



Ohio Legislative Service Commission

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Fiscal Note & Local Impact Statement

Bill: H.B. 200 of the 131st G.A. **Date:** May 25, 2016
Status: As Reported by Senate Health & Human Services **Sponsor:** Rep. Hagan

Local Impact Statement Procedure Required: No

Contents: Regarding procuring, storing, and accessing epinephrine autoinjectors for which there are no patient-specific prescriptions

State Fiscal Highlights

- The State Board of Pharmacy may experience a minimal decrease in revenue due to issuing fewer terminal distributor of dangerous drugs licenses, since the bill permits certain qualified entities to possess and administer epinephrine autoinjectors without a license. The fee for this license is \$112.50.
- Qualified public entities, such as state colleges and universities or places of employment, could experience a negligible decrease in expenditures since the bill authorizes them to possess and administer epinephrine autoinjectors without a terminal distributor of dangerous drugs license. However, these entities may incur costs to provide training and purchase autoinjectors.
- The Ohio Department of Health (ODH) may realize an increase in administrative costs to issue an annual report, promulgate rules, and to approve training.

Local Fiscal Highlights

- Qualified local public entities may experience a negligible decrease in expenditures since the bill authorizes them to possess and administer epinephrine autoinjectors without a terminal distributor of dangerous drugs license. Entities that choose to procure and maintain a supply of epinephrine autoinjectors may incur costs to provide training and to purchase autoinjectors.

Detailed Fiscal Analysis

Epinephrine autoinjectors – procurement, administration, and training

The bill authorizes certain entities located where allergens capable of causing anaphylaxis may be present to procure epinephrine autoinjectors without a license and to maintain a supply of the drug for use in specified emergency situations. These entities include places such as child day-care centers, colleges and universities, places of employment, restaurants, amusement parks, recreation camps, sports playing fields and arenas, and other similar locations. Entities that choose to procure the autoinjectors must store the injectors in a location readily accessible in an emergency and maintain the autoinjectors in accordance with the manufacturer's instructions, in addition to any requirements that may be established by the Ohio Department of Health (ODH). Entities must designate one or more individuals, who are employees or agents of the entity and have successfully completed training, to be responsible for oversight of the injectors, including storage, maintenance, and control. A qualified entity is permitted to authorize individuals who have successfully completed an anaphylaxis training program to administer epinephrine.

The bill specifies that anaphylaxis training may be (1) conducted by a nationally recognized organization that has experience in providing training in emergency health care to individuals who are not health care professionals, (2) conducted by individuals or organizations approved by ODH, or (3) in classes approved by ODH. Training may be completed either in person or through an online system and must be completed every two years. Successful completion is evidenced by a certificate from the trainer on a form developed by ODH.

A public entity that voluntarily chooses to procure and maintain a supply of epinephrine autoinjectors under the bill could incur costs to provide training to employees. However, under the bill, these entities will not be required to obtain a terminal distributor of dangerous drugs license to procure epinephrine autoinjectors. The fee for this license is \$112.50.¹ This represents a savings for the qualified entity (if the entity already maintains a supply of epinephrine autoinjectors and obtains such a license) and a loss of revenue for the State Board of Pharmacy. The State Board of Pharmacy does not expect the fiscal impact to be significant. Additionally, an entity may realize an increase in costs to purchase epinephrine autoinjectors for its emergency supply.

¹ R.C. 4729.54(G)(1)(b).

Reporting requirements

Participating entities must also report to ODH each administration or provision of epinephrine autoinjectors on a form developed by ODH. Public entities may incur increased expenditures for complying with this requirement, although any increase will likely be negligible.

ODH is required to annually publish a report summarizing and analyzing all reports received. ODH may also approve individuals or organizations to conduct the required training or adopt rules specifying standards and procedures for storage and maintenance of epinephrine autoinjectors acquired pursuant to the bill. ODH could experience an increase in administrative costs to publish the required report, approve training, and adopt rules.

Schools, school districts, and camps

The bill also provides schools, school districts, and camps with an alternative means for procuring epinephrine autoinjectors for use during an emergency, by authorizing a prescriber to personally furnish the epinephrine autoinjectors to, or issue a prescription for them in the name of the school, school district, or camp. This may result in an increase in the number of public schools, public school districts, and camps operated by public entities that procure a supply of epinephrine autoinjectors.

Immunity provisions

The bill provides certain immunities associated with the procurement of epinephrine autoinjectors by prescribers who personally furnish or prescribe them. The bill also expands to prescribers who consult with, or issue protocols to, schools, school districts, or camps regarding epinephrine autoinjector administration and procurement qualified immunity from civil liability arising from procuring, maintaining, accessing, or using epinephrine autoinjectors in the schools or camps.