



Sen. David Koehler

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1 AMENDMENT TO SENATE BILL 3015

2 AMENDMENT NO. \_\_\_\_\_. Amend Senate Bill 3015 by replacing  
3 everything after the enacting clause with the following:

4 "Section 5. The School Code is amended by changing Sections  
5 22-30 and 27A-5 as follows:

6 (105 ILCS 5/22-30)

7 Sec. 22-30. Self-administration and self-carry of asthma  
8 medication and epinephrine auto-injectors; administration of  
9 undesignated epinephrine auto-injectors; administration of an  
10 opioid antagonist; administration of undesignated asthma  
11 medication; asthma episode emergency response protocol.

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

14 "Asthma action plan" means a written plan developed with a  
15 pupil's medical provider to help control the pupil's asthma.  
16 The goal of an asthma action plan is to reduce or prevent

1 flare-ups and emergency department visits through day-to-day  
2 management and to serve as a student-specific document to be  
3 referenced in the event of an asthma episode.

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

8 ~~"Asthma inhaler" means a quick reliever asthma inhaler.~~

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

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

16 "Asthma medication" includes medication delivered through a  
17 device, including a metered dose inhaler with a reusable or  
18 disposable spacer or a nebulizer with a mouthpiece or mask a  
19 medicine, prescribed by (i) a physician licensed to practice  
20 medicine in all its branches, (ii) a licensed physician  
21 assistant with prescriptive authority, or (iii) a licensed  
22 advanced practice registered nurse with prescriptive authority  
23 for a pupil that pertains to the pupil's asthma and that has an  
24 individual prescription label.

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

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

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

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

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

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

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

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

26 "Undesignated asthma medication" means asthma medication

1 prescribed in the name of a school district, public school,  
2 charter school, or nonpublic school.

3 "Undesignated epinephrine auto-injector" means an  
4 epinephrine auto-injector prescribed in the name of a school  
5 district, public school, charter school, or 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 auto-injector by a pupil,  
10 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 auto-injector or (B) the  
17 self-carry of an epinephrine auto-injector, written  
18 authorization from the pupil's physician, physician  
19 assistant, or advanced practice registered nurse; and

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

1 physician, physician assistant, or advanced practice  
2 registered nurse containing the following information:

3 (A) the name and purpose of the epinephrine  
4 auto-injector;

5 (B) the prescribed dosage; and

6 (C) the time or times at which or the special  
7 circumstances under which the epinephrine  
8 auto-injector is to be administered.

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

12 (b-5) A school district, public school, charter school, or  
13 nonpublic school may authorize the provision of a  
14 student-specific or undesignated epinephrine auto-injector to  
15 a student or any personnel authorized under a student's  
16 Individual Health Care Action Plan, Illinois Food Allergy  
17 Emergency Action Plan and Treatment Authorization Form, or plan  
18 pursuant to Section 504 of the federal Rehabilitation Act of  
19 1973 to administer an epinephrine auto-injector to the student,  
20 that meets the student's prescription on file.

21 (b-10) The school district, public school, charter school,  
22 or nonpublic school may authorize a school nurse or trained  
23 personnel to do the following: (i) provide an undesignated  
24 epinephrine auto-injector to a student for self-administration  
25 only or any personnel authorized under a student's Individual  
26 Health Care Action Plan, Illinois Food Allergy Emergency Action

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

1 Rehabilitation Act of 1973, or individualized education  
2 program plan that authorizes the use of asthma medication; and  
3 (vii) administer undesignated asthma medication to any person  
4 that the school nurse or trained personnel believes in good  
5 faith is having respiratory distress.

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

1 of whether authorization was given by the pupil's parents or  
2 guardians or by the pupil's physician, physician assistant, or  
3 advanced practice registered nurse and that the parents or  
4 guardians must indemnify and hold harmless the school district,  
5 public school, charter school, or nonpublic school and its  
6 employees and agents against any claims, except a claim based  
7 on willful and wanton conduct, arising out of the  
8 administration of asthma medication, an epinephrine  
9 auto-injector, or an opioid antagonist regardless of whether  
10 authorization was given by the pupil's parents or guardians or  
11 by the pupil's physician, physician assistant, or advanced  
12 practice registered nurse.

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



1 assistant, or an advanced practice registered nurse providing  
2 standing protocol and a ~~or~~ prescription for undesignated  
3 epinephrine auto-injectors, an opioid antagonist, or  
4 undesignated asthma medication, are to incur no liability or  
5 professional discipline, except for willful and wanton  
6 conduct, as a result of any injury arising from the use of an  
7 undesignated epinephrine auto-injector, ~~or~~ the use of an opioid  
8 antagonist, or the use of undesignated asthma medication,  
9 regardless of whether authorization was given by the pupil's  
10 parents or guardians or by the pupil's physician, physician  
11 assistant, or advanced practice registered nurse.

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

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

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

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

25           (e-15) If the requirements of this Section are met, a  
26 school nurse or trained personnel may administer undesignated

1 asthma medication to any person whom the school nurse or  
2 trained personnel in good faith believes to be experiencing  
3 respiratory distress (i) while in school, (ii) while at a  
4 school-sponsored activity, (iii) while under the supervision  
5 of school personnel, or (iv) before or after normal school  
6 activities, including before-school or after-school care on  
7 school-operated property. A school nurse or trained personnel  
8 may carry undesignated asthma medication on his or her person  
9 while in school or at a school-sponsored activity.

10 (f) The school district, public school, charter school, or  
11 nonpublic school may maintain a supply of undesignated  
12 epinephrine auto-injectors in any secure location that is  
13 accessible before, during, and after school where an allergic  
14 person is most at risk, including, but not limited to,  
15 classrooms and lunchrooms. A physician, a physician assistant  
16 who has ~~been delegated~~ prescriptive authority in accordance  
17 with Section 7.5 of the Physician Assistant Practice Act of  
18 1987, or an advanced practice registered nurse who has ~~been~~  
19 ~~delegated~~ prescriptive authority in accordance with Section  
20 65-40 of the Nurse Practice Act may prescribe undesignated  
21 epinephrine auto-injectors in the name of the school district,  
22 public school, charter school, or nonpublic school to be  
23 maintained for use when necessary. Any supply of epinephrine  
24 auto-injectors shall be maintained in accordance with the  
25 manufacturer's instructions.

26 The school district, public school, charter school, or

1 nonpublic school may maintain a supply of an opioid antagonist  
2 in any secure location where an individual may have an opioid  
3 overdose. A health care professional who has been delegated  
4 prescriptive authority for opioid antagonists in accordance  
5 with Section 5-23 of the Alcoholism and Other Drug Abuse and  
6 Dependency Act may prescribe opioid antagonists in the name of  
7 the school district, public school, charter school, or  
8 nonpublic school, to be maintained for use when necessary. Any  
9 supply of opioid antagonists shall be maintained in accordance  
10 with the manufacturer's instructions.

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

25 (f-3) Whichever entity initiates the process of obtaining  
26 undesignated epinephrine auto-injectors and providing training

1 to personnel for carrying and administering undesignated  
2 epinephrine auto-injectors shall pay for the costs of the  
3 undesignated epinephrine auto-injectors.

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

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

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

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

25 Within 24 hours after the administration of undesignated  
26 asthma medication, a school district, public school, charter

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

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

19 Prior to the administration of an opioid antagonist,  
20 trained personnel must submit to the ~~their~~ school's  
21 administration proof of completion of a training curriculum to  
22 recognize and respond to an opioid overdose, which curriculum  
23 must meet the requirements of subsection (h-5) of this Section.  
24 Training must be completed annually. Trained personnel must  
25 also submit to the school's administration proof of  
26 cardiopulmonary resuscitation and automated external

1 defibrillator certification. The school district, public  
2 school, charter school, or nonpublic school must maintain  
3 records relating to the training curriculum and the trained  
4 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. Training  
10 must be completed annually, and the school district, public  
11 school, charter school, or nonpublic school must maintain  
12 records relating to the training curriculum and the trained  
13 personnel.

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

18 Training shall include, but is not limited to:

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

21 (2) how to administer an epinephrine auto-injector;  
22 and

23 (3) a test demonstrating competency of the knowledge  
24 required to recognize anaphylaxis and administer an  
25 epinephrine auto-injector.

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

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

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

4 (C) emergency follow-up procedures, including the  
5 importance of calling 911 or, if 911 is not available,  
6 other local emergency medical services;

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

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

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

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

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

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

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

11 (5) opioid antagonist dosage and administration;

12 (6) the importance of calling 911 or, if 911 is not  
13 available, other local emergency medical services;

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

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

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

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

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

1       anaphylaxis;

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

4           (3) asthma medication dosage and administration;

5           (4) the importance of calling 911 or, if 911 is not  
6       available, other local emergency medical services;

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

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

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

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

20           (2) any previously known diagnosis of a severe 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 auto-injectors, then the school  
5 district, public school, charter school, or nonpublic school  
6 must report that information to the State Board of Education  
7 upon adoption or change of the policy of the school district,  
8 public school, charter school, nonpublic school, or  
9 independent contractor, in a manner as prescribed by the State  
10 Board. The report must include the number of undesignated  
11 epinephrine auto-injectors in 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 State  
17 Board of Education shall submit a report to the General  
18 Assembly identifying the frequency and circumstances of  
19 undesigned epinephrine and undesigned asthma medication  
20 administration during the preceding academic year. Beginning  
21 with the 2017 report, the report shall also contain information  
22 on which school districts, public schools, charter schools, and  
23 nonpublic schools maintain or have independent contractors  
24 providing transportation to students who maintain a supply of  
25 undesigned epinephrine auto-injectors. This report shall be  
26 published on the State Board's Internet website on the date the

1 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 applicable,  
10 may be attached to the pupil's federal Section 504 plan or  
11 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) Every 2 years, school personnel who work with pupils  
23 shall complete an in-person or online training program on the  
24 management of asthma, the prevention of asthma symptoms, and  
25 emergency response in the school setting. In consultation with  
26 statewide professional organizations with expertise in asthma

1 management, the State Board of Education shall make available  
2 resource materials for educating school personnel about asthma  
3 and emergency response in the school setting.

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

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

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

17 (Source: P.A. 99-173, eff. 7-29-15; 99-480, eff. 9-9-15;  
18 99-642, eff. 7-28-16; 99-711, eff. 1-1-17; 99-843, eff.  
19 8-19-16; 100-201, eff. 8-18-17; 100-513, eff. 1-1-18.)

20 (105 ILCS 5/27A-5)

21 Sec. 27A-5. Charter school; legal entity; requirements.

22 (a) A charter school shall be a public, nonsectarian,  
23 nonreligious, non-home based, and non-profit school. A charter  
24 school shall be organized and operated as a nonprofit  
25 corporation or other discrete, legal, nonprofit entity

1 authorized under the laws of the State of Illinois.

2 (b) A charter school may be established under this Article  
3 by creating a new school or by converting an existing public  
4 school or attendance center to charter school status. Beginning  
5 on April 16, 2003 (the effective date of Public Act 93-3), in  
6 all new applications to establish a charter school in a city  
7 having a population exceeding 500,000, operation of the charter  
8 school shall be limited to one campus. The changes made to this  
9 Section by Public Act 93-3 do not apply to charter schools  
10 existing or approved on or before April 16, 2003 (the effective  
11 date of Public Act 93-3).

12 (b-5) In this subsection (b-5), "virtual-schooling" means  
13 a cyber school where students engage in online curriculum and  
14 instruction via the Internet and electronic communication with  
15 their teachers at remote locations and with students  
16 participating at different times.

17 From April 1, 2013 through December 31, 2016, there is a  
18 moratorium on the establishment of charter schools with  
19 virtual-schooling components in school districts other than a  
20 school district organized under Article 34 of this Code. This  
21 moratorium does not apply to a charter school with  
22 virtual-schooling components existing or approved prior to  
23 April 1, 2013 or to the renewal of the charter of a charter  
24 school with virtual-schooling components already approved  
25 prior to April 1, 2013.

26 On or before March 1, 2014, the Commission shall submit to

1 the General Assembly a report on the effect of  
2 virtual-schooling, including without limitation the effect on  
3 student performance, the costs associated with  
4 virtual-schooling, and issues with oversight. The report shall  
5 include policy recommendations for virtual-schooling.

6 (c) A charter school shall be administered and governed by  
7 its board of directors or other governing body in the manner  
8 provided in its charter. The governing body of a charter school  
9 shall be subject to the Freedom of Information Act and the Open  
10 Meetings Act.

11 (d) For purposes of this subsection (d), "non-curricular  
12 health and safety requirement" means any health and safety  
13 requirement created by statute or rule to provide, maintain,  
14 preserve, or safeguard safe or healthful conditions for  
15 students and school personnel or to eliminate, reduce, or  
16 prevent threats to the health and safety of students and school  
17 personnel. "Non-curricular health and safety requirement" does  
18 not include any course of study or specialized instructional  
19 requirement for which the State Board has established goals and  
20 learning standards or which is designed primarily to impart  
21 knowledge and skills for students to master and apply as an  
22 outcome of their education.

23 A charter school shall comply with all non-curricular  
24 health and safety requirements applicable to public schools  
25 under the laws of the State of Illinois. On or before September  
26 1, 2015, the State Board shall promulgate and post on its



1 Internet website a list of non-curricular health and safety  
2 requirements that a charter school must meet. The list shall be  
3 updated annually no later than September 1. Any charter  
4 contract between a charter school and its authorizer must  
5 contain a provision that requires the charter school to follow  
6 the list of all non-curricular health and safety requirements  
7 promulgated by the State Board and any non-curricular health  
8 and safety requirements added by the State Board to such list  
9 during the term of the charter. Nothing in this subsection (d)  
10 precludes an authorizer from including non-curricular health  
11 and safety requirements in a charter school contract that are  
12 not contained in the list promulgated by the State Board,  
13 including non-curricular health and safety requirements of the  
14 authorizing local school board.

15 (e) Except as otherwise provided in the School Code, a  
16 charter school shall not charge tuition; provided that a  
17 charter school may charge reasonable fees for textbooks,  
18 instructional materials, and student activities.

19 (f) A charter school shall be responsible for the  
20 management and operation of its fiscal affairs including, but  
21 not limited to, the preparation of its budget. An audit of each  
22 charter school's finances shall be conducted annually by an  
23 outside, independent contractor retained by the charter  
24 school. To ensure financial accountability for the use of  
25 public funds, on or before December 1 of every year of  
26 operation, each charter school shall submit to its authorizer

1 and the State Board a copy of its audit and a copy of the Form  
2 990 the charter school filed that year with the federal  
3 Internal Revenue Service. In addition, if deemed necessary for  
4 proper financial oversight of the charter school, an authorizer  
5 may require quarterly financial statements from each charter  
6 school.

7 (g) A charter school shall comply with all provisions of  
8 this Article, the Illinois Educational Labor Relations Act, all  
9 federal and State laws and rules applicable to public schools  
10 that pertain to special education and the instruction of  
11 English learners, and its charter. A charter school is exempt  
12 from all other State laws and regulations in this Code  
13 governing public schools and local school board policies;  
14 however, a charter school is not exempt from the following:

15 (1) Sections 10-21.9 and 34-18.5 of this Code regarding  
16 criminal history records checks and checks of the Statewide  
17 Sex Offender Database and Statewide Murderer and Violent  
18 Offender Against Youth Database of applicants for  
19 employment;

20 (2) Sections 10-20.14, 10-22.6, 24-24, 34-19, and  
21 34-84a of this Code regarding discipline of students;

22 (3) the Local Governmental and Governmental Employees  
23 Tort Immunity Act;

24 (4) Section 108.75 of the General Not For Profit  
25 Corporation Act of 1986 regarding indemnification of  
26 officers, directors, employees, and agents;

- 1 (5) the Abused and Neglected Child Reporting Act;
- 2 (5.5) subsection (b) of Section 10-23.12 and
- 3 subsection (b) of Section 34-18.6 of this Code;
- 4 (6) the Illinois School Student Records Act;
- 5 (7) Section 10-17a of this Code regarding school report
- 6 cards;
- 7 (8) the P-20 Longitudinal Education Data System Act;
- 8 (9) Section 27-23.7 of this Code regarding bullying
- 9 prevention;
- 10 (10) Section 2-3.162 of this Code regarding student
- 11 discipline reporting;
- 12 (11) Sections 22-80 and 27-8.1 of this Code; ~~and~~
- 13 (12) Sections 10-20.60 and 34-18.53 of this Code; ~~;~~
- 14 (13) ~~(12)~~ Sections 10-20.63 ~~10-20.60~~ and 34-18.56
- 15 ~~34-18.53~~ of this Code; ~~;~~
- 16 (14) ~~(12)~~ Section 26-18 of this Code; ~~and~~
- 17 (15) Section 22-30 of this Code.

18 The change made by Public Act 96-104 to this subsection (g)

19 is declaratory of existing law.

20 (h) A charter school may negotiate and contract with a

21 school district, the governing body of a State college or

22 university or public community college, or any other public or

23 for-profit or nonprofit private entity for: (i) the use of a

24 school building and grounds or any other real property or

25 facilities that the charter school desires to use or convert

26 for use as a charter school site, (ii) the operation and

1 maintenance thereof, and (iii) the provision of any service,  
2 activity, or undertaking that the charter school is required to  
3 perform in order to carry out the terms of its charter.  
4 However, a charter school that is established on or after April  
5 16, 2003 (the effective date of Public Act 93-3) and that  
6 operates in a city having a population exceeding 500,000 may  
7 not contract with a for-profit entity to manage or operate the  
8 school during the period that commences on April 16, 2003 (the  
9 effective date of Public Act 93-3) and concludes at the end of  
10 the 2004-2005 school year. Except as provided in subsection (i)  
11 of this Section, a school district may charge a charter school  
12 reasonable rent for the use of the district's buildings,  
13 grounds, and facilities. Any services for which a charter  
14 school contracts with a school district shall be provided by  
15 the district at cost. Any services for which a charter school  
16 contracts with a local school board or with the governing body  
17 of a State college or university or public community college  
18 shall be provided by the public entity at cost.

19 (i) In no event shall a charter school that is established  
20 by converting an existing school or attendance center to  
21 charter school status be required to pay rent for space that is  
22 deemed available, as negotiated and provided in the charter  
23 agreement, in school district facilities. However, all other  
24 costs for the operation and maintenance of school district  
25 facilities that are used by the charter school shall be subject  
26 to negotiation between the charter school and the local school

1 board and shall be set forth in the charter.

2 (j) A charter school may limit student enrollment by age or  
3 grade level.

4 (k) If the charter school is approved by the Commission,  
5 then the Commission charter school is its own local education  
6 agency.

7 (Source: P.A. 99-30, eff. 7-10-15; 99-78, eff. 7-20-15; 99-245,  
8 eff. 8-3-15; 99-325, eff. 8-10-15; 99-456, eff. 9-15-16;  
9 99-642, eff. 7-28-16; 99-927, eff. 6-1-17; 100-29, eff. 1-1-18;  
10 100-156, eff. 1-1-18; 100-163, eff. 1-1-18; 100-413, eff.  
11 1-1-18; 100-468, eff. 6-1-18; revised 9-25-17.)".