, that the recreational camp or after-school care program and its employees and agents are to incur no liability, as applicable, except for willful and wanton conduct, as a result of any injury arising from the self-administration of medication to the child. The parents or guardians of the child must sign a statement acknowledging that the recreational camp or after-school care program is to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of medication by the child and that the parents or guardians must indemnify and hold harmless the recreational camp or after-school care program and its employees and agents, as applicable, against any claims, except a claim based on willful and wanton conduct, arising out of the self-administration of medication by the child.

(e) After-school care program personnel who have completed an anaphylaxis training program as identified under the Epinephrine Delivery System ~~Epinephrine Injector~~ Act may administer an undesignated epinephrine injection to any child if the after-school care program personnel believe in good faith that the child is having an anaphylactic reaction while in the after-school care program. After-school care program personnel may carry undesignated epinephrine delivery systems ~~epinephrine injectors~~ on their person while in the after-school care program.

(f) After-school care program personnel may administer undesignated asthma medication to any child if the after-school care program personnel believe in good faith that the child is experiencing respiratory distress while in the after-school care program. After-school care program personnel may carry undesignated asthma medication on their person while in the after-school care program.

(g) If after-school care program personnel are to administer an undesignated epinephrine injection or an undesignated asthma medication to a child, the after-school care program personnel must inform the parents or guardians of the child, in writing, that the after-school care program and its employees and agents, acting in accordance with standard protocols and the prescription for the injection or medication, shall incur no liability, except for willful and wanton conduct, as a result of any injury arising from the administration of the injection or medication, notwithstanding whether authorization was given by the child's parents or guardians or by the child's physician, physician assistant, or advanced practice registered nurse. A parent or guardian of the child must sign a statement acknowledging that the after-school care program and its employees and agents are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the administration of the medication or injection, regardless of whether authorization was given by a parent or guardian of the child or by the

child's physician, physician assistant, or advanced practice registered nurse, and that the parent or guardian must also indemnify and hold harmless the after-school care program and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration of the medication or injection, regardless of whether authorization was given by the child's parent or guardian or by the child's physician, physician assistant, or advanced practice registered nurse.

(h) If after-school care program personnel administer an undesignated epinephrine injection to a person and the after-school care program personnel believe in good faith the person is having an anaphylactic reaction or administer undesignated asthma medication to a person and believe in good faith the person is experiencing respiratory distress, then the after-school care program and its employees and agents, acting in accordance with standard protocols and the prescription for the injection or medication, shall not incur any liability or be subject to professional discipline, except for willful and wanton conduct, as a result of any injury arising from the use of the injection or medication, notwithstanding whether notice was given to or authorization was given by the child's parent or guardian or by the child's physician, physician assistant, or advanced practice registered nurse and notwithstanding the absence of the parent's or guardian's signed statement acknowledging release

from liability.

(i) The changes made to this Section by this amendatory Act of the 103rd General Assembly apply to actions filed on or after the effective date of this amendatory Act of the 103rd General Assembly.

(Source: P.A. 103-438, eff. 8-4-23.)

Section 40. The Illinois Food, Drug and Cosmetic Act is amended by changing Section 3.21 as follows:

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

Sec. 3.21. Except as authorized by this Act, the Illinois Controlled Substances Act, the Pharmacy Practice Act, the Dental Practice Act, the Medical Practice Act of 1987, the Veterinary Medicine and Surgery Practice Act of 2004, the Podiatric Medical Practice Act of 1987, Section 22-30 of the School Code, Section 40 of the Illinois State Police Act, Section 10.19 of the Illinois Police Training Act, or the Epinephrine Delivery System ~~Epinephrine Injector~~ Act, to sell or dispense a prescription drug without a prescription.

(Source: P.A. 102-538, eff. 8-20-21.)".