



Sen. Adriane Johnson

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10400SB2837sam001

LRB104 17109 LNS 35159 a

1 AMENDMENT TO SENATE BILL 2837

2 AMENDMENT NO. \_\_\_\_\_. Amend Senate Bill 2837 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.)".