



Rep. Rita Mayfield

Filed: 3/12/2026

10400HB4247ham003

LRB104 16732 LNS 35158 a

1 AMENDMENT TO HOUSE BILL 4247

2 AMENDMENT NO. _____. Amend House Bill 4247 by replacing
3 everything after the enacting clause with the following:

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 injectors; administration of
9 undesignated epinephrine injectors; administration of an
10 opioid antagonist; administration of undesignated asthma
11 medication; supply of undesignated oxygen tanks; asthma
12 episode emergency response protocol.

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

15 "Asthma action plan" means a written plan developed with a
16 pupil's medical provider to help control the pupil's asthma.

1 The goal of an asthma action plan is to reduce or prevent
2 flare-ups and emergency department visits through day-to-day
3 management and to serve as a student-specific document to be
4 referenced in the event of an asthma episode.

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

9 "Epinephrine injector" includes an auto-injector approved
10 by the United States Food and Drug Administration for the
11 administration of epinephrine and a pre-filled syringe
12 approved by the United States Food and Drug Administration and
13 used for the administration of epinephrine that contains a
14 pre-measured dose of epinephrine that is equivalent to the
15 dosages used in an auto-injector.

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

20 "Asthma medication" includes medication delivered through a
21 device, including a metered dose inhaler with a reusable or
22 disposable spacer or a nebulizer with a mouthpiece or mask.

23 "Athletic trainer" means a licensed athletic trainer hired
24 by or contracted by a school district to aid a school in the
25 prevention, examination, diagnosis, treatment, emergency care,
26 and rehabilitation of injuries.

1 "Coach" means a volunteer or employee of a school who is
2 responsible for organizing and supervising students to teach
3 or train them in the fundamental skills of an interscholastic
4 athletic activity. "Coach" refers to both a head coach and an
5 assistant coach.

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

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

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

18 "Self-administration" means a pupil's discretionary use of
19 his or her prescribed asthma medication or epinephrine
20 injector.

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

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

1 prescriptive authority.

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

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

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

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

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

1 assistant, or advanced practice registered nurse; and

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

11 (A) the name and purpose of the epinephrine
12 injector;

13 (B) the prescribed dosage; and

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

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

20 (b-5) A school district, public school, charter school, or
21 nonpublic school may authorize the provision of a
22 student-specific or undesignated epinephrine injector to a
23 student or any personnel authorized under a student's
24 Individual Health Care Action Plan, allergy emergency action
25 plan, or plan pursuant to Section 504 of the federal
26 Rehabilitation Act of 1973 to administer an epinephrine

1 injector to the student, that meets the student's prescription
2 on file.

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

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

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

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

20 (c-5) When a school nurse or trained personnel administers
21 an undesignated epinephrine injector to a person whom the
22 school nurse or trained personnel in good faith believes is
23 having an anaphylactic reaction, administers an opioid
24 antagonist to a person whom the school nurse or trained
25 personnel in good faith believes is having an opioid overdose,
26 or administers undesignated asthma medication to a person whom

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

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

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

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

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

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

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

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

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

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

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

1 Any supply of oxygen tanks shall be maintained in accordance
2 with the manufacturer's instructions and with the local fire
3 department's rules.

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

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

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

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

24 Within 24 hours after the administration of an opioid
25 antagonist, a school district, public school, charter school,
26 or nonpublic school must notify the health care professional

1 who provided the prescription for the opioid antagonist of its
2 use.

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

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

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

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

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

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

17 Training shall include, but is not limited to:

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

20 (2) how to administer an epinephrine injector; and

21 (3) a test demonstrating competency of the knowledge
22 required to recognize anaphylaxis and administer an
23 epinephrine injector.

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

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

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

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

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

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

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

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

24 (h-5) A training curriculum to recognize and respond to an
25 opioid overdose, including the administration of an opioid
26 antagonist, may be conducted online or in person. The training

1 must comply with any training requirements under Section 5-23
2 of the Substance Use Disorder Act and the corresponding rules.
3 It must include, but is not limited to:

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

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

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

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

10 (5) opioid antagonist dosage and administration;

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

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

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

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

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

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

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

3 (3) asthma medication dosage and administration;

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

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

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

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

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

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

21 (3) trigger that precipitated allergic episode;

22 (4) location where symptoms developed;

23 (5) number of doses administered;

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

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

1 If a school district, public school, charter school, or
2 nonpublic school maintains or has an independent contractor
3 providing transportation to students who maintains a supply of
4 undesignated epinephrine injectors, then the school district,
5 public school, charter school, or nonpublic school must report
6 that information to the State Board of Education upon adoption
7 or change of the policy of the school district, public school,
8 charter school, nonpublic school, or independent contractor,
9 in a manner as prescribed by the State Board. The report must
10 include the number of undesignated epinephrine injectors in
11 supply.

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

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

19 (2) the location where symptoms developed;

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

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

23 (i-10) Within 3 days after the administration of
24 undesignated asthma medication by a school nurse, trained
25 personnel, or a student at a school or school-sponsored
26 activity, the school must report to the State Board of

1 Education, on a form and in a manner prescribed by the State
2 Board of Education, the following information:

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

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

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

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

10 (5) the number of doses administered;

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

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

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

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

1 the date the report is delivered to the General Assembly.

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

12 (j-10) To assist schools with emergency response
13 procedures for asthma, the State Board of Education, in
14 consultation with statewide professional organizations with
15 expertise in asthma management and a statewide organization
16 representing school administrators, shall develop a model
17 asthma episode emergency response protocol before September 1,
18 2016. Each school district, charter school, and nonpublic
19 school shall adopt an asthma episode emergency response
20 protocol before January 1, 2017 that includes all of the
21 components of the State Board's model protocol.

22 (j-15) (Blank).

23 (j-20) On or before October 1, 2016 and every year
24 thereafter, the State Board of Education shall submit a report
25 to the General Assembly and the Department of Public Health
26 identifying the frequency and circumstances of opioid

1 antagonist administration during the preceding academic year.
2 This report shall be published on the State Board's Internet
3 website on the date the report is delivered to the General
4 Assembly.

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

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

10 (m) The changes made to this Section by this amendatory
11 Act of the 104th General Assembly are subject to appropriation
12 or available grant funding.

13 (Source: P.A. 102-413, eff. 8-20-21; 102-813, eff. 5-13-22;
14 103-175, eff. 6-30-23; 103-196, eff. 1-1-24; 103-348, eff.
15 1-1-24; 103-542, eff. 7-1-24 (see Section 905 of P.A. 103-563
16 for effective date of P.A. 103-542); 103-605, eff. 7-1-24.)".