



## 104TH GENERAL ASSEMBLY

### State of Illinois

2025 and 2026

HB4219

Introduced 1/14/2026, by Rep. Martha Deuter

#### SYNOPSIS AS INTRODUCED:

105 ILCS 5/22-30

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

LRB104 15974 LNS 29217 b

1 AN ACT concerning education.

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

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

6 (105 ILCS 5/22-30)

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

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

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

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

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

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

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

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

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

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

1 the U.S. Food and Drug Administration.

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

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

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

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

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

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

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

1 charter school, or nonpublic school.

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

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

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

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

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

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

7                (B) the prescribed dosage; and

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

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

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

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

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

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

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

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

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

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

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

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

1 ~~injector~~ (i) while in school, (ii) while at a school-sponsored  
2 activity, (iii) while under the supervision of school  
3 personnel, or (iv) before or after normal school activities,  
4 such as while in before-school or after-school care on  
5 school-operated property or while being transported on a  
6 school bus.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

21 Training shall include, but is not limited to:

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

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

26 (3) a test demonstrating competency of the knowledge

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

10 (3) asthma medication dosage and administration;

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

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

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

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

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

26 (2) any previously known diagnosis of a severe

1 allergy;

2 (3) trigger that precipitated allergic episode;

3 (4) location where symptoms developed;

4 (5) number of doses administered;

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

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

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

19 (i-5) Within 3 days after the administration of an opioid  
20 antagonist by a school nurse or trained personnel, the school  
21 must report to the State Board of Education, in a form and  
22 manner prescribed by the State Board, the following  
23 information:

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

26 (2) the location where symptoms developed;

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

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

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

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

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

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

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

17           (5) the number of doses administered;

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

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

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

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

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

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

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

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

4 (j-15) (Blank).

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

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

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

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

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