



## HOUSE COMMITTEE ON APPROPRIATIONS

# FISCAL NOTE

HOUSE BILL NO. 126

PRINTERS NO. 92

PRIME SPONSOR: Baker

### COST / (SAVINGS)

FUND	FY 2016/17	FY 2017/18
General Fund	\$0	\$0

**SUMMARY:** House Bill 126, Printer's Number 92, the Epinephrine Auto-Injector Entity Act, allows authorized entities to maintain and administer epinephrine in emergency situations. This legislation is effective in 60 days.

**ANALYSIS:** This legislation permits an "authorized entity" to maintain a supply of epinephrine auto-injectors (EAI) and to authorize a properly trained employee to provide an EAI to a person for self-administration, or for that employee to administer the injection to a person, including in an emergency situation, when the employee, in good faith, believes the person is having an anaphylactic reaction.

An "authorized entity" is defined as an entity or organization at which allergens capable of causing anaphylaxis may be present, including but not limited to:

- Recreation camps
- Colleges and universities
- Day-care facilities
- Youth sports leagues
- Amusement parks
- Restaurants
- Places of employment
- Sports arenas

Health care practitioners may prescribe, and pharmacists and health care practitioners may dispense, EAI in the name of authorized entities, to be maintained for use. Authorized entities may acquire and stock a supply of EAI pursuant to a prescription. The EAI shall be stored in a location readily accessible in an emergency and in accordance with the EAI's instructions for use. Individuals responsible for the storage, maintenance and general oversight of the EAI acquired by the entity are required to complete a training program.

Upon successful completion of a training program, an employee of an authorized entity is permitted to:

- Provide an EAI to any person, or to the person's parent or guardian, who the employee believes, in good faith, is experiencing anaphylaxis, for immediate administration, regardless of whether the person has a prescription for an EAI or has previously been diagnosed with an allergy; and
- Administer an EAI to any person who the employee believes, in good faith, is experiencing anaphylaxis, for immediate administration, regardless of whether the person has a prescription for an EAI or has previously been diagnosed with an allergy.

An employee of an authorized entity is required to complete an anaphylaxis training program as required by the Department of Health (DOH). This training will be conducted by a nationally recognized organization experienced in training laypersons in emergency health treatment or an entity approved by DOH.

Training may be conducted online or in person and, at a minimum, will cover:

- How to recognize signs and symptoms of severe allergic reactions, including anaphylaxis;
- Standards and procedures for the storage and administration of an EAI;
- Emergency follow-up procedures.

The entity that conducts the training will be required to issue a certification, on a form developed or approved by DOH, to each individual who successfully completes the training program.

The following will not be liable for any injuries or related damages that result from any act or omission taken pursuant to this act:

- An authorized entity that possesses and makes available EAIs and its employees;
- A health care practitioner that prescribes and dispenses, and a pharmacist that dispenses, EAIs to an authorized entity;
- An individual or entity that conducts the training program.
- The immunity provided will not apply to acts or omission constituting intentional misconduct or gross negligence.

The provisions of Title 42 § 8332 (relating to emergency response provider and bystander Good Samaritan civil immunity) apply to individuals who administer an EAI.

**FISCAL IMPACT:** Enactment of this legislation will have no fiscal impact on Commonwealth funds as the Department of Health indicates there are already programs that provide training in the use of EAIs that it will be able to utilize.

**PREPARED BY:** Ann Bertolino  
House Appropriations Committee (R)

**DATE:** March 22, 2017

*Estimates are calculated using the best information available. Actual costs and revenue impact incurred may vary from estimates.*