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# OHIO LEGISLATIVE SERVICE COMMISSION

Office of Research  
and Drafting

Legislative Budget  
Office

H.B. 231  
133<sup>rd</sup> General Assembly

## Fiscal Note & Local Impact Statement

[Click here for H.B. 231's Bill Analysis](#)

**Version:** As Reported by Senate Education

**Primary Sponsor:** Rep. Greenspan

**Local Impact Statement Procedure Required:** No

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### Highlights

- Schools and camps may realize savings due to the bill's exemption from obtaining a terminal distributor of dangerous drugs license to procure injectable or nasally administered glucagon. The license carries a fee of \$120.
- Concurrently, the State Board of Pharmacy may experience a decrease in license revenue.
- Schools that choose to procure glucagon may incur costs to develop and implement a policy and provide training regarding its storage, maintenance, and usage; report certain information to the Ohio Department of Education (ODE); and purchase the drug. The bill permits manufacturers or distributors of dangerous drugs to donate glucagon to participating schools. If they do so, costs for such schools will be lower.
- ODE's administrative workload will minimally increase to annually publish a list of organizations that offer free and reduced cost epinephrine autoinjectors and to distribute this list to all districts and schools.

### Detailed Analysis

The bill permits schools and camps to procure injectable or nasally administered glucagon without a license from the State Board of Pharmacy. It also requires the Ohio Department of Education (ODE) to compile a list of organizations that provide free and reduced cost epinephrine autoinjectors to qualifying schools and permits school districts and community and STEM schools to create training related to food allergies and assisting those experiencing an allergic reaction. Lastly, the bill grants civil immunity to those that implement the allergy training and those that procure, maintain, or use glucagon.

## Optional glucagon procurement

The bill permits school districts, community and STEM schools, college-preparatory boarding schools, and chartered and nonpublic schools to procure injectable or nasally administered glucagon without a license from the State Board of Pharmacy for emergency use in their schools. Glucagon, which raises blood glucose levels, is noted in the Centers for Disease Control's (CDC) Managing Diabetes at Schools<sup>1</sup> resource as one of many items to include in a "Hypo" box to store in a nurse's or school office in the case of low blood glucose, or hypoglycemia. Under current law, schools would have to obtain a terminal distributor of dangerous drugs license from the State Board of Pharmacy if they want to stock glucagon for emergencies. The bill's licensure exemption will save schools that obtain glucagon from the license fee of \$120,<sup>2</sup> concurrently resulting in a loss of revenue to the State Board of Pharmacy.

Under the bill, the glucagon must either be personally furnished by a licensed health professional authorized to prescribe drugs or obtained through a prescriber issued protocol that includes definitive orders and dosages of glucagon to be administered. Districts and schools are permitted to accept glucagon donations from a wholesale distributor or manufacturer of dangerous drugs (similar to donations for epinephrine autoinjectors and inhalers allowed under current law), or monetary donations to purchase the drug, so there may not be any costs to a school district or school for procuring glucagon. The bill encourages a district board that procures glucagon to maintain at least two doses of the drug in each of its schools.

School districts and other public schools that choose to procure glucagon are required to adopt a policy, in consultation with a licensed health professional authorized to prescribe glucagon, regarding the drug's storage, maintenance, and usage. The policy must also list the individuals in addition to a licensed school nurse or athletic trainer who may access or administer the drug and any training they need to receive. Thus, schools that voluntarily choose to procure and maintain a supply of glucagon under the bill may incur costs related to developing and implementing the policy, specifically in working with a licensed health professional and providing training to employees. The bill also requires districts and schools to submit a report to ODE of each procurement and each instance in which glucagon is used.

### Residential and child day camps

The bill also authorizes certain residential and child day camps to procure glucagon without a license from the State Board of Pharmacy. Under the bill, a camp is able to procure and maintain a supply of glucagon following a similar protocol to that mentioned above for schools. As a result, a state agency, local government, park district, or joint recreation district operating such a camp may realize savings as they will not need to purchase a license, while the State Board of Pharmacy may incur further revenue losses. A participating camp must report to

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<sup>1</sup> Managing Diabetes at Schools: Diabetes checklist, "Hypo" box, and glucagon. Centers for Disease Control (CDC). <https://www.cdc.gov/diabetes/library/features/managing-diabetes-at-school.html>.

<sup>2</sup> R.C. 4729.54 (G)(1)(b). Available online at <http://codes.ohio.gov/orc/4729.54>.

the Department of Job and Family Services each procurement and each instance in which glucagon is used.

## **Organizations providing free and reduced cost epinephrine autoinjectors to schools**

ODE's administrative workload will minimally increase to research and annually publish a list of organizations that provide free and reduced cost epinephrine autoinjectors to qualifying schools and to distribute the list to all districts and schools. Currently, Mylan offers a free nationwide program, EpiPen4Schools that provides up to four free EpiPen or EpiPen Jr. autoinjectors to schools each year. In addition to the autoinjectors, Mylan also provides EpiPen trainers, a storage locker, no-cost replenishment (provided the initial supply was used to respond to an anaphylactic episode), and a detailed training video. The program is available to qualifying public and private kindergarten, elementary, middle, and high schools in the United States. Qualifying schools are those with a valid prescription and those located in states that allow schools to stock epinephrine. As Ohio law allows schools to do so, all schools in the state qualify for this program.

## **Optional food allergy education and staff training**

Continuing law requires public and chartered nonpublic schools to create a written policy concerning students with peanut and other food allergies. The bill specifies that the policies focus on simply "food allergies" and permits each school district and community and STEM school to also create a food allergy training program for all staff members as well as age-appropriate instruction for students in grades K-12. School districts and community and STEM schools that choose to develop staff training and student education programs may incur, at most, some minimal additional expenses. There are a number of free online resources available to train school staff and instruct students on food allergies that may assist schools in this area, including those offered by the nonprofit organization Food Allergy Research and Education, Inc. (FARE).<sup>3</sup>

## **Qualified immunity**

The bill grants immunity from damages in a civil action to a school, school district, member of a district board of education or school governing authority, school employee or contractor, licensed health professional, or an anaphylaxis training organization for injury, death, or loss to person or property that arises from the aforementioned optional food allergy training (unless such an act or omission is willful or wanton misconduct). Such immunity is also granted (excluding anaphylaxis training organizations) for damages in a civil action for injury, death, or loss to person or property that allegedly arises from an act or omission associated with procuring, maintaining, accessing, or using glucagon. This latter immunity provision also applies to camps and camp employees. Lastly, the bill grants immunity from civil damages, criminal prosecution, or professional discipline to a clinical nurse specialist, certified nurse-midwife, certified nurse practitioner, physician assistant, physician, or a pharmacist who

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<sup>3</sup> *FARE Training*. Food Allergy Research and Education, Inc. <https://www.foodallergy.org/our-initiatives/education-programs-training/fare-training>.

acts in good faith in personally furnishing or prescribing glucagon, or, in the case of a pharmacist, dispensing it.

It is possible the bill's granting of immunity results in fewer civil or criminal action filings or, if filed, such actions might be more promptly adjudicated. Either outcome may generate some operational savings to the various involved courts due to a decrease in judicial dockets or related workload of court personnel. However, if the number of criminal or civil actions filed were reduced or curtailed, any savings may be offset by less revenue from court costs and fees. It appears that any fiscal effect on courts will likely be no more than minimal.