

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 84TH LEGISLATIVE REGULAR SESSION

May 8, 2015

TO: Honorable Jimmie Don Aycock, Chair, House Committee on Public Education

FROM: Ursula Parks, Director, Legislative Budget Board

IN RE: SB66 by Hinojosa (Relating to the use of epinephrine auto-injectors on public school and open-enrollment charter school campuses and at or in transit to or from off-campus school events.), **As Engrossed**

No significant fiscal implication to the State is anticipated.

The bill would require the Commissioner of State Health Services to establish an advisory committee on the use of epinephrine auto-injectors on a person experiencing an anaphylactic reaction on a campus or at or in transit to or from an off-campus school event.

The bill would require the Commissioner of Education and Commissioner of State Health Services to adopt rules regarding the maintenance, administration, and disposal of epinephrine auto-injectors, including the number of epinephrine auto-injectors required to be available at each campus or while students are at or in transit to or from an off-campus school event.

The bill would require one or more district or charter school employees to undergo annual training related to anaphylaxis and epinephrine auto-injectors.

The bill would require school districts and open-enrollment charter schools to report to the Commissioner of Education and the Commissioner of State Health Services the administration of an epinephrine auto-injector.

School districts and open-enrollment charter schools would be exempt from the provisions of the bill if they lacked the necessary funding to comply with requirements.

The bill would require school district and open-enrollment charter schools to provide written notice to parents and guardians stating whether the district or school will implement an epinephrine policy.

Based on the analysis of the Texas Education Agency (TEA) and the Department of State Health Services (DSHS), the duties and responsibilities associated with implementing the provisions of the bill could be accomplished by utilizing existing resources.

Local Government Impact

To the extent that the Commissioner of Education and the Commissioner of State Health Services adopt rules requiring districts to maintain epinephrine auto-injectors, local school districts and

open enrollment charter schools would be required to stock epinephrine auto-injectors. The bill would apply to approximately 8,814 campuses.

DSHS reports that campuses would need to maintain a supply of epinephrine auto-injectors in two strengths, 0.15mg and 0.30mg. Due to the short shelf life, unused epinephrine auto-injectors would need to be replaced annually. TEA and DSHS estimate that epinephrine auto-injectors would cost \$110 to \$450 per pack.

At least one employee on each campus would be required to undergo annual training related to anaphylaxis and epinephrine auto-injectors. TEA estimates the cost of such training at \$20.

Assuming a cost of \$20 per campus for training and \$220 to \$900 per campus for a pack of epinephrine auto-injectors in each strength, total cost for all 8,814 campuses could range from \$2.1 million to \$8.1 million annually. To the extent that schools are able to access free training, and to the extent that schools could replace expired epinephrine auto-injectors at no cost, total costs may be lower. Total costs would also be lower if school districts or campuses opted not to implement epinephrine policies due to lack of available funds.

School districts would incur costs related to providing written notice to parents and guardians stating whether the district or school will implement an epinephrine policy. These costs are not anticipated to be significant.

School districts and open-enrollment charter schools could accept gifts, donations, grants, and federal and local funds to defray some of the costs for implementing the program.

Source Agencies: 537 State Health Services, Department of, 701 Central Education Agency

LBB Staff: UP, JBi, AM, VJC