

## **SPRING 2016 END OF SESSION REPORT**

**Only bills that have been signed into law appear below.**

### **EMS**

#### **HB 4388 (Wehrli-R/Connelly-R) FREESTANDING EMERGENCY CENTERS**

Amends the Emergency Medical Services (EMS) Systems Act. Requires a freestanding emergency center to limit its participation in the EMS System strictly to receiving a limited number of patients by ambulance (rather than a limited number of ambulance runs by emergency medical vehicles) according to the freestanding emergency center's 24-hour capabilities, according to protocols developed by the Resource Hospital, and as pre-approved by both the EMS Medicaid Director and the Department of Public Health. Effective immediately.

**Last Action 8/5/2016 Signed into law as Public Act 99-710**

**Position: Support**

#### **SB 2704 (Rose-R/Bellock-R) EMS DEFINITIONS**

Amends the Emergency Medical Services (EMS) Systems Act. Defines "clinical observation" and "medical monitoring". Provides that "Basic Life Support (BLS) Services" includes medical monitoring and clinical observation. Provides that "non-emergency medical services" includes clinical observation.

**Last Action 7/28/2016 Signed into law as Public Act 99-661**

**Position: Support**

#### **SB 3335 (Rose-R/Mussman-D) EMS-EPINEPHRINE VIALS**

Amends the Emergency Medical Services (EMS) Systems Act. Permits EMT, EMT-I, A-EMT, or paramedics who have successfully completed a Department of Public Health approved course in the administration of epinephrine to administer epinephrine from a glass vial, auto-injector, ampule, or pre-filled syringe (rather than administer epinephrine from a vial).

**Last Action 8/19/2016 Signed into law as Public Act 99-862**

**Position: Support**

### **DRUGS**

#### **HB 5593 (Lang-D/Bush-D) OPIOID ADDICTION TREAT ED**

Amends the Alcoholism and Other Drug Abuse and Dependency Act. Provides that all programs serving persons with substance use issues licensed by the Department of Human Services under the Act must provide educational information concerning treatment options for opioid

addiction, including the use of a medication for the use of opioid addiction, recognition of and response to opioid overdose, and the use and administration of naloxone, to clients identified as having or seeking treatment for opioid addiction. Provides that the Department shall develop educational materials that are supported by research and updated periodically that must be used by programs to comply with this requirement.

**Last Action 7/15/2016 Signed into law as Public Act 99-553**

**HB 5594 (Lang-D/Bush-D) DRUG COURT-OPIOID ABUSE**

Amends the Drug Court Treatment Act. Provides that if the defendant needs treatment for opioid abuse or dependence, the court may not prohibit that the defendant participate in and receive medically assisted treatments under the care of a physician licensed in this State to practice medicine in all of its branches. Provides that a defendant who is assigned to a substance abuse treatment program under the Act for opioid abuse or dependence is not in violation of the terms or conditions of the program on the basis of his or her participation in medically prescribed drug treatments under the care of a physician licensed in this State to practice medicine in all of its branches. Provides that drug court participants may not be required to refrain from using medication assisted treatment as a term or condition of successful completion of the drug court program.

**Last Action 7/15/2016 Signed into law as Public Act 99-554**

**HB 5781 (Bellock-R/Connelly-R) DISPOSAL OF MEDS OF DECEASED**

Amends the Safe Pharmaceutical Disposal Act. Provides that that police officers, coroners, and medical examiners may dispose of unused medications found at the scene of a death after consulting with any law enforcement agency investigating the death. Limits types of medications of which may be disposed. Amends the State Police Act, the Illinois Police Training Act, the Counties Code, Medical Practice Act of 1987, and the Nurse Practice Act making conforming changes.

Provides that prior to disposal of unused medication collected as evidence in a criminal investigation, a State Police officer, police officer, coroner, or medical examiner shall photograph the unused medication and its container or packaging, if available; document the number or amount of medication to be disposed; and include the photographs and documentation in the police report, coroner report, or medical examiner report. Further provides if an autopsy is performed as part of a death investigation, no medication seized shall be disposed of until after a toxicology report is received by the entity requesting the report.

**Last Action 7/28/2016 Signed into law as Public Act 99-648**

**FUNDING**

**HB 4678 (G. Harris-D/Steans-D) ABLE ACCOUNTS-CLEAN UP**

**This is an initiative of the IHA and it includes poison control funding.** Amends the Illinois Administrative Procedure Act. Permits the Department of Healthcare and Family Services to adopt emergency rules to implement the provisions of the amendatory Act. Amends the State Finance Act. Provides that for State fiscal years 2017 and 2018, disbursements from the Healthcare Provider Relief Fund shall be made for certain payments to the designated human poison control center. Amends the Illinois Public Aid Code. Makes the following changes to the Hospital Provider Funding Article: In a provision concerning certain annual assessments on inpatient services, provides that effective July 1, 2016 and semi-annually thereafter through June 2018, in addition to any federally required State share, the amount of \$218.38 shall be increased by a uniform percentage to generate an amount equal to 75% of the ACA Assessment Adjustment. In a provision concerning certain annual assessments on outpatient services, provides that effective July 1, 2016 and semi-annually thereafter through June 2018, in addition to any federally required State share, the amount of .008766 shall be increased by a uniform percentage to generate an amount equal to 25% of the ACA Assessment Adjustment. Defines "ACA Assessment Adjustment". Requires the Department to complete and apply a final reconciliation of the ACA Assessment Adjustment prior to June 30, 2018. Provides that, for State fiscal years 2017 and 2018, disbursements from the Hospital Provider Fund shall be made for making transfers to the Healthcare Provider Relief Fund of moneys collected from the ACA Assessment Adjustment. Provides that effective January 1, 2016, the Department shall increase capitation payments to managed care organizations to include the payments authorized under the Code to preserve access to hospital services for Medicaid recipients by ensuring that the reimbursement provided for Affordable Care Act adults enrolled in a MCO is equivalent to the reimbursement provided for Affordable Care Act adults enrolled in a fee-for-service program. Provides that such payments may be guaranteed by a surety bond obtained by the managed care organization in an amount established by the Department to approximate one month's liability of authorized payments. Makes changes to provisions concerning hospital access payments for Affordable Care Act adults who are enrolled under a fee-for-service or capitated managed care program. Contains a provision requiring the Department to make a specified payment to the designated human poison control center for State fiscal year 2017 and State fiscal year 2018. Amends the Lead Poisoning Prevention Act. Shortens the time period under which hospitals located in DuPage County shall make quarterly installments to the human poison control center in existence as of July 1, 2014 and established under the authority of the Act. Effective immediately.

**Last Action 6/30/2016 Signed into law as Public Act 99-516**

### **LICENSED PROFESSIONALS**

#### **HB 5938 (Frese-R/Althoff-R) HIGHER ED-MEDICAL PROVIDERS**

Amends the Veterans' Home Nurses' Loan Repayment Act. Renames the Act as the Veterans' Home Medical Providers' Loan Repayment Act. Renames the Nurse Loan Repayment Program as the Medical Providers Loan Repayment Program. Requires that the program provide

assistance, subject to appropriation, to eligible physicians and nurses (rather than nurses). Provides that an applicant is eligible for a grant under the program if the Illinois Student Assistance Commission finds that the applicant is working as a physician, physician assistants, registered professional nurse, certified nurse practitioner or certified nursing assistant (rather than as a registered professional nurse). Makes related changes. Effective immediately.

**Last Action 8/15/2016 Signed into law as Public Act 99-813**

**HJR 77 (Smiddy-D/Anderson-R) MOBILE HEALTHCARE TASK FORCE**

Creates the Mobile Integrated Healthcare Task Force to identify and recommend ways that the State of Illinois can incorporate changes in our health care delivery system in order to increase the collaboration and utilization of our current health care workers while decreasing the associated costs.

**Includes an appointment of an Illinois emergency physicians appointed by the Director of Public Health.** Changes the appointing authorities of the Task Force members representing Illinois firefighters, fire protection districts, ambulance services, nurses, EMS workers, and hospitals.

The Mobile Integrated Healthcare Task Force shall present its findings and recommendations in a report to the General Assembly to on or before January 1, 2017.

**Last Action 5/26/2016 Adopted by Both Chambers**

**SB 42 (Martinez-D-Lilly-D) HEALTH CARE LICENSING**

Amends the Health Care Worker Background Check Act. Provides that no health care employer shall knowingly hire, employ, or retain any individual in a position with certain health care related duties who have been convicted of committing or attempting to commit offenses concerning the manufacture, delivery, or possession with intent to deliver or manufacture cannabis in excess of 10 grams (rather than any amount of cannabis). In provisions of the Act concerning fingerprint-based criminal history records check, provides that if an applicant or employee has a waiver for one or more disqualifying offenses pursuant to the Act and he or she is otherwise eligible to work, the Department of Public Health shall report that the applicant or employee is eligible to work, and shall not report information regarding the waiver or list the specific disqualifying offenses, if any. Makes similar changes to provisions concerning waiver. Provides that upon inquiry of a health care employer, the Department shall inform the inquiring party if a waiver is pending. Provides that the Department shall (rather than must) act upon a waiver request within 30 days. Makes other changes.

In provisions concerning health care worker licensure actions and sex crimes, provides that a health care worker that has been convicted of a forcible felony, other than a forcible felony requiring registration under the Sex Offender Registration Act or involuntary sexual servitude of

a minor that is a forcible felony, and the health care worker has had his or her license revoked, the health care worker may petition the Department of Financial and Professional Regulation to restore his or her license if more than 5 years have passed since the conviction or more than 3 years have passed since the health care worker's release from confinement for that conviction, whichever is later. Provides that the Department may also consider other evidence of rehabilitation, along with any voluntary remedial actions taken by the health care worker, when determining whether a license shall be restored. Makes other changes.

**Last Action 8/15/2016 Signed into law as Public Act 99-813**

**SB 1564 (Biss-D/Gabel-D) HLTH CARE RIGHT OF CONSCIENCE**

Amends the Health Care Right of Conscience Act. Makes changes in the Section concerning findings and policy. Provides that notwithstanding any other law, a health care facility, or any physician or health care personnel working in the facility, may refuse to permit, perform, assist in, counsel about, suggest, recommend, refer for, or participate in health care services because of a conscience-based objection only if the refusal occurs in accordance with written access to care and information protocols designed to ensure that (1) the patient receives material information in a timely fashion; and (2) the refusal will not impair the patient's health by causing delay of or inability to access the refused health care service. Provides that nothing in the Act shall be construed to prevent a health care facility from requiring that physicians or health care personnel working in the facility comply with access to care and information protocols. Makes other changes in Sections concerning: (i) discrimination by employers or institutions; and (ii) liability.

Makes a change in the Section concerning findings and policy. Provides that the amendatory provisions are applicable notwithstanding other provisions of the Health Care Right of Conscience Act or any other law (rather than "notwithstanding any other law").

In a provision defining terms, defines "undue delay" as unreasonable delay that causes impairment of the patient's health. Makes changes to a provision concerning the duty of physicians and other health care personnel. Removes a provision concerning the duty to enact and comply with access to care and information protocols and instead provides that all health care facilities shall adopt written access to care and information protocols that are designed to ensure that conscience-based objections do not cause impairment of patients' health and that explain how conscience-based objections will be addressed in a timely manner to facilitate patient health care services. Provides that certain protections under the Act only apply if conscience-based refusals occur in accordance with these protocols. Provides that the protocols must, at a minimum, address certain matters. Removes changes made to a provision concerning discrimination by employers or institutions.

**Last Action 7/29/2016 Signed into law as Public Act 99-690**

**SB 1810 (Link-D/Flynn-Currie-D) DHS-DRUG OVERDOSE PREVENTION**

Amends the Alcoholism and Other Drug Abuse and Dependency Act. Provides that the following persons shall not, as a result of their acts or omissions, be liable for civil damages under the Department of Human Services' Drug Prevention Program: (i) a health care professional who, acting in good faith, directly or by standing order, prescribes or dispenses an opioid antidote to a patient who, in the judgment of the health care professional, is capable of administering the drug in an emergency; and (ii) a person who is not otherwise licensed to administer an opioid antidote but who is permitted under the Act to administer an opioid antidote in an emergency if the person has received certain patient information and believes in good faith that another person is experiencing a drug overdose. Effective immediately.

Deletes a provision that exempts from civil liability a health care professional who, acting in good faith, directly or by standing order, prescribes or dispenses an opioid antidote to a patient who, in the judgment of the health care professional, is capable of administering the drug in an emergency. In a provision creating an exemption from civil liability for a person who is not otherwise licensed to administer an opioid antidote but may in an emergency administer without fee an opioid antidote if the person has received certain patient information and believes in good faith that another person is experiencing a drug overdose, provides that such a person shall not, as a result of his or her acts or omissions, "except for willful and wanton misconduct", be liable for civil damages (rather than shall not as a result of his or her acts or omissions, be liable for civil damages).

The substantive provisions of this bill were removed and the FY 17 Stopgap Budget Implementation Act became the bill.

**Last Action 6/30/2016 Signed into law as Public Act 99-523**

**SB 2403 (Rose-R/Mitchell-R) HOSPITAL-SEPSIS PROTOCOLS**

Amends the Hospital Licensing Act. Removes provisions defining terms. Makes changes in provisions concerning requirements for sepsis protocols and the reporting of sepsis protocols. Requires hospitals to provide sepsis protocols to the Department of Public Health upon request. Requires hospitals to collect certain sepsis-related data (rather than report it to the Department). Provides that hospitals submitting data as required by a specified federal program as of fiscal year 2016 are presumed to meet specified sepsis protocol requirements. Adds provisions concerning requirements for appropriations and rulemaking power for the Department in the event of such appropriations. Provides that any publicly released hospital-specific information under these provisions is subject to specified provisions of the Hospital Report Card Act. Makes other changes. In the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois, requires the Department to adopt rules implementing sepsis screening protocols (rather than requiring the Department to publish specified guidelines and adopt such rules). Effective immediately.

**Last Action 8/18/2016 Signed into law as Public Act 99-828**

### **SB 2900 (Martinez-D/Zalewski-D) PHYSICIAN ASSISTANTS**

Amends various Acts to add physician assistants to provisions applicable to physicians, including adding physician assistant members to various committees and boards. Amends the Illinois Identification Card Act. Specifies that the physician assistant who may make a determination of disability for the purposes of an Illinois Persons with a Disability Identification Card is a physician assistant who has been delegated the authority to make this determination by his or her supervising physician. Amends the Alcoholism and Other Drug Abuse and Dependency Act. Adds the President of the Illinois Academy of Physician Assistants or his or her designee to the Illinois Advisory Council on Alcoholism and Other Drug Dependency. Amends the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois. Adds representative of a professional organization representing physician assistants to various task forces and councils. Requires that the Department of Public Health consult with the Illinois Academy of Physician Assistants in developing the summary of health care for women and that the summary be distributed to physician assistants. Requires that the Department of Public Health consult with a statewide professional organization representing physician assistants in developing the POLST form.

Removes provisions amending the Public Employee Disability Act, the Illinois Identification Card Act, the Civil Administration Code of Illinois, the Child Death Review Team Act, the Department of Human Services Act, the State Guard Act, and the Narcotic Control Division Abolition Act. In provisions amending the Mental Health and Developmental Disabilities Administrative Act, removes provisions concerning administration of medications before completion of the physical and mental examination and mental health commitment training. In provisions amending the Alcoholism and Other Drug Abuse and Dependency Act, removes provisions concerning the Medical Advisory Committee, a steroid education program, patients' rights, and services for pregnant women and mothers. In provisions amending the Department of Central Management Services Law of the Civil Administrative Code of Illinois, removes specific references to physicians assistants. In provisions amending the Department of Public Health Act, removes provisions concerning the Immunization Advisory Committee. In provisions amending the Department of Public Health Powers and Duties of Law of the Civil Administrative Code of Illinois, removes provisions concerning cooperation of organizations and agencies; the Chronic Disease Nutrition and Outcomes Advisory Commission; laboratories, fees, and the Public Health Laboratory Services Revolving Fund; findings and rural obstetrical care; distribution of vaccines and other medicines and products; sperm and tissue bank registry, AIDS test for donors, and penalties; Alzheimer's disease, exchange of information, and autopsies; umbilical cord donations; breast cancer and written summary regarding detection and treatment; the Penny Sevens Breast, Cervical, and Ovarian Cancer Research Fund; the Stroke Task Force; hepatitis education and outreach; Wilson's Disease; general hospitals, minimum standards for operation, and uterine cytologic examinations for cancer; cord blood stem cell banks; the Illinois State Diabetes Commission; and the advisory council on pediatric autoimmune neuropsychiatric disorder associated with the streptococcal infections and pediatric acute neuropsychiatric syndrome. In provisions amending the Counties Code, removes provisions concerning preliminary investigations, blood and urine analysis, summoning a jury, and reports; additional

powers; appointment of board of directors; equal privileges for all reputable physicians; applications for benefits; boards of health; and formation of consolidated health departments. Amends various acts to include references to advanced practice nurses to provisions applicable to physicians and physician assistants.

In provisions amending the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois, provides that the Department of Public Health shall also consult with the Illinois Society of Advanced Practice Nurses when developing health care summaries for women. Corrects a reference to a health care professional. In provisions amending the Counties Code, provides that the Board of Commissioners of Cook County may contract with any recognized training school or any program for health professionals for the health care services (rather than nursing) of any or all such sick or mentally ill or persons in need of mental treatment. Makes other changes.

**Last Action 7/15/2016 Signed into law as Public Act 99-581**

**Position: Support**

## **MEDICAID**

### **HB 6213 (Ammons-D/Biss-D) MEDICAID-PROVIDER DIRECTORY**

Amends the Medical Assistance Article of the Illinois Public Aid Code. Requires each Medicaid Managed Care Entity contracted by the Department of Healthcare and Family Services to: (i) make available on the entity's website a provider directory in a machine readable file and format; (ii) make provider directories publicly accessible without the necessity of providing a password, a username, or personally identifiable information; (iii) comply with all federal and State statutes and regulations pertaining to provider directories within Medicaid Managed Care; and (iv) request, at least annually, provider office hours for certain provider types, including hospitals and facilities, pharmacies, and durable medical equipment suppliers that are not hospitals. Contains provisions requiring the print and online version of the consumer quality comparison tool to use a quality rating system developed by the Department to reflect Medicaid Managed Care Entities' individual Plan performance. Requires the Department to make the consumer quality comparison tool available for consumer use no later than January 1, 2018.

Removes the term "clinical interest" and its definition. Makes changes to the definition of "composite domains". Defines "facilities" (instead of "facility type") and "hospitals" (instead of "hospital type"). Requires each Medicaid Managed Care Entity to comply with certain federal regulations pertaining to provider directories within Medicaid Managed Care. Requires the client enrollment services broker to have certain information available and searchable through the integrated provider directory on its website as soon as possible but no later than January 1, 2017. Provides that if the Department of Healthcare and Family Services (rather than the client enrollment services broker) receives a report that identifies an inaccuracy in the integrated provider directory, the Department (rather than the client enrollment services broker) shall provide the information about the reported inaccuracy to the appropriate Medicaid Managed



Care Entity within 3 business days after the reported inaccuracy is received. Requires a Medicaid Managed Care Entity that receives a report that certain formulary information is inaccurate to investigate the report and correct any inaccurate information displayed in the electronic formulary (rather than requiring the Medicaid Managed Care Entity to investigate and report any incorrect information, as necessary, no later than the third business day after the date the report is received). Provides that if a Medicaid enrollee calls the client enrollment services broker with questions regarding formularies, the client enrollment services broker shall offer a brief description of what a formulary is and shall refer the Medicaid enrollee to the appropriate Medicaid Managed Care Entity regarding his or her questions about a specific entity's formulary. Makes changes concerning a printed version of the consumer quality comparison tool and a quality rating system developed by the Department to reflect each Medicaid Managed Care Entities' individual Plan performance.

Requires the client enrollment services broker to use the Medicaid provider number for all providers with a Medicaid Provider number to populate the provider information in the integrated provider directory (rather than requiring the client enrollment services broker to use the Medicaid provider number to populate the provider information in the integrated provider directory). In a provision concerning grievances and appeals, requires the Department to display prominently on its website consumer-oriented information describing how a Medicaid enrollee can file a complaint or grievance, request a fair hearing for any adverse action taken by the Department or a Medicaid Managed Care Entity, and access free legal assistance or other assistance made available by the State for Medicaid enrollees to pursue an action (rather than requiring the Department to require the client enrollment services broker to display prominently on the client enrollment services broker's website a description of where a Medicaid enrollee can access information on how to file a complaint or grievance or request a fair hearing for any adverse action taken by the Department or the Medicaid Managed Care Entity). Effective immediately.

**Last Action 8/5/2016 Signed into law as Public Act 99-725**

**SB 3080 (Trotter-D/G. Harris-D) DHFS-MCO PERFORMANCE METRICS**

Amends the Illinois Public Aid Code. In a provision concerning network adequacy for managed care organizations (MCO) contracted with the Department of Healthcare and Family Services, provides that each MCO shall confirm its receipt of information submitted specific to physician additions or physician deletions from the MCO's provider network within 3 days after receiving all required information from contracted physicians, and electronic physician directories must be updated consistent with current rules as published by the Centers for Medicare and Medicaid Services or its successor agency. Provides that (i) in no instance shall a medically necessary covered service rendered in good faith, based upon eligibility information documented by the provider, be denied coverage or diminished in payment amount if the eligibility or coverage information available at the time the service was rendered is later found to be inaccurate; and (ii) the Department shall, by December 31, 2016, adopt rules establishing policies that shall be included in the Medicaid managed care policy and procedures manual addressing payment resolutions in situations in which a provider renders services based upon

information obtained after verifying a patient's eligibility and coverage plan through either the Department's current enrollment system or a system operated by the coverage plan identified by the patient presenting for certain services. Requires the Department to publish on at least a quarterly basis, each MCO's operational performance, including, but not limited to, certain categories of metrics. Requires the Department to ensure that (1) the metrics report is accessible to providers online by January 1, 2017; (2) the metrics are developed in consultation with industry representatives of the Medicaid managed care health plans and representatives of associations representing the majority of providers within the identified industry; and (3) the metrics are defined and incorporated into the applicable Managed Care Policy Manual issued by the Department. Effective immediately.

**Last Action 8/5/2016 Signed into law as Public Act 99-751**

## **INSURANCE**

### **SB 345 (Harmon-D/Hoffman-D) HEALTH-TECH**

Creates the Autism and Co-Occurring Medical Conditions Awareness Act. Contains legislative findings. Defines terms. Provides that specified research shall be encouraged and disseminated to entities that may contribute to the scientific understanding of conditions that co-occur with autism spectrum disorders. Encourages specified entities to develop continuing education courses for providers who treat persons with autism spectrum disorders. Encourages providers to evaluate a person diagnosed with an autism spectrum disorder for co-occurring conditions in specified circumstances. Provides that providers may consider whether specified substances may exacerbate an autism spectrum disorder or co-occurring condition and adopt appropriate measures to reduce such risks. Provides that any person with an autism spectrum disorder or their parent or guardian that believes they have received inadequate care because of a co-occurring condition may report such treatment to the Department of Financial and Professional Regulation. Contains provisions concerning a person with an autism spectrum disorder or their parent or guardian's right to seek additional care. Provides for the Act's repeal 5 years after the effective date. Amends the Illinois Insurance Code. Provides that an insurer may not require, as a condition for coverage of other covered services, that an individual diagnosed with an autism spectrum disorder receive any medication or intervention that has been determined by the individual's health care provider to be medically contraindicated for the individual. An insurer may not deny or refuse to provide covered services, or refuse to renew, refuse to reissue, or otherwise terminate or restrict coverage under an individual contract, for a person diagnosed with an autism spectrum disorder on the basis that the individual declined an alternative medication or covered service when the individual's health care provider determined that such medication or covered service may exacerbate clinical symptomatology and is medically contraindicated for the individual. Provides that a group or individual policy of accident and health insurance or managed care plan amended, delivered, issued, or renewed after the effective date of the amendatory Act may not allow for the delay, discontinuation, or interruption of immune gamma globulin therapy for persons who are diagnosed with a primary immunodeficiency when prescribed immune gamma globulin therapy by a physician licensed to practice medicine in all of its branches. Effective immediately.

**Last Action 8/12/2016 Signed into law as Public Act 99-788**

**EMERGENCY RESPONSE**

**HB 4462 (Mussman-D/Nybo-R) EPINEPHRINE AUTO-INJECTORS**

Creates the Epinephrine Auto-Injector Act. Provides that a health care practitioner may prescribe epinephrine auto-injectors in the name of an authorized entity where allergens capable of causing anaphylaxis may be present. Requires each employee, agent, or other individual of the authorized entity to complete a training program before using an epinephrine auto-injector. Provides that a trained employee, agent, or other individual of the authorized entity may either provide or administer an epinephrine auto-injector to a person whom the employee, agent, or other individual believes in good faith is experiencing anaphylaxis. Contains provisions concerning costs, limitations, and rulemaking. Amends the School Code in provisions concerning the self-administration and self-carry of asthma medication and epinephrine auto-injectors and the administration of undesignated epinephrine auto-injectors or an opioid antagonist. With respect to asthma medication and epinephrine auto-injectors, provides that before and after normal school activities includes while being transported on a school bus. Provides that the secure location for a supply of undesignated epinephrine auto-injectors must be accessible before, during, and after school. Makes other changes concerning definitions, costs, training, reporting to the State Board of Education, and the amount of epinephrine auto-injectors.

Amends the State Police Act and the Illinois Police Training Act creating the Annie LeGere Law and amends the Illinois Food, Drug and Cosmetic Act. Provides that the Department of State Police and the Illinois Law Enforcement Training Standards Board may conduct or approve training programs for officers to recognize and respond to anaphylaxis, including the administration of an epinephrine auto-injector. Provides that the Department of State Police or a local governmental agency may authorize officers to carry, administer, or assist in the administration of epinephrine auto-injectors if they have completed the requiring training and must provide for policies on the use of epinephrine auto-injectors. Limits liability for the use of epinephrine auto-injectors by police officers. Amends the State Mandates Act to require implementation without reimbursement.

Requires the Department to include links to training providers' websites on its website. In provisions amending the Illinois Food, Drug and Cosmetic Act, includes the Epinephrine Auto-Injector Act as an exception to the Illinois Food, Drug and Cosmetic Act.

**Last Action 8/5/2016 Signed into law as Public Act 99-711**

**Position: Support**

**HB 6333 (Gabel-D/Koehler-D) SCH CD-ASTHMA ACTION PLAN**

Amends the School Code. Annually requires each school district, public school, charter school, or nonpublic school to request an asthma action plan from the parents or guardians of a pupil

with asthma; sets forth provisions concerning the asthma action plan. Requires the State Board of Education, in consultation with statewide professional organizations with expertise in asthma management, to develop a model asthma episode emergency response protocol before September 1, 2016, and requires each school district, charter school, and nonpublic school to adopt an asthma episode emergency response protocol before January 1, 2017 that includes all of the components of the State Board's model protocol. Provides that, every 2 years, school personnel who work with pupils shall complete an in-person or online training program on the management of asthma, the prevention of asthma symptoms, and emergency response in the school setting. Requires the State Board, in consultation with statewide professional organizations with expertise in asthma management, to make available resource materials for educating school personnel about asthma and emergency response in the school setting. Makes technical changes having a revisory function.

With respect to the provisions concerning the self-administration and self-carry of asthma medication and epinephrine auto-injectors and the administration of undesignated epinephrine auto-injectors or an opioid antagonist, in the definitions of "asthma medication" and "standing protocol", changes references from "licensed physician assistant" to "licensed physician assistant with prescriptive authority" and "licensed advanced practice nurse" to "licensed advanced practice nurse with prescriptive authority".

Requires an asthma action plan to be kept on file in the office of the school nurse or school administrator only if provided by a pupil's parent or guardian. Requires the State Board of Education to consult with a statewide organization representing school administrators in developing a model asthma episode emergency response protocol.

Allows (instead of requires) copies of the asthma action plan to be distributed to appropriate school staff. Effective immediately.

**Last Action 8/19/2016 Signed into law as Public Act 99-843**

**Position: Support**

**SB 2947 (Connelly-R/Anthony-R) CRIM CD-EMS-DEFINITION**

Amends the Criminal Code of 2012. Redefines various statutes concerning bodily harm directed against emergency medical services personnel. Changes various references from "emergency medical technician" to "emergency medical services personnel" in the Bodily Harm and Deadly Weapons Article of the Code. . Effective immediately.

**Last Action 8/15/2016 Signed into law as Public Act 99-816**

**Position: Support**