


Government of the District of Columbia
Office of the Chief Financial Officer



Jeffrey S. DeWitt
Chief Financial Officer

MEMORANDUM

TO: The Honorable Phil Mendelson
Chairman, Council of the District of Columbia

FROM: Jeffrey S. DeWitt
Chief Financial Officer 

DATE: September 19, 2018

SUBJECT: Fiscal Impact Statement – Access to Treatment for Anaphylaxis Act of 2018

REFERENCE: Bill 22-196, Committee Print as shared with the Office of Revenue Analysis on September 18, 2018

Conclusion

Funds are not sufficient in the fiscal year 2019 through fiscal year 2022 budget and financial plan to implement the bill. The bill is estimated to cost \$195,000 in fiscal year 2019 and \$815,000 over the four-year financial plan.

Background

The bill allows health care professionals to prescribe epinephrine auto-injectors to authorized entities or organizations where allergens capable of causing anaphylaxis may be present. Authorized entities include recreational camps, colleges, universities, day care facilities, youth sports leagues, restaurants, places of employment, and sports arenas. Pharmacists may dispense and distribute epinephrine auto-injectors to eligible entities that have a standing order or a prescription.

Employees or agents of authorized entities that are certified to use epinephrine auto-injectors may administer an injection to an individual if they believe that individual is experiencing an anaphylaxis reaction. Certified employees can also provide an epinephrine auto-injector to the parent, guardian, or caregiver of an individual that is experiencing an anaphylaxis reaction. The injector may be administered or provided regardless of whether the effected individual has a prescription or has previously been diagnosed with an allergy.

To become certified to administer an epinephrine auto-injector, an employee or agent of an entity must complete an anaphylaxis training program. The training must be completed with a nationally recognized organization or with an entity approved by the Department of Health. The training may be conducted online or in person and must include:

The Honorable Phil Mendelson

FIS: Bill 22-196, "Access to Treatment for Anaphylaxis Act of 2018," Committee Print as shared with the Office of Revenue Analysis on September 18, 2018.

- the recognition of signs and symptoms of severe allergic reactions, including anaphylaxis;
- standards and procedures for the storage and administration of an epinephrine auto-injector; and,
- emergency follow-up procedures.

The training organization must issue a certificate on a form developed by the Department of Health that certifies that an individual complete anaphylaxis training.

Authorized entities must store epinephrine auto-injectors in a location that is readily accessible in an emergency and must follow instructions for storage issued by the manufacturer or Department of Health. Certified employees or agents of the authorized entity are responsible for the storage, maintenance, control, and oversight of auto-injectors.

Authorized entities and their employees are immune from civil or criminal liability unless a certified employee or agent's actions constitute recklessness, gross negligence, or intentional misconduct. The bill also limits civil and criminal liability, except in certain cases, for the following individuals: health care professionals who prescribe epinephrine auto-injectors to an authorized entity; pharmacists who dispense epinephrine auto-injectors; and individuals who conduct injector trainings.

Authorized entities must report to the Department of Health on each incident that requires the use of an epinephrine auto-injector. The Department of Health must publish an annual report by January 1, 2020 on the use of epinephrine auto-injectors in the District of Columbia.

Financial Plan Impact

Funds are not sufficient in the fiscal year 2019 through fiscal year 2022 budget and financial plan to implement the bill. The bill is estimated to cost \$195,000 in fiscal year 2019 and \$815,000 over the four-year financial plan and is subject to appropriations.

The Department of Health requires two additional Sanitarians to manage oversight, to enforce rules and regulations, and to complete annual reporting requirements on the use of epinephrine auto-injectors in the District of Columbia. The cost of two additional employees is \$195,000 in fiscal year 2019 and \$815,000 over the four-year financial plan.

| Bill 22-196, Access to Treatment for Anaphylaxis Act of 2018 Total Fiscal Impact | | | | | |
|---|-----------|-----------|-----------|-----------|-----------|
| | FY 2019 | FY 2020 | FY 2021 | FY 2022 | Total |
| Salary and fringe ^(a) | \$195,000 | \$201,000 | \$208,000 | \$211,000 | \$815,000 |

Table Notes

(a) Includes two Grade-11, Step 5 FTEs, and assumes a fringe rate of 20 percent.