



Senate

General Assembly

File No. 558

January Session, 2023

Senate Bill No. 1073

Senate, April 13, 2023

The Committee on Public Health reported through SEN. ANWAR of the 3rd Dist., Chairperson of the Committee on the part of the Senate, that the bill ought to pass.

AN ACT REQUIRING THE ADMINISTRATION OF EPINEPHRINE BY FIRST RESPONDERS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 19a-197a of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective October 1, 2023*):

3 (a) As used in this section, ["emergency medical technician"]
4 "emergency medical services personnel" means (1) any class of
5 emergency medical technician certified [under regulations adopted
6 pursuant to section 20-206oo] pursuant to sections 20-206ll and 20-
7 206mm, including, but not limited to, any advanced emergency medical
8 technician, [and] (2) any paramedic licensed pursuant to [section]
9 sections 20-206ll and 20-206mm, and (3) any emergency medical
10 responder certified pursuant to sections 20-206ll and 20-206mm.

11 (b) Any emergency medical [technician] services personnel who has
12 been trained, in accordance with national standards recognized by the
13 Commissioner of Public Health, in the administration of epinephrine

14 using automatic prefilled cartridge injectors or similar automatic
 15 injectable equipment and who functions in accordance with written
 16 protocols and the standing orders of a licensed physician serving as an
 17 emergency department director [may] shall administer epinephrine
 18 using such injectors or equipment when the use of epinephrine is
 19 deemed necessary by the emergency medical services personnel for the
 20 treatment of a patient. All emergency medical [technicians] services
 21 personnel shall receive such training from an organization designated
 22 by the commissioner. All licensed or certified ambulances shall be
 23 equipped with epinephrine in such injectors or equipment [which may
 24 be administered] that the emergency medical services personnel shall
 25 administer in accordance with written protocols and standing orders of
 26 a licensed physician serving as an emergency department director.

27 Sec. 2. (NEW) (*Effective October 1, 2023*) (a) As used in this section,
 28 "first responder" means any police officer, as defined in section 19a-910
 29 of the general statutes, any firefighter, as defined in said section, and
 30 any person employed as a firefighter by a private employer.

31 (b) A first responder who has been trained, in accordance with
 32 national standards recognized by the Commissioner of Public Health, in
 33 the administration of epinephrine using automatic prefilled cartridge
 34 injectors or similar automatic injectable equipment shall administer
 35 epinephrine using such injectors or equipment when use of epinephrine
 36 is deemed necessary by the first responder to treat a person. All first
 37 responders shall receive such training from an organization designated
 38 by the commissioner. All vehicles operated by a first responder in the
 39 course of the first responder's employment as a first responder shall be
 40 equipped with epinephrine in such injectors or equipment.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2023</i>	19a-197a
Sec. 2	<i>October 1, 2023</i>	New section

PH *Joint Favorable*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 24 \$	FY 25 \$
Department of Emergency Services and Public Protection	GF - Cost	500,000 - 1 million	500,000 - 1 million
Department of Emergency Services and Public Protection	GF - Potential Cost	See Below	See Below

Note: GF=General Fund

Municipal Impact:

Municipalities	Effect	FY 24 \$	FY 25 \$
All Municipalities	STATE MANDATE ¹ - Cost	1.5 million to 6.5 million statewide	1.5 million to 6.5 million statewide
All Municipalities	STATE MANDATE - Potential Cost	See Below	See Below

Explanation

The bill requires (1) all emergency medical services (EMS) personnel and first responders to receive training on administering epinephrine using automatic prefilled cartridge injectors from an organization designated by the Department of Public Health and (2) all ambulances and vehicles operated by first responders to be equipped with epinephrine injectors, resulting in the costs and potential costs to the

¹ State mandate is defined in Sec. 2-32b(2) of the Connecticut General Statutes, "state mandate" means any state initiated constitutional, statutory or executive action that requires a local government to establish, expand or modify its activities in such a way as to necessitate additional expenditures from local revenues.

state and municipalities described below.

The bill also makes changes to how and when epinephrine is to be administered by EMS personnel and first responders, not expected to result in a fiscal impact to the state or municipalities.

State Cost

It is estimated that about 800 vehicles in the State Police will need to be equipped with epinephrine, resulting in a cost ranging from \$500,000 to \$1 million in both FY 24 and FY 25. The cost of epinephrine auto-injectors can range from about \$300 to \$600, and each vehicle will need to carry at least two injectors because of the difference in adult and child dosage. State Troopers do not currently carry epinephrine except for personal use. It is expected that the epinephrine will need to be replaced every 18 months based on shelf life.

State Potential Cost

All State Troopers currently receive initial and continual training on administering epinephrine through a patient's auto-injector.² If this training is not sufficient to meet the bill's training requirements, troopers will potentially require additional training, resulting in a potential cost to the state that depends on the length of training. For example, if the training is 8 hours and all troopers attend, the resulting cost could be up to \$530,000 for overtime expenses, not including training fees.

The state police may also need additional equipment to properly store the epinephrine at the proper temperature, resulting in another potential cost to the state.

Municipal Cost

The total cost to municipalities is expected to range from \$1.5 million to \$6.5 million statewide in FY 24 and FY 25, depending on an estimated

² The training is facilitated through the American Heart Association's Heartsaver First Aid course.

2,500 to 5,400 municipal first responder vehicles that will need to be equipped with epinephrine. The uncertainty stems from factors such as whether such vehicles will need epinephrine at all times or just during operations, and if municipalities already equip any such vehicles with epinephrine. As with the State Police vehicles, these vehicles will also need at least two per vehicle and will need replacements every 18 months.

Municipal Potential Cost

The bill's training requirements will result in potentially significant costs to municipalities. Like the State Police, some municipal police officers, firefighters, and EMS personnel may already receive training on administering epinephrine through a patient's auto-injector. However, depending on the bill's training requirements, some of these personnel may need to receive further training. Additionally, any personnel that do not currently receive training will now be required to receive such training. In most municipalities, it is expected that the training will incur overtime costs for these personnel.

Municipalities may also need additional equipment to properly store the epinephrine at the proper temperature, resulting in another potential cost to municipalities.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to how many epinephrine doses are administered by EMS personnel and first responders and when replacement auto-injectors are needed.

OLR Bill Analysis**SB 1073*****AN ACT REQUIRING THE ADMINISTRATION OF EPINEPHRINE BY FIRST RESPONDERS.*****SUMMARY**

This bill requires emergency medical services (EMS) personnel and first responders to administer epinephrine using automatic prefilled cartridge injectors or similar automatic injectable equipment under the following conditions:

1. the EMS professional or first responder has been trained to do so according to national standards recognized by the Department of Public Health (DPH);
2. for EMS personnel, the medication is administered according to written protocols and standing orders of a licensed physician serving as an emergency department director; and
3. the EMS professional or first responder determines administering epinephrine is necessary to treat the person.

Current law allows, but does not require, emergency medical technicians (EMTs) to do this.

The bill requires all (1) EMS personnel and first responders to receive this training from a DPH-designated organization and (2) licensed or certified ambulances and vehicles operated by first responders to have epinephrine in these injectors or equipment for administration.

Under the bill, "EMS personnel" include EMTs, advanced EMTs, paramedics, and emergency medical responders. A "first responder" is a police officer or a municipal, privately-employed, or volunteer

firefighter.

EFFECTIVE DATE: October 1, 2023

COMMITTEE ACTION

Public Health Committee

Joint Favorable

Yea 37 Nay 0 (03/27/2023)