

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 85TH LEGISLATIVE REGULAR SESSION

May 8, 2017

TO: Honorable J. M. Lozano, Chair, House Committee on Higher Education

FROM: Ursula Parks, Director, Legislative Budget Board

IN RE: SB1367 by Menéndez (Relating to policies and training regarding the use of epinephrine auto-injectors by public institutions of higher education; providing immunity.), **As Engrossed**

No significant fiscal implication to the State is anticipated.

The bill would expand the scope of the advisory committee on epinephrine auto-injector use at public and charter school campuses to include epinephrine auto-injector use at institutions of higher education. The membership of the committee would be expanded to include one person who is an employee of an institution of higher education and one who is an employee of a public junior college or technical institute.

The bill would authorize an institution of higher education to adopt a policy on the maintenance, storage, administration, and disposal of epinephrine auto-injectors on the institution's campus. If an institution of higher education adopted an epinephrine auto-injector policy, that policy would have to be based on guidelines prescribed in the bill and on rules adopted by the Commissioner of the Department of State Health Services (DSHS). The bill would authorize a physician to prescribe epinephrine auto-injectors in the name of an institution that had adopted a policy authorized under the bill and allow a standing order for the administration of an epinephrine auto-injector to a person believed to be experiencing anaphylaxis.

The bill would apply beginning with the fall 2017 semester. The bill would take immediate effect if it receives a two-thirds vote of each house of the Legislature. Otherwise, the bill would take effect September 1, 2017.

DSHS estimates there would be a minimal cost associated with implementing the provisions of the bill. Should an institution of higher education adopt an epinephrine auto-injector policy as defined by the bill, that institution could see increased costs. However, those costs are not anticipated to be significant.

Local Government Impact

No significant fiscal implication to units of local government is anticipated.

Source Agencies: 537 State Health Services, Department of, 710 Texas A&M University System Administrative and General Offices, 720 The University of Texas

System Administration, 758 Texas State University System, 768 Texas
Tech University System Administration, 769 University of North Texas
System Administration, 781 Higher Education Coordinating Board, 783
University of Houston System Administration

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