



104TH GENERAL ASSEMBLY

State of Illinois

2025 and 2026

HB4219

by Rep. Martha Deuter

SYNOPSIS AS INTRODUCED:

105 ILCS 5/22-30

Amends the School Code. Changes the term "epinephrine injector" to "epinephrine delivery system" in a provision regarding the self-administration, self-carry, and administration of epinephrine delivery systems. Defines "epinephrine delivery system" as any form of epinephrine that is approved by the United States Food and Drug Administration and that is used to administer epinephrine into the human body to prevent or treat a life-threatening allergic reaction. Requires the entity or individual conducting the training curriculum to recognize and respond to anaphylaxis to issue a certificate to each person who successfully completes the anaphylaxis training program. Allows the anaphylaxis training to include the proper techniques for administering non-injector epinephrine options. Effective July 30, 2026.

LRB104 15974 LNS 29217 b

1 AN ACT concerning education.

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

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

6 (105 ILCS 5/22-30)

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

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

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

22 "Asthma episode emergency response protocol" means a
23 procedure to provide assistance to a pupil experiencing

1 symptoms of wheezing, coughing, shortness of breath, chest
2 tightness, or breathing difficulty.

3 ~~"Epinephrine injector" includes an auto injector approved~~
4 ~~by the United States Food and Drug Administration for the~~
5 ~~administration of epinephrine and a pre filled syringe~~
6 ~~approved by the United States Food and Drug Administration and~~
7 ~~used for the administration of epinephrine that contains a~~
8 ~~pre measured dose of epinephrine that is equivalent to the~~
9 ~~dosages used in an auto injector.~~

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

14 "Asthma medication" includes medication delivered through a
15 device, including a metered dose inhaler with a reusable or
16 disposable spacer or a nebulizer with a mouthpiece or mask.

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

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

1 the U.S. Food and Drug Administration.

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

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

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

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

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

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

25 "Undesignated asthma medication" means asthma medication
26 prescribed in the name of a school district, public school,

1 charter school, or nonpublic school.

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

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

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

21 (2) the parents or guardians of the pupil provide to
22 the school (i) the prescription label, which must contain
23 the name of the asthma medication, the prescribed dosage,
24 and the time at which or circumstances under which the
25 asthma medication is to be administered, or (ii) for the
26 self-administration or self-carry of an epinephrine

1 delivery system injector, a written statement from the
2 pupil's physician, physician assistant, or advanced
3 practice registered nurse containing the following
4 information:

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

7 (B) the prescribed dosage; and

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

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

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

23 (b-10) The school district, public school, charter school,
24 or nonpublic school may authorize a school nurse or trained
25 personnel to do the following: (i) provide an undesignated
26 epinephrine delivery system injector to a student for

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

1 student who has an Individual Health Care Action Plan or
2 asthma action plan, plan pursuant to Section 504 of the
3 federal Rehabilitation Act of 1973, or individualized
4 education program plan that authorizes the use of asthma
5 medication; and (vii) administer undesignated asthma
6 medication to any person that the school nurse or trained
7 personnel believes in good faith is having respiratory
8 distress.

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

17 (c-5) When a school nurse or trained personnel administers
18 an undesignated epinephrine delivery system injector to a
19 person whom the school nurse or trained personnel in good
20 faith believes is having an anaphylactic reaction, administers
21 an opioid antagonist to a person whom the school nurse or
22 trained personnel in good faith believes is having an opioid
23 overdose, or administers undesignated asthma medication to a
24 person whom the school nurse or trained personnel in good
25 faith believes is having respiratory distress, notwithstanding
26 the lack of notice to the parents or guardians of the pupil or

1 the absence of the parents or guardians signed statement
2 acknowledging no liability, except for willful and wanton
3 conduct, the school district, public school, charter school,
4 or nonpublic school and its employees and agents, and a
5 physician, a physician assistant, or an advanced practice
6 registered nurse providing standing protocol and a
7 prescription for undesignated epinephrine delivery systems
8 ~~injectors~~, an opioid antagonist, or undesignated asthma
9 medication, are to incur no liability or professional
10 discipline, except for willful and wanton conduct, as a result
11 of any injury arising from the use of an undesignated
12 epinephrine delivery system ~~injector~~, the use of an opioid
13 antagonist, or the use of undesignated asthma medication,
14 regardless of whether authorization was given by the pupil's
15 parents or guardians or by the pupil's physician, physician
16 assistant, or advanced practice registered nurse.

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

23 (e) Provided that the requirements of this Section are
24 fulfilled, a pupil with asthma may self-administer and
25 self-carry his or her asthma medication or a pupil may
26 self-administer and self-carry an epinephrine delivery system

1 ~~injector~~ (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 or while being transported on a
6 school bus.

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

20 (e-10) Provided that the requirements of this Section are
21 fulfilled, a school nurse or trained personnel may administer
22 an opioid antagonist to any person whom the school nurse or
23 trained personnel in good faith believes to be having an
24 opioid overdose (i) while in school, (ii) while at a
25 school-sponsored activity, (iii) while under the supervision
26 of school personnel, or (iv) before or after normal school

1 activities, such as while in before-school or after-school
2 care on school-operated property. A school nurse or trained
3 personnel may carry an opioid antagonist on his or her person
4 while in school or at a school-sponsored activity.

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

16 (f) The school district, public school, charter school, or
17 nonpublic school may maintain a supply of undesignated
18 epinephrine delivery systems ~~injectors~~ in any secure location
19 that is accessible before, during, and after school where an
20 allergic person is most at risk, including, but not limited
21 to, classrooms and lunchrooms. A physician, a physician
22 assistant who has prescriptive authority in accordance with
23 Section 7.5 of the Physician Assistant Practice Act of 1987,
24 or an advanced practice registered nurse who has prescriptive
25 authority in accordance with Section 65-40 of the Nurse
26 Practice Act may prescribe undesignated epinephrine delivery

1 ~~systems injectors~~ in the name of the school district, public
2 school, charter school, or nonpublic school to be maintained
3 for use when necessary. Any supply of epinephrine delivery
4 ~~systems injectors~~ shall be maintained in accordance with the
5 manufacturer's instructions.

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

23 The school district, public school, charter school, or
24 nonpublic school may maintain a supply of asthma medication in
25 any secure location that is accessible before, during, or
26 after school where a person is most at risk, including, but not

1 limited to, a classroom or the nurse's office. A physician, a
2 physician assistant who has prescriptive authority under
3 Section 7.5 of the Physician Assistant Practice Act of 1987,
4 or an advanced practice registered nurse who has prescriptive
5 authority under Section 65-40 of the Nurse Practice Act may
6 prescribe undesignated asthma medication in the name of the
7 school district, public school, charter school, or nonpublic
8 school to be maintained for use when necessary. Any supply of
9 undesignated asthma medication must be maintained in
10 accordance with the manufacturer's instructions.

11 A school district that provides special educational
12 facilities for children with disabilities under Section
13 14-4.01 of this Code may maintain a supply of undesignated
14 oxygen tanks in any secure location that is accessible before,
15 during, and after school where a person with developmental
16 disabilities is most at risk, including, but not limited to,
17 classrooms and lunchrooms. A physician, a physician assistant
18 who has prescriptive authority in accordance with Section 7.5
19 of the Physician Assistant Practice Act of 1987, or an
20 advanced practice registered nurse who has prescriptive
21 authority in accordance with Section 65-40 of the Nurse
22 Practice Act may prescribe undesignated oxygen tanks in the
23 name of the school district that provides special educational
24 facilities for children with disabilities under Section
25 14-4.01 of this Code to be maintained for use when necessary.
26 Any supply of oxygen tanks shall be maintained in accordance

1 with the manufacturer's instructions and with the local fire
2 department's rules.

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

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

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

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

25 Within 24 hours after the administration of an opioid
26 antagonist, a school district, public school, charter school,

1 or nonpublic school must notify the health care professional
2 who provided the prescription for the opioid antagonist of its
3 use.

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

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

24 Prior to the administration of an opioid antagonist,
25 trained personnel must submit to the school's administration
26 proof of completion of a training curriculum to recognize and

1 respond to an opioid overdose, which curriculum must meet the
2 requirements of subsection (h-5) of this Section. The school
3 district, public school, charter school, or nonpublic school
4 must maintain records relating to the training curriculum and
5 the trained personnel.

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

15 (h) A training curriculum to recognize and respond to
16 anaphylaxis, including the administration of an undesignated
17 epinephrine delivery system ~~injector~~, may be conducted online
18 or in person. The entity or individual conducting the training
19 shall issue a certificate to each person who successfully
20 completes the anaphylaxis training program.

21 Training shall include, but is not limited to:

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

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

26 (3) a test demonstrating competency of the knowledge

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

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

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

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

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

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

12 (D-5) the proper techniques for administering
13 non-injector epinephrine options;

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

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

18 In consultation with statewide professional organizations
19 representing physicians licensed to practice medicine in all
20 of its branches, registered nurses, and school nurses, the
21 State Board of Education shall make available resource
22 materials consistent with criteria in this subsection (h) for
23 educating trained personnel to recognize and respond to
24 anaphylaxis. The State Board may take into consideration the
25 curriculum on this subject developed by other states, as well
26 as any other curricular materials suggested by medical experts

1 and other groups that work on life-threatening allergy issues.
2 The State Board is not required to create new resource
3 materials. The State Board shall make these resource materials
4 available on its Internet website.

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

- 11 (1) how to recognize symptoms of an opioid overdose;
- 12 (2) information on drug overdose prevention and
13 recognition;
- 14 (3) how to perform rescue breathing and resuscitation;
- 15 (4) how to respond to an emergency involving an opioid
16 overdose;
- 17 (5) opioid antagonist dosage and administration;
- 18 (6) the importance of calling 9-1-1 or, if 9-1-1 is
19 not available, other local emergency medical services;
- 20 (7) care for the overdose victim after administration
21 of the overdose antagonist;
- 22 (8) a test demonstrating competency of the knowledge
23 required to recognize an opioid overdose and administer a
24 dose of an opioid antagonist; and
- 25 (9) other criteria as determined in rules adopted
26 pursuant to this Section.

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

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

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

10 (3) asthma medication dosage and administration;

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

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

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

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

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

26 (2) any previously known diagnosis of a severe

1 allergy;

2 (3) trigger that precipitated allergic episode;

3 (4) location where symptoms developed;

4 (5) number of doses administered;

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

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

8 If a school district, public school, charter school, or
9 nonpublic school maintains or has an independent contractor
10 providing transportation to students who maintains a supply of
11 undesignated epinephrine delivery systems ~~injectors~~, then the
12 school district, public school, charter school, or nonpublic
13 school must report that information to the State Board of
14 Education upon adoption or change of the policy of the school
15 district, public school, charter school, nonpublic school, or
16 independent contractor, in a manner as prescribed by the State
17 Board. The report must include the number of undesignated
18 epinephrine delivery systems ~~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 of Education, in a form and
22 manner prescribed by the State Board, the following
23 information:

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

26 (2) the location where symptoms developed;

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

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

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

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

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

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

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

17 (5) the number of doses administered;

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

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

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

23 (j) By October 1, 2015 and every year thereafter, the
24 State Board of Education shall submit a report to the General
25 Assembly identifying the frequency and circumstances of
26 undesignated epinephrine and undesignated asthma medication

1 administration during the preceding academic year. Beginning
2 with the 2017 report, the report shall also contain
3 information on which school districts, public schools, charter
4 schools, and nonpublic schools maintain or have independent
5 contractors providing transportation to students who maintain
6 a supply of undesignated epinephrine delivery systems
7 ~~injectors~~. This report shall be published on the State Board's
8 Internet website on the date the report is delivered to the
9 General Assembly.

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

20 (j-10) To assist schools with emergency response
21 procedures for asthma, the State Board of Education, in
22 consultation with statewide professional organizations with
23 expertise in asthma management and a statewide organization
24 representing school administrators, shall develop a model
25 asthma episode emergency response protocol before September 1,
26 2016. Each school district, charter school, and nonpublic

1 school shall adopt an asthma episode emergency response
2 protocol before January 1, 2017 that includes all of the
3 components of the State Board's model protocol.

4 (j-15) (Blank).

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

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

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

18 (Source: P.A. 102-413, eff. 8-20-21; 102-813, eff. 5-13-22;
19 103-175, eff. 6-30-23; 103-196, eff. 1-1-24; 103-348, eff.
20 1-1-24; 103-542, eff. 7-1-24 (see Section 905 of P.A. 103-563
21 for effective date of P.A. 103-542); 103-605, eff. 7-1-24.)

22 Section 99. Effective date. This Act takes effect July 30,
23 2026.