

AN ACT concerning emergency services.

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

Section 5. The State Commemorative Dates Act is amended by changing Section 148 as follows:

(5 ILCS 490/148)

Sec. 148. First Responder Mental Health Awareness Day. The third Friday in May of each year is designated as First Responder Mental Health Awareness Day, to be observed throughout the State as a day to honor firefighters, police officers, emergency medical dispatchers, and other first responders who have lost their lives due to and suffer from post-traumatic stress disorder, depression, and other mental health issues.

(Source: P.A. 100-900, eff. 1-1-19.)

Section 10. The Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois is amended by changing Section 2310-256 as follows:

(20 ILCS 2310/2310-256)

Sec. 2310-256. Public information campaign; statewide response plans. The Department shall, whenever the State is

required by the federal government to implement a statewide response plan to a national public health threat, conduct an information campaign for the general public and for medical professionals concerning the need for public participation in the plan, the risks involved in inoculation or treatment, any advisories concerning the need for medical consultation before receiving inoculation or treatment, and the rights and responsibilities of the general public, medical professionals, and first responders, including, but not limited to, emergency medical dispatchers, regarding the provision and receipt of inoculation and treatment under the response plan.

(Source: P.A. 93-161, eff. 7-10-03.)

Section 15. The School Code is amended by changing Section 22-80 as follows:

(105 ILCS 5/22-80)

Sec. 22-80. Student athletes; concussions and head injuries.

(a) The General Assembly recognizes all of the following:

(1) Concussions are one of the most commonly reported injuries in children and adolescents who participate in sports and recreational activities. The Centers for Disease Control and Prevention estimates that as many as 3,900,000 sports-related and recreation-related concussions occur in the United States each year. A

concussion is caused by a blow or motion to the head or body that causes the brain to move rapidly inside the skull. The risk of catastrophic injuries or death is significant when a concussion or head injury is not properly evaluated and managed.

(2) Concussions are a type of brain injury that can range from mild to severe and can disrupt the way the brain normally works. Concussions can occur in any organized or unorganized sport or recreational activity and can result from a fall or from players colliding with each other, the ground, or with obstacles. Concussions occur with or without loss of consciousness, but the vast majority of concussions occur without loss of consciousness.

(3) Continuing to play with a concussion or symptoms of a head injury leaves a young athlete especially vulnerable to greater injury and even death. The General Assembly recognizes that, despite having generally recognized return-to-play standards for concussions and head injuries, some affected youth athletes are prematurely returned to play, resulting in actual or potential physical injury or death to youth athletes in this State.

(4) Student athletes who have sustained a concussion may need informal or formal accommodations, modifications of curriculum, and monitoring by medical or academic staff until the student is fully recovered. To that end, all

schools are encouraged to establish a return-to-learn protocol that is based on peer-reviewed scientific evidence consistent with Centers for Disease Control and Prevention guidelines and conduct baseline testing for student athletes.

(b) In this Section:

"Athletic trainer" means an athletic trainer licensed under the Illinois Athletic Trainers Practice Act who is working under the supervision of a physician.

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

"Concussion" means a complex pathophysiological process affecting the brain caused by a traumatic physical force or impact to the head or body, which may include temporary or prolonged altered brain function resulting in physical, cognitive, or emotional symptoms or altered sleep patterns and which may or may not involve a loss of consciousness.

"Department" means the Department of Financial and Professional Regulation.

"Game official" means a person who officiates at an interscholastic athletic activity, such as a referee or umpire, including, but not limited to, persons enrolled as game officials by the Illinois High School Association or

Illinois Elementary School Association.

"Interscholastic athletic activity" means any organized school-sponsored or school-sanctioned activity for students, generally outside of school instructional hours, under the direction of a coach, athletic director, or band leader, including, but not limited to, baseball, basketball, cheerleading, cross country track, fencing, field hockey, football, golf, gymnastics, ice hockey, lacrosse, marching band, rugby, soccer, skating, softball, swimming and diving, tennis, track (indoor and outdoor), ultimate Frisbee, volleyball, water polo, and wrestling. All interscholastic athletics are deemed to be interscholastic activities.

"Licensed healthcare professional" means a person who has experience with concussion management and who is a nurse, a psychologist who holds a license under the Clinical Psychologist Licensing Act and specializes in the practice of neuropsychology, a physical therapist licensed under the Illinois Physical Therapy Act, an occupational therapist licensed under the Illinois Occupational Therapy Practice Act, a physician assistant, or an athletic trainer.

"Nurse" means a person who is employed by or volunteers at a school and is licensed under the Nurse Practice Act as a registered nurse, practical nurse, or advanced practice registered nurse.

"Physician" means a physician licensed to practice medicine in all of its branches under the Medical Practice Act

of 1987.

"Physician assistant" means a physician assistant licensed under the Physician Assistant Practice Act of 1987.

"School" means any public or private elementary or secondary school, including a charter school.

"Student" means an adolescent or child enrolled in a school.

(c) This Section applies to any interscholastic athletic activity, including practice and competition, sponsored or sanctioned by a school, the Illinois Elementary School Association, or the Illinois High School Association. This Section applies beginning with the 2016-2017 school year.

(d) The governing body of each public or charter school and the appropriate administrative officer of a private school with students enrolled who participate in an interscholastic athletic activity shall appoint or approve a concussion oversight team. Each concussion oversight team shall establish a return-to-play protocol, based on peer-reviewed scientific evidence consistent with Centers for Disease Control and Prevention guidelines, for a student's return to interscholastic athletics practice or competition following a force or impact believed to have caused a concussion. Each concussion oversight team shall also establish a return-to-learn protocol, based on peer-reviewed scientific evidence consistent with Centers for Disease Control and Prevention guidelines, for a student's return to the classroom

after that student is believed to have experienced a concussion, whether or not the concussion took place while the student was participating in an interscholastic athletic activity.

Each concussion oversight team must include to the extent practicable at least one physician. If a school employs an athletic trainer, the athletic trainer must be a member of the school concussion oversight team to the extent practicable. If a school employs a nurse, the nurse must be a member of the school concussion oversight team to the extent practicable. At a minimum, a school shall appoint a person who is responsible for implementing and complying with the return-to-play and return-to-learn protocols adopted by the concussion oversight team. At a minimum, a concussion oversight team may be composed of only one person and this person need not be a licensed healthcare professional, but it may not be a coach. A school may appoint other licensed healthcare professionals to serve on the concussion oversight team.

(e) A student may not participate in an interscholastic athletic activity for a school year until the student and the student's parent or guardian or another person with legal authority to make medical decisions for the student have signed a form for that school year that acknowledges receiving and reading written information that explains concussion prevention, symptoms, treatment, and oversight and that includes guidelines for safely resuming participation in an

athletic activity following a concussion. The form must be approved by the Illinois High School Association.

(f) A student must be removed from an interscholastic athletics practice or competition immediately if one of the following persons believes the student might have sustained a concussion during the practice or competition:

(1) a coach;

(2) a physician;

(3) a game official;

(4) an athletic trainer;

(5) the student's parent or guardian or another person with legal authority to make medical decisions for the student;

(6) the student; or

(7) any other person deemed appropriate under the school's return-to-play protocol.

(g) A student removed from an interscholastic athletics practice or competition under this Section may not be permitted to practice or compete again following the force or impact believed to have caused the concussion until:

(1) the student has been evaluated, using established medical protocols based on peer-reviewed scientific evidence consistent with Centers for Disease Control and Prevention guidelines, by a treating physician (chosen by the student or the student's parent or guardian or another person with legal authority to make medical decisions for



the student), an athletic trainer, an advanced practice registered nurse, or a physician assistant;

(2) the student has successfully completed each requirement of the return-to-play protocol established under this Section necessary for the student to return to play;

(3) the student has successfully completed each requirement of the return-to-learn protocol established under this Section necessary for the student to return to learn;

(4) the treating physician, the athletic trainer, or the physician assistant has provided a written statement indicating that, in the physician's professional judgment, it is safe for the student to return to play and return to learn or the treating advanced practice registered nurse has provided a written statement indicating that it is safe for the student to return to play and return to learn; and

(5) the student and the student's parent or guardian or another person with legal authority to make medical decisions for the student:

(A) have acknowledged that the student has completed the requirements of the return-to-play and return-to-learn protocols necessary for the student to return to play;

(B) have provided the treating physician's,

athletic trainer's, advanced practice registered nurse's, or physician assistant's written statement under subdivision (4) of this subsection (g) to the person responsible for compliance with the return-to-play and return-to-learn protocols under this subsection (g) and the person who has supervisory responsibilities under this subsection (g); and

(C) have signed a consent form indicating that the person signing:

(i) has been informed concerning and consents to the student participating in returning to play in accordance with the return-to-play and return-to-learn protocols;

(ii) understands the risks associated with the student returning to play and returning to learn and will comply with any ongoing requirements in the return-to-play and return-to-learn protocols; and

(iii) consents to the disclosure to appropriate persons, consistent with the federal Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191), of the treating physician's, athletic trainer's, physician assistant's, or advanced practice registered nurse's written statement under subdivision (4) of this subsection (g) and, if any, the

return-to-play and return-to-learn recommendations of the treating physician, the athletic trainer, the physician assistant, or the advanced practice registered nurse, as the case may be.

A coach of an interscholastic athletics team may not authorize a student's return to play or return to learn.

The district superintendent or the superintendent's designee in the case of a public elementary or secondary school, the chief school administrator or that person's designee in the case of a charter school, or the appropriate administrative officer or that person's designee in the case of a private school shall supervise an athletic trainer or other person responsible for compliance with the return-to-play protocol and shall supervise the person responsible for compliance with the return-to-learn protocol. The person who has supervisory responsibilities under this paragraph may not be a coach of an interscholastic athletics team.

(h) (1) The Illinois High School Association shall approve, for coaches, game officials, and non-licensed healthcare professionals, training courses that provide for not less than 2 hours of training in the subject matter of concussions, including evaluation, prevention, symptoms, risks, and long-term effects. The Association shall maintain an updated list of individuals and organizations authorized by the

Association to provide the training.

(2) The following persons must take a training course in accordance with paragraph (4) of this subsection (h) from an authorized training provider at least once every 2 years:

(A) a coach of an interscholastic athletic activity;

(B) a nurse, licensed healthcare professional, or non-licensed healthcare professional who serves as a member of a concussion oversight team either on a volunteer basis or in his or her capacity as an employee, representative, or agent of a school; and

(C) a game official of an interscholastic athletic activity.

(3) A physician who serves as a member of a concussion oversight team shall, to the greatest extent practicable, periodically take an appropriate continuing medical education course in the subject matter of concussions.

(4) For purposes of paragraph (2) of this subsection (h):

(A) a coach, game official, or non-licensed healthcare professional, as the case may be, must take a course described in paragraph (1) of this subsection (h);

(B) an athletic trainer must take a concussion-related continuing education course from an athletic trainer continuing education sponsor approved by the Department;

(C) a nurse must take a concussion-related continuing education course from a nurse continuing education sponsor approved by the Department;

(D) a physical therapist must take a concussion-related continuing education course from a physical therapist continuing education sponsor approved by the Department;

(E) a psychologist must take a concussion-related continuing education course from a psychologist continuing education sponsor approved by the Department;

(F) an occupational therapist must take a concussion-related continuing education course from an occupational therapist continuing education sponsor approved by the Department; and

(G) a physician assistant must take a concussion-related continuing education course from a physician assistant continuing education sponsor approved by the Department.

(5) Each person described in paragraph (2) of this subsection (h) must submit proof of timely completion of an approved course in compliance with paragraph (4) of this subsection (h) to the district superintendent or the superintendent's designee in the case of a public elementary or secondary school, the chief school administrator or that person's designee in the case of a charter school, or the appropriate administrative officer or that person's designee in the case of a private school.

(6) A physician, licensed healthcare professional, or non-licensed healthcare professional who is not in compliance

with the training requirements under this subsection (h) may not serve on a concussion oversight team in any capacity.

(7) A person required under this subsection (h) to take a training course in the subject of concussions must complete the training prior to serving on a concussion oversight team in any capacity.

(i) The governing body of each public or charter school and the appropriate administrative officer of a private school with students enrolled who participate in an interscholastic athletic activity shall develop a school-specific emergency action plan for interscholastic athletic activities to address the serious injuries and acute medical conditions in which the condition of the student may deteriorate rapidly. The plan shall include a delineation of roles, methods of communication, available emergency equipment, and access to and a plan for emergency transport. This emergency action plan must be:

(1) in writing;

(2) reviewed by the concussion oversight team;

(3) approved by the district superintendent or the superintendent's designee in the case of a public elementary or secondary school, the chief school administrator or that person's designee in the case of a charter school, or the appropriate administrative officer or that person's designee in the case of a private school;

(4) distributed to all appropriate personnel;

(5) posted conspicuously at all venues utilized by the school; and

(6) reviewed annually by all athletic trainers, first responders (including, but not limited to, emergency medical dispatchers), coaches, school nurses, athletic directors, and volunteers for interscholastic athletic activities.

(j) The State Board of Education shall adopt rules as necessary to administer this Section, including, but not limited to, rules governing the informal or formal accommodation of a student who may have sustained a concussion during an interscholastic athletic activity.

(Source: P.A. 100-309, eff. 9-1-17; 100-513, eff. 1-1-18; 100-747, eff. 1-1-19; 100-863, eff. 8-14-18; 101-81, eff. 7-12-19.)

Section 20. The School Safety Drill Act is amended by changing Section 5 as follows:

(105 ILCS 128/5)

Sec. 5. Definitions. In this Act:

"First responder" means and includes all fire departments and districts, law enforcement agencies and officials, emergency medical responders, emergency medical dispatchers, and emergency management officials involved in the execution and documentation of the drills administered under this Act.

"School" means a public or private facility that offers elementary or secondary education to students under the age of 21. As used in this definition, "public facility" means a facility operated by the State or by a unit of local government. As used in this definition, "private facility" means any non-profit, non-home-based, non-public elementary or secondary school that is in compliance with Title VI of the Civil Rights Act of 1964 and attendance at which satisfies the requirements of Section 26-1 of the School Code. While more than one school may be housed in a facility, for purposes of this Act, the facility shall be considered a school. When a school has more than one location, for purposes of this Act, each different location shall be considered its own school.

"School safety drill" means a pre-planned exercise conducted by a school in accordance with the drills and requirements set forth in this Act.

(Source: P.A. 94-600, eff. 8-16-05.)

Section 25. The Suicide Prevention, Education, and Treatment Act is amended by changing Section 15 as follows:

(410 ILCS 53/15)

Sec. 15. Suicide Prevention Alliance.

(a) The Alliance is created as the official grassroots creator, planner, monitor, and advocate for the Illinois Suicide Prevention Strategic Plan. No later than one year



after the effective date of this amendatory Act of the 101st General Assembly, the Alliance shall review, finalize, and submit to the Governor and the General Assembly the 2020 Illinois Suicide Prevention Strategic Plan and appropriate processes and outcome objectives for 10 overriding recommendations and a timeline for reaching these objectives.

(b) The Plan shall include:

(1) recommendations from the most current National Suicide Prevention Strategy;

(2) current research and experience into the prevention of suicide;

(3) measures to encourage and assist health care systems and primary care providers to include suicide prevention as a core component of their services, including, but not limited to, implementing the Zero Suicide model; and

(4) additional elements as determined appropriate by the Alliance.

The Alliance shall review the statutorily prescribed missions of major State mental health, health, aging, and school mental health programs and recommend, as necessary and appropriate, statutory changes to include suicide prevention in the missions and procedures of those programs. The Alliance shall prepare a report of that review, including its recommendations, and shall submit the report to the Department for inclusion in its annual report to the Governor and the

General Assembly.

(c) The Director of Public Health shall appoint the members of the Alliance. The membership of the Alliance shall include, without limitation, representatives of statewide organizations and other agencies that focus on the prevention of suicide and the improvement of mental health treatment or that provide suicide prevention or survivor support services. Other disciplines that shall be considered for membership on the Alliance include law enforcement, first responders (including, but not limited to, emergency medical dispatchers), faith-based community leaders, universities, and survivors of suicide (families and friends who have lost persons to suicide) as well as consumers of services of these agencies and organizations.

(d) The Alliance shall meet at least 4 times a year, and more as deemed necessary, in various sites statewide in order to foster as much participation as possible. The Alliance, a steering committee, and core members of the full committee shall monitor and guide the definition and direction of the goals of the full Alliance, shall review and approve productions of the plan, and shall meet before the full Alliance meetings.

(Source: P.A. 101-331, eff. 8-9-19.)

Section 30. The Cannabis Regulation and Tax Act is amended by changing Section 5-25 as follows:

(410 ILCS 705/5-25)

Sec. 5-25. Department of Public Health to make health warning recommendations.

(a) The Department of Public Health shall make recommendations to the Department of Agriculture and the Department of Financial and Professional Regulation on appropriate health warnings for dispensaries and advertising, which may apply to all cannabis products, including item-type specific labeling or warning requirements, regulate the facility where cannabis-infused products are made, regulate cannabis-infused products as provided in subsection (e) of Section 55-5, and facilitate the Adult Use Cannabis Health Advisory Committee.

(b) An Adult Use Cannabis Health Advisory Committee is hereby created and shall meet at least twice annually. The Chairperson may schedule meetings more frequently upon his or her initiative or upon the request of a Committee member. Meetings may be held in person or by teleconference. The Committee shall discuss and monitor changes in drug use data in Illinois and the emerging science and medical information relevant to the health effects associated with cannabis use and may provide recommendations to the Department of Human Services about public health awareness campaigns and messages. The Committee shall include the following members appointed by the Governor and shall represent the geographic, ethnic, and

racial diversity of the State:

(1) The Director of Public Health, or his or her designee, who shall serve as the Chairperson.

(2) The Secretary of Human Services, or his or her designee, who shall serve as the Co-Chairperson.

(3) A representative of the poison control center.

(4) A pharmacologist.

(5) A pulmonologist.

(6) An emergency room physician.

(7) An emergency medical technician, paramedic, emergency medical dispatcher, or other first responder.

(8) A nurse practicing in a school-based setting.

(9) A psychologist.

(10) A neonatologist.

(11) An obstetrician-gynecologist.

(12) A drug epidemiologist.

(13) A medical toxicologist.

(14) An addiction psychiatrist.

(15) A pediatrician.

(16) A representative of a statewide professional public health organization.

(17) A representative of a statewide hospital/health system association.

(18) An individual registered as a patient in the Compassionate Use of Medical Cannabis Program.

(19) An individual registered as a caregiver in the

Compassionate Use of Medical Cannabis Program.

(20) A representative of an organization focusing on cannabis-related policy.

(21) A representative of an organization focusing on the civil liberties of individuals who reside in Illinois.

(22) A representative of the criminal defense or civil aid community of attorneys serving Disproportionately Impacted Areas.

(23) A representative of licensed cannabis business establishments.

(24) A Social Equity Applicant.

(25) A representative of a statewide community-based substance use disorder treatment provider association.

(26) A representative of a statewide community-based mental health treatment provider association.

(27) A representative of a community-based substance use disorder treatment provider.

(28) A representative of a community-based mental health treatment provider.

(29) A substance use disorder treatment patient representative.

(30) A mental health treatment patient representative.

(c) The Committee shall provide a report by September 30, 2021, and every year thereafter, to the General Assembly. The Department of Public Health shall make the report available on its website.

(Source: P.A. 101-27, eff. 6-25-19; 101-593, eff. 12-4-19.)

Section 35. The Methamphetamine Precursor Control Act is amended by changing Section 5 as follows:

(720 ILCS 648/5)

Sec. 5. Purpose. The purpose of this Act is to reduce the harm that methamphetamine manufacturing and manufacturers are inflicting on individuals, families, communities, first responders (including, but not limited to, emergency medical dispatchers), the economy, and the environment in Illinois, by making it more difficult for persons engaged in the unlawful manufacture of methamphetamine and related activities to obtain methamphetamine's essential ingredient, ephedrine or pseudoephedrine. It is the intent of the General Assembly that this Act operate in tandem with and be interpreted as consistent with federal laws and regulations relating to the subject matter of this Act to the greatest extent possible.

(Source: P.A. 94-694, eff. 1-15-06; 94-830, eff. 6-5-06.)

Section 40. The Mental Health Court Treatment Act is amended by changing Section 40 as follows:

(730 ILCS 168/40)

Sec. 40. Mental health court; Kane County.

(a) The mental health court currently operating in Kane

County is directed to demonstrate the impact of alternative treatment court, crisis intervention training for first responders (including, but not limited to, emergency medical dispatchers), and assisted outpatient treatment in reducing the number of mentally ill people admitted into the correctional system. The mental health court in Kane County is authorized to cooperate with one or more accredited mental health service providers to provide services to defendants as directed by the mental health court. The mental health court in Kane County is authorized to cooperate with one or more institutions of higher education to publish peer-reviewed studies of the outcomes generated by the mental health court.

(b) In this Section, "accredited mental health service provider" refers to a provider of community mental health services as authorized by subsection (d-5) of Section 3 of the Community Services Act.

(Source: P.A. 97-440, eff. 1-1-12.)